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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ANTHONY ROBBINS FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9672 VIA EXCELENCIA #102

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 92126

D Employer identification number
33-0492446

E Telephone number
858-444-3080

G Gross receipts $ 2,536,461.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

J Website: ▶ WWW.ANTHONYROBBINSFOUNDATION.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO MAKE A SIGNIFICANT DIFFERENCE IN THE QUALITY OF LIFE FOR PEOPLE WHO ARE OFTEN FORGOTTEN		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	63
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,632,705.	1,570,951.
9	Program service revenue (Part VIII, line 2g)	467,686.	640,421.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,868.	23,171.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	808,785.	141,96
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,996,044.	2,376,507.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,382.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	340,152.	304,313.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 674,828.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,259,544.	1,598,537.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,599,696.	1,981,232.
19	Revenue less expenses Subtract line 18 from line 12	396,348.	395,275.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	4,675,102.	4,864,044.
21	Total liabilities (Part X, line 26)	469,450.	263,117.
22	Net assets or fund balances. Subtract line 21 from line 20	4,205,652.	4,600,927.

RECEIVED
MAY 14 2010
OGDEN UT

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

▶ X President/Director 4-30-10
Signature of officer Date

▶ SAM GEORGES, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ELSA A. ROMERO Date 04/02/10 Check if self-employed ▶ ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
AKT LLP
312 S JUNIPER STREET, SUITE 100
ESCONDIDO, CA 92025

EIN ▶

Phone no. ▶ (760) 746-1500

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

915-24 16

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO EMPOWER INDIVIDUALS AND ORGANIZATIONS TO MAKE A DIFFERENCE IN THE QUALITY OF LIFE FOR - YOUTH, HOMELESS, PRISONERS, ELDERLY, AND DISABLED. OUR VOLUNTEERS PROVIDE THE VISION, INSPIRATION, RESOURCES, AND STRATEGIES NEEDED TO EMPOWER THESE IMPORTANT MEMBERS OF SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 833,150. including grants of $) (Revenue $)

YOUTH LEADERSHIP PROGRAMS

THE ANTHONY ROBBINS FOUNDATION GLOBAL YOUTH LEADERSHIP SUMMIT [GYLS] IS A FIVE-DAY PROGRAM PROVIDING AN ENVIRONMENT DESIGNED TO BOOST SUMMIT PARTICIPANTS INTO LEADERSHIP ROLES THAT WILL CHANGE THEIR LIVES AND THAT OF THEIR COMMUNITY. GYLS FORMAT INCLUDES SMALL GROUP DISCUSSIONS, HANDS-ON SERVICE LEARNING EXPERIENCES, LEADERSHIP SIMULATION GAMES AND EXERCISES. DYNAMIC KEYNOTE SPEAKERS FROM AROUND THE WORLD PRESENT TOPICS DESIGNED TO ENABLE SUMMIT PARTICIPANTS TO IDENTIFY THEIR OWN PARTICULAR LEADERSHIP STRENGTHS. AT THE CONCLUSION OF GYLS, PARTICIPANTS ARE ENCOURAGED TO IDENTIFY PERSONAL GOALS AND A COMMITMENT TO COMMUNITY SERVICE.

4b (Code.) (Expenses $ 49,312. including grants of $) (Revenue $)

THE INTERNATIONAL BASKET BRIGADE

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

WHAT BEGAN MORE THAN 30 YEARS AGO AS TONY'S INDIVIDUAL EFFORT TO FEED FAMILIES IN NEED, HAS NOW GROWN INTO THE ANTHONY ROBBINS FOUNDATION'S INTERNATIONAL BASKET BRIGADE, PROVIDING BASKETS OF FOOD AND HOUSEHOLD

4c (Code) (Expenses $ 71,858. including grants of $) (Revenue $)

PERSONAL POWER FOR PRISONERS

THE PERSONAL POWER FOR PRISONER PROGRAM OFFERS CORRECTIONAL FACILITIES CONTINUAL SUPPORT INCLUDING MATERIALS, SEMINAR TRAINING, ON-SITE PRESENTATIONS AND CURRICULUM SPECIALLY DESIGNED FOR INCARCERATED ADULTS AND YOUTHS. THE U.S. DEPARTMENT OF JUSTICE REPORTS 6.9 MILLION PEOPLE WERE ON PROBATION, IN JAIL OR PRISON AT YEAR END 2003, REPRESENTING 3.2% OF ALL U.S. ADULT RESIDENTS. AT LEAST 95% OF ALL STATE PRISONERS WILL BE RELEASED FROM PRISON AT SOME POINT; NEARLY 80% WILL BE RELEASED TO PAROLE SUPERVISION. OVER THE PAST SEVEN YEARS, THE ANTHONY ROBBINS FOUNDATION HAS PROVIDED BOOKS, TAPES, AND LESSON PLANS TO AN ESIMATED 700 CORRECTIONAL FACILITIES. PARTICIPATING INSTITUTIONS HAVE DEVELOPED

4d Other program services (Describe in Schedule O)

(Expenses $ 243,104. including grants of $ 78,382.) (Revenue $)

4e **Total program service expenses ▶ $** 1,197,424. *(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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		X
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 ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X

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)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		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	21		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

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, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a 8		
b	Enter the number of voting members that are independent	1b 8		
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 organization 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		
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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

YOGESH BABLA - 858-444-3080

9672 VIA EXCELENCIA, SUITE 102, SAN DIEGO, CA 92126

Part VII 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 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(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			
ANTHONY J. ROBBINS CHAIRMAN	2.00	X		X				0.	0.	0.
WILLIAM R. HOWELL VICE CHAIRMAN	2.00	X		X				0.	0.	0.
JOHN MESSMORE SECRETARY, DIRECTOR	1.00	X		X				0.	0.	0.
YOGESH BABLA CFO, DIRECTOR	10.00	X		X				0.	0.	0.
SAM GEORGES PRESIDENT	1.00	X		X				0.	0.	0.
KEITH CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
SANDI CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.
SCOTT RANKIN DIRECTOR	1.00	X						0.	0.	0.
DEANNA GARZA-BROWN DIRECTOR	2.00	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			
1b Total ▶								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		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 NONE

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	223,537.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1347414.			
	g Noncash contributions included in lines 1a-1f $ 8,696.					
	h Total. Add lines 1a-1f	▶	1,570,951.			
Program Service Revenue		Business Code				
	2a PLATINUM PARTNERS		607,000.	607,000.		
	b PARTICIPATION FEE		33,421.	33,421.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	640,421.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	23,171.			23,171.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 223,537. of contributions reported on line 1c) See Part IV, line 18	a 11,249.				
	b Less: direct expenses	b 11,249.				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a 290,669.				
	b Less. cost of goods sold	b 148,705.				
	c Net income or (loss) from sales of inventory	▶	141,964.			141,964.
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	2,376,507.	640,421.	0.	165,135.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	46,874.	46,874.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	18,500.	18,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	13,008.	13,008.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	277,105.	210,318.	32,663.	34,124.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	7,143.	5,421.	842.	880.
10 Payroll taxes	20,065.	15,229.	2,365.	2,471.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,401.	16,203.	2,225.	2,973.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	238,870.	222,822.	9,070.	6,978.
12 Advertising and promotion	7,540.	6,990.	550.	
13 Office expenses	168,938.	148,451.	6,896.	13,591.
14 Information technology				
15 Royalties				
16 Occupancy	133,539.	121,325.	6,334.	5,880.
17 Travel	211,047.	209,666.		1,381.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,375.	1,375.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,652.	17,556.	2,548.	2,548.
23 Insurance	9,578.	6,318.	973.	2,287.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBTS	581,529.			581,529.
b CREDIT CARD FEES	48,671.	11,935.	31,650.	5,086.
c EQUIPMENT	45,218.	43,279.	1,174.	765.
d MEALS & ENTERTAINMENT	43,296.	41,240.	929.	1,127.
e REFUNDS	29,190.	17,256.		11,934.
f All other expenses	35,693.	23,658.	10,761.	1,274.
25 **Total functional expenses.** Add lines 1 through 24f	1,981,232.	1,197,424.	108,980.	674,828.
26 **Joint Costs** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,780,500.	1	1,922,119.
	2	Savings and temporary cash investments		1,555,767.	2	1,644,231.
	3	Pledges and grants receivable, net		1,178,241.	3	1,128,270.
	4	Accounts receivable, net			4	
	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 sale or use		73,609.	8	57,002.
	9	Prepaid expenses and deferred charges		26,166.	9	56,245.
	10a	Land, buildings, and equipment. cost basis	10a 150,960.			
	b	Less accumulated depreciation. Complete Part VI of Schedule D	10b 94,783.	60,819.	10c	56,177.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,675,102.	16	4,864,044.
Liabilities	17	Accounts payable and accrued expenses		83,003.	17	98,517.
	18	Grants payable		375,412.	18	133,000.
	19	Deferred revenue			19	
	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			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		11,035.	25	31,600.
	26	**Total liabilities.** Add lines 17 through 25		469,450.	26	263,117.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,125,652.	27	4,600,927.
	28	Temporarily restricted net assets		80,000.	28	0.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,205,652.	33	4,600,927.
	34	Total liabilities and net assets/fund balances		4,675,102.	34	4,864,044.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] 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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ANTHONY ROBBINS FOUNDATION	33-0492446

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is. (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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 ")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

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 ▶ ☐

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 ▶ ☐

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 "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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ")	1800455.	1738747.	3008263.	1632705.	1570951.	9751121.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		46,867.	30,000.	467,686.	640,421.	1184974.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	696,713.	309,754.	173,683.	289,984.	290,669.	1760803.
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	2497168.	2095368.	3211946.	2390375.	2502041.	12696898.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		15,000.	10,000.	8,000.	36,974.	69,974.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	3,280.	1,484.	93,142.	31,200.		129,106.
c Add lines 7a and 7b	3,280.	16,484.	103,142.	39,200.	36,974.	199,080.
8 **Public support** (Subtract line 7c from line 6)						12497818.

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	2497168.	2095368.	3211946.	2390375.	2502041.	12696898.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,635.	19,556.	83,825.	86,868.	23,171.	219,055.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	169,149.	310,868.	432,877.	300,801.		1213695.
c Add lines 10a and 10b	174,784.	330,424.	516,702.	387,669.	23,171.	1432750.
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)						14129648.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	88.45 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	69.60 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	10.14 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	1.09 %

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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

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

		(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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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 section 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	2,000,000.				
b	Contributions	0.				
c	Investment earnings or losses	12,995.				
d	Grants or scholarships	0.				
e	Other expenditures for facilities and programs	0.				
f	Administrative expenses	0.				
g	End of year balance	2,012,995.				

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

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

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

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

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	7,000.			7,000.
b	Buildings				
c	Leasehold improvements				
d	Equipment	143,960.		94,783.	49,177.
e	Other				
Total.	Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	56,177.

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

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

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
BENEFITS CLEARING	31,600.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	31,600.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,376,507.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,981,232.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	395,275.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	395,275.

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	2,387,756.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	11,249.		
e	Add lines 2a through 2d			2e	11,249.
3	Subtract line 2e from line 1			3	2,376,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	2,376,507.

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

1	Total expenses and losses per audited financial statements			1	1,992,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	11,249.		
e	Add lines 2a through 2d			2e	11,249.
3	Subtract line 2e from line 1			3	1,981,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,981,232.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS: 11249.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS: 11249.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
AUSTRALIA [SYDNEY]	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITHIN [UPW] MARKETING & RECEIVE DONATIONS	21,850.
CANADA [TORONTO]	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITHIN [UPW] MARKETING & RECEIVE DONATIONS	55,234.
CANADA [VANCOUVER]	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITHIN [UPW] MARKETING & RECEIVE DONATIONS	20,402.
AUSTRALIA [GOLD COAST]	0	0	PROGRAM SERVICES	DATE WITH DESTINY [DWD] MARKETING & RECEIVE DONATIONS	34,632.
UNITED KINGDOM [LONDON]	0	0	PROGRAM SERVICES	WEALTH MASTERY [WM] MARKETING & RECEIVE DONATIONS	16,963.
AUSTRALIA [MELBOURNE]	0	0	PROGRAM SERVICES	WEALTH MASTERY [WM] MARKETING & RECEIVE DONATIONS	15,769.
Totals ▶					164,850.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2008**

832071
12-18-08

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GENERAL ASSISTANCE	6,508.		0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1

3 Enter total number of other organizations or entities ▶

832072
12-18-08

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

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

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

Part IV Supplemental Information

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

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

1) DOES THE PURPOSE OF THE GRANT FIT WITH ANTHONY ROBBINS FOUNDATION'S MISSION

2) IS THE FUNDING REQUEST REASONABLE

3) DOES THE ORGANIZATION APPEAR TO BE REASONABLY SOLVENT AND CREDIBLE

4) SHOULD THIS FUNDING REQUEST BE FORWARDED TO AN AWARDS COMMITTEE

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 SILENT AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	234,786.			234,786.
	2 Less Charitable contributions	223,537.			223,537.
	3 Gross revenue (line 1 minus line 2)	11,249.			11,249.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,249.			11,249.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(11,249.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				0.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 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:			
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 Provide 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				
Name ▶				
Address ▶				
16 Gaming manager information.				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN 300 MINISTRIES PO BOX 95 ARDMORE, PA 19003	23-2858946	501(C)(3)	31,200.	0.			
HARMONY OUTREACH 41685 DATE ST. UNIT B MURRIETA, CA 92562	20-3661997	501(C)(3)	6,684.	0.			
PHILIP HAYDEN FOUNDATION 40335 WINCHESTER RD # E-115 TEMECULA, CA 92591	39-1815753	501(C)(3)	6,684.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶ 3.

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

832101 12-18-08

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	9	18,500.	0.		

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

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

1) DOES THE PURPOSE OF THE GRANT FIT WITH ANTHONY ROBBINS FOUNDATION'S MISSION

2) IS THE FUNDING REQUEST REASONABLE

3) DOES THE ORGANIZATION APPEAR TO BE REASONABLY SOLVENT AND CREDIBLE

4) SHOULD THIS FUNDING REQUEST BE FORWARDED TO AN AWARDS COMMITTEE

Part IV Supplemental Information

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

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

IN 1991, THE CHAMPIONS OF EXCELLENCE PROGRAM WAS DESIGNED TO IMPROVE THE GRADUATION RATES AND REMOVE THE FINANCIAL BARRIERS TO HIGHER EDUCATION FOR A GROUP OF CHILDREN IN HOUSTON, TEXAS. THIS INNOVATIVE PROGRAM SUPPORTED NINETY-TWO 5TH GRADE STUDENTS REPRESENTING A MULTI-ETHNIC, URBAN INNER-CITY NEIGHBORHOOD WITH MENTORING SERVICES AND FULL ACADEMIC RELATIONSHIPS TO FOUR-YEAR UNIVERSITIES. THE PARTICIPATING STUDENTS WERE REQUIRED TO MAINTAIN A B AVERAGE OR ABOVE, BE EXEMPLARY CITIZENS, AND ANNUALLY CONTRIBUTE 50 HOURS OF COMMUNITY SERVICE TO REMAIN IN THE PROGRAM. MANY OF THESE STUDENTS BECOME OUTSTANDING LEADERS CONTINUOUSLY MAINTAINING A 3.0 GPA, COLLECTIVELY CONTRIBUTING MORE THAN 10,700 HOURS OF COMMUNITY SERVICES, AND PARTICIPATING IN VARIOUS LIVE EVENTS AND LEADERSHIP PROGRAMS OFFERED BY TONY ROBBINS AND THE FOUNDATION. FROM THE ORIGINAL CLASS OF NINETY-TWO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

STUDENTS, 16 STUDENTS HAVE ATTENDED VARIOUS COLLEGES AND UNIVERSITIES NATIONWIDE, RECEIVING ASSOCIATE, UNDER-GRADUATE AND GRADUATE DEGREE. TWO STUDENTS ARE CURRENTLY ENROLLED IN COURSES, CONTINUING THEIR PATH OF ACADEMIC GROWTH. THE CHAMPIONS OF EXCELLENCE PROGRAM IS AN OUTSTANDING EXAMPLE OF THE FOUNDATION'S COMMITMENT TO PROMOTING ACADEMIC EXCELLENCE AND PROVIDING OPPORTUNITIES FOR AT-RISK STUDENTS TO REACH THEIR FULLEST POTENTIAL.

YOUTH MENTORING PROGRAM "TODAY'S YOUTH, TOMORROW'S LEADERS" WAS THE CORNERSTONE OF A PROGRAM TONY ROBBINS CONCEIVED IN WHICH BUSINESS PEOPLE, COMMUNITY LEADERS AND EDUCATORS WOULD BE PARTNERED WITH YOUNG PEOPLE WITHIN THEIR LOCAL COMMUNITY IN A MENTORING RELATIONSHIP. TARGET POPULATIONS INCLUDE NINTH AND TENTH GRADE STUDENTS WHO ARE EAGER TO DEVELOP LEADERSHIP SKILLS AND COMMITTED TO CONTRIBUTING IN THEIR COMMUNITIES. THE UNIQUE DESIGNED OF THIS MENTORING PROGRAM SUPPORTS A GROUP OF 10-30 STUDENTS WITH THREE MENTORS DEDICATED TO MOTIVATE AND EMPOWER INDIVIDUALS TO CONTRIBUTE TO THE GLOBAL SOCIETY. THE CAREFULLY SELECTED MENTORS INCLUDE A COMMUNITY OF BUSINESS LEADER, AN ACADEMIC ADVISOR WHO IS FAMILIAR WITH THE PARTICIPATING STUDENT AND A HIGH SCHOOL SENIOR AND COLLEGE STUDENT, EACH HAVING A SPECIFIC ROLE IN THIS MENTORING PROCESS.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

ITEMS FOR AN ESTIMATED 2 MILLION PEOPLE ANNUALLY IN COUNTRIES ALL OVER THE WORLD. THROUGHOUT THE THANKSGIVING AND HOLIDAY SEASON INTERNATIONAL BASKET BRIGADE VOLUNTEERS DELIVER FOOD, CLOTHING, AND HOPE TO THOUSE WHO NEED IT MOST. THE FOUNDATION WOULD BE HONORED TO HAVE YOU BECOME A PART OF THIS TRULY WONDERFUL EVENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

VERY SUCCESSFUL PROGRAMS, RAISING THE STANDARDS BY WHICH THE PROGRAM PARTICIPANTS LIVE, AND PROVIDING AN ENVIRONMENT DESIGNED TO PROTECT PUBLIC SAFETY BY RETURNING OFFENDERS TO SOCIETY BETTER EQUIPPED TO LEAD LAW-ABIDING LIVES.

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

C.L.E.A.R. (COMMUNITY LEADERS EDUCATED BY ANTHONY ROBBINS)

THE UNIQUE ROLE OF A LEADER IS TO PROVIDE THE ENERGY AND COMMITMENT TO EFFECT CHANGE AND SEE IT THROUGH TO COMPLETION. LEADERSHIP IS ABOUT LISTENING, AND MAKING A REAL "CONNECTION" WITH OTHERS. COMMUNITY LEADERS ARE COMMITTED AND DEDICATED TO MAKING A DIFFERENCE IN THEIR COMMUNITY, OR THE WORLD AT LARGE, DEPENDING ON THEIR VISION. THIS MAY BE THROUGH THEIR EMPLOYMENT SUCH AS EDUCATORS, COUNSLERS, THERAPSITS, SOCIAL WORKERS, NON-PROFIT ORGANIZATIONS OR ANY POSITION THAT IMPACTS UNDER-SERVED POPULATIONS. IT MAY BE THROUGH VOLUNTEER WORK WITH LOCAL CHARITIES OR PUBLIC SERVICE AGENCIES OR IT MAY BE THROUGH A VISION TO

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ANTHONY ROBBINS FOUNDATION

Employer identification number
33-0492446

CREATE A PROGRAM DESIGNED AROUND THEIR OWN UNIQUE PASSION FOR HELPING OTHERS. LEADERS ENVISION, ENABLE, EMPOWER, AND ENERGIZE. THEY UNDERSTAND THAT LEADERSHIP IS A PROCESS, NOT AN EVENT.

EXPENSES $ 22377. INCLUDING GRANTS OF $ 22377. REVENUE $ 0.

GLOBAL COMMUNITY CONNECTION

THE ANTHONY ROBBINS FOUNDATION WOULD LIKE TO OFFER ITS HEARTFEL COMPASSION OT THE VICTIMS OF THE NUMEROUS NATUAL DISASTERS FELT THROUGHOUT THE WORLD. THE FOUNDATION IS PASSIONATE ABOUT PARTICIPATING IN THE COORDINATION OF RECONSTRUCTION ACTIVITIES THROUGHOUT THE WORLD, AND EVLAUATES FUNDING REQUREST ON AN ONGOING BASIS. AS MEN AND WOMEN ACROSS THE WORLD BEGIN TO REUILD, THE ANTHONY ROBBINS FOUNDATION TAKES HONOR IN PROVIDING HOPE AND FUNDING SUPPORT TO THE MANY SUFFERING COMMUNITIES.

THE CAMBODIAN CHILDREN'S FUND WAS FOUNDED BY HOLLYWOOD FILM EXECUTIVE SCOTT NEESON, WHO TRAVELLED TO CAMBODIA ON HILDAY IN EARLY 2003 AND FOUND HIS LIFE CHANGED BY THE DESPERATE CIRCUMSTANCES AND UNLIKELY COURAGE OF PHNOM PENH'S MOST IMPROVERISHED CHILDREN.

COMMUNITY WORKS (BETTY'S HOUSE): A RESTORATIVE JUSTICE SAFE HOUSE FOR YOUNG WOMEN AND GIRLS PROVIDES ON-SITE PARENTING AND SELF-ESTEEM CLASSES AND EXPRESS THEIR EMOTION IN ART THERAPY GROUPS. THE ENRICHMENT CLASSES AIM TO TRAIN THE YOUNG WOMEN TO EMPOWER THEMSELVES AND DEMONSTRATE HEALTHY ASSERTIVE WAYS TO HANDLE CONFLICT AND LIFE∅S

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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33-0492446

CHANGES.

CHERISH OUR CHILDREN INTERNATIONAL WAS FOUNDED 13 YEAR AGO FOR THE EDUCATION AND SOCIAL PROJECT WORKS IN CONJUNCTION WITH THE HAPOEL "KETER" SOCCER CLUB TOWARDS ADVANCING SOCIAL ISSUES VIA SPORT "BUILDING A BRIDGE TO PEACE". THE IDEA IS FOR EVERY PERSON TO HAVE AN EQUAL OPPORTUNITY BASED ON VALUES SUCH AS TOLERANCE AND SELF-FULFILLMENT. THE EDUCATION AND SOCIAL PROJECT FOCUSES ON THREE MAIN GOALS: STRENGTHENING CHILDREN TO BELIEVE IN THEMSELVES AND IN THEIR ABILITIES AND SHOW TOLERANCE AND RESPECT TOWARDS OTHERS, DEVELOPING AND STRENGTHENING THE LEADERSHIP OF THE TARGET COMMUNITIES GETTING TO KNOW DIFFERENT POPULATIONS AND HELPING TO BRING THEM CLOSER TO ONE ANOTHER.

OVER THE PAST 40 YEARS THE HEBRON CHILDREN'S HOME (FORMALLY HEBRON ORPHANAGE) HAS SAVED HOMELESS ORPHANS FROM DYING OF STARVATION ON THE STREETS OF INDIA. THESE ORPHAN CHILDREN HAVE BEEN GIVEN LOVE, LIFE AND A FUTURE. THE ANTHONY ROBBINS FOUNDATION ADOPTED HEBRON ORPHANAGE LOCATED IN SOUTHERN INDIA FOLLOWING THE 2004 TSUNAMI. THE ORPHANAGE HAD EXPANDED ITS FACILITIES, AND NOW ACCOMMODATES 340 CHILDREN. THE FOUNDATION IS DELIGHTED TO PROVIDE FUNDING TO SUPPORT HEBRON'S IMMEDIATE NEED OF BUILDING A NEW STAND-ALONE BOY'S DORMITORY, ENABLING THE NUMBER OF MALE RESIDENTS TO INCREASE TO 200, AND TO ALLOW THE CURRENT BOY'S DORMITORY TO BE USED AS A LIBRARY AND CLASSROOMS.

THE LANGFANG CHILDREN'S VILLAGE IN BEIJING, CHINA WAS FOUNDED TO SUPPORT MAINLAND CHINA'S ORPHANED SPECIAL NEEDS CHILDREN. MANY CHILDREN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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COME TO THE VILLAGE BECAUSE THEY ARE ABANDONED AT THE FRONT GATES OR BROUGHT TO THE LANGFANG CHILDREN'S VILLAGE BY LOCALS. IT IS HOME TO OVER 90 ORPHANS FROM APPROXIMATELY TEN DIFFERENT ORPHANAGES SCATTERED THROUGHOUT CHINA IS WORKING HARD AT IMPROVING THE PLIGHT OF ORPHANS, BUY AS A DEVELOPING COUNTRY WITH OVER 5 MILLION ORPHANS THE PROGRAM IS SIMPLY TOO LARGE.

GLOBAL COMMUNITY CONNECTION DAY, THE ANTHONY ROBBINS FOUNDATION PROUDLY MARKS ONE DAY A MONTH BY PROACTIVELY CONNECTING WITH NON-PROFIT ORGANIZATIONS THROUGHOUT THE WORLD. OUR GOAL IS TO MEET THE CHALLENGES OF OUR GLOBAL COMMUNITY, COME UP WITH SOLUTIONS AND TAKE ACTION! WE VISIT AND PROVIDE IN-KIND DONATIONS TO SCHOOLS, HOSPITALS, AND SHELTERS FOR THE HOMELESS; NURTURING, FEEDING AND MENTORING THOSE IN NEED. RECENTLY, THE FOUNDATION SUPPORTED THE CHILDREN'S HOSPITALS OF SAN DIEGO AND NEW ORLEANS WITH A DONATION OF STUFFED BEARS FOR THEIR IN-PATIENTS.

EXPENSES $ 220727. INCLUDING GRANTS OF $ 56005. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS DELIVERED TO THE ANTHONY ROBBINS FOUNDATION ACCOUNTING DEPARTMENT AND THE CHIEF FINANCIAL OFFICER'S (CFO) OFFICE BY THE PROFESSIONAL ACCOUNTING FIRM. THE CFO REVIEWS AND APPROVES THE FORM 990 AND THEN PRESENTS THE FORM 990 TO THE PRESIDENT OF THE BOARD OF DIRECTORS. THE COMPLETE AND FINALIZED FORM 990 WILL THEN BE SENT TO THE CFO, BOARD OF DIRECTORS, AND THE ANTHONY ROBBINS FOUNDATION OFFICES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

FORM 990, PART VI, SECTION B, LINE 15: THE OPERATIONS MANAGER USES THE MOST CURRENT NON-PROFIT COMPENSATION SURVEY COMBINED WITH PERFORMANCE REVIEWS TO COME UP WITH COMPENSATION RECOMMENDATIONS. THE RECOMMENDATION IS PUT INTO THE ANNUAL BUDGET. THE ANNUAL BUDGET IS REVIEWED AND VOTED ON BY THE BOARD.

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

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

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

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

PART XI, LINE 2C

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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NO CHANGE FROM PRIOR YEAR

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- 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.** Only file the original (no copies needed)

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

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

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

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 ▶ YOGESH BABLA 9672 VIA EXCELENCIA, SUITE 102 - SAN DIEGO, CA 92126
  Telephone No. ▶ 858-444-3080 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

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

7 State in detail why you need the extension
THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

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	$	
b	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	$	
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	$	N/A

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 ▶ Title ▶ CPA Date ▶