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Department of the Treasury Internal Revenue Service

## Form **990**

**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 2010

Open to Public Inspection

Α	For the 2	010 calenda	ar year, or tax yea	r beginning	, 2010, and endi	ng		•	
В	Check if ap					C	Employer Ide	ntification Nur	nber
	X Addres	s change	America Giv	es Back Inc			01-088	5377	
	$\vdash$		1st Floor 8		t	E	Telephone nu		
	$\vdash$	change		1 7TP, United Kingdo			•	07-820-	2000
	Initial	eturn		,			0044-2	07-820-	2000
	Termir	ated				i			
	Amend	led return					Gross receipt	s \$ 1 <u>,</u>	<u>117,739.</u>
	Applica	stion pending	F Name and address	of principal officer Kevin Cah	nill	H(a) Is this a g	roup return for	affiliates?	Yes X No
			Same As C A	bove		1	iliates included?		Yes No
$\overline{}$	Tay avan			01(c) ( ) ◀ (insert no )	4947(a)(1) or 527	If 'No,' at	tach a list (see	instructions)	
÷					1017 (4)(1) 01 027	۱		•	
_	Websit			vesback.org		0.0	emption number		
K				rust Association Other ►	L Year of Form	ation 06	M State o	f legal domicile	e DE
Pa		Summar							
	1 Bri	efly describ	e the organization	n's mission or most significant a	ctivities <u>Charita</u> l	ole_and_	<u>educatio</u>	nal act	<u>tivities</u>
Φ	_w_	ith the	aim of elim	ninating poverty and	l improving con	ditions	for chi	<u>ldren a</u>	<u>nd</u>
Activities & Governance	d:	isadvant	aged person	ns in the United Sta	ites and throug	hout_the	world,	partic	ularly
Ĕ	l .	frica.						•	
Š		eck this box	< ► If the ora	anization discontinued its opera	itions or disposed of mo	ore than 25%	of its net as	sets.	
ŏ				ne governing body (Part VI, line			3	1	4
<b>∘</b> ජ				nembers of the governing body			4	1	3
Ė	1			oloyed in calendar year 2010 (Pa			5		0
₹	1		·	mate if necessary)	,		6		7
¥	l .			e from Part VIII, column (C), lir	ne 12		7:	a	0.
	1			income from Form 990-T, line 3			7		0.
		t dili oratod	basiness taxable			Pri	or Year	_	rent Year
	8 Co	ntributions :	and grants (Part V	/III line 1h)		, , , ,	17,180		090,385.
9	l .		-	•			17,100	· <del>  '</del>	20,000.
ĕ	1	•	ce revenue (Part			-	21,000	1	7,354.
Revenue				olumn (A), lines 3, 4, and 7d)	11		21,000	+	1,334.
·	1			n (A), lines 5, 6d, 8c, 9c, 10c, a			20 100	1	117 720
				ough 11 (must equal Part VIII, o			38,180		117,739.
	1		•	d (Part IX, column (A), lines 1-3	)			1,	183,000.
	<b>14</b> Be	nefits paid t	to or for members	(Part IX, column (A), line 4)					
	<b>15</b> Sa	laries, othei	r compensation, e	mployee benefits (Part IX, colu	mn (A), lines 5-10)				
Ses	16a Pro	ofessional fi	undraising fees (P	art IX, column (A), line 11e)					
Ë			· ·		6 220		<del></del>		
Expenses	l		-	t IX, column (D), line 25) ►	6,229.			<del></del>	
-	17 Ott	ner expense	es (Part IX, colum	n (A), lines 11a-11d, 11f-24f)			<u>197,360</u> .		93,820.
	18 To	tal expense:	s Add lines 13-17	' (must equal Part IX, column (Æ	A), line 25)		<u> 197,360</u>	1,	276,820.
	19 Re	venue less	expenses Subtra	ct line 18 from line 12		_	159,180	.  -	-159,081.
<b>8</b> 8						Beainnina	of Current Yea	r End	l of Year
a a	1	tal assets (F	Part X, line 16)	DECENIED			112,761		694,973.
\$ B			(Part X, line 26)	RECEIVED			987,807		729,100.
Net Assets Fund Baland	i		1	btract line 21 from line 20	?}				·
				CONTROL TO THE POPULATION OF T	<u> </u>		124,954	.   1,	965,873.
P	ırt II	<u>Signatur</u>	e Riock	u) i	<u> </u>				
Und	ler penalties	of perjury, I de	clare that I have exami	ned this return, including accompanying so based on all information of which prepared to the companying of the companyin	chedules and statements, and	to the best of m	y knowledge and	d belief, it is tr	ue, correct, and
			16-10	- OGDEN IIT	Thas any knownedge	—————·			
				7 OODLIG, OI			117 21.	201	L
Sig	gn	Signature	e of officer	• •		Date	•		
He	re	> KE	IIN CAH	ILL PRESIDE	JT				
		Type or p	orint name and title	^	•				
		Print/Type pri	eparer's name	F(1) Despolation (1007)	Date		heck If	PTIN	
		1	Duffield	Carol Duffield		J 11		N/A	
Pa						S	elf employed	Ιν/ν	
	eparer	Firm's name	► Fontane					/3	
US	e Only	Firm's addres		gomery Street, Suite	2019	F	rm's EIN 🕨 N		
			San Frai	ncisco, CA 94104		P	hone no (4)	<u>15) 983</u>	-0200
Ma	the IRS	discuss this	return with the p	reparer shown above? (see ins	tructions)			Ye	s X No
	A For Pa	perwork Re	duction Act Notic	e, see the separate instructions	i. TF	EA0113L 12/21	/10	Fo	rm <b>990</b> (2010)

01-0885377

Page 2

America Gives Back Inc 01-0885377 Page 3 Form 990 (2010) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election Х 4 in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 9 Х Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Χ If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part VI **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11 b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 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, Parts II and IV X 15 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, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e<sup>2</sup> If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990

filers that operate one or more hospitals must attach audited financial statements (see instructions)

20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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20 b

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America Gives Back Inc 01-0885377 Page 4 Form 990 (2010) **Checklist of Required Schedules** (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If* 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Χ 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28 c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 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 Х 34 Х 34

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

X No Yes

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

Х Form 990 (2010)

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X

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 2 1 a 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return **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. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х 3 h b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account) **4**a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6.4 solicit any contributions that were not tax deductible? 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a services provided to the payor? 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Χ 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 92 9Ь **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 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 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

01-0885377 Form 990 (2010) America Gives Back Inc Page 6 Part VI | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 4 1 b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 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? 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a Х governing body? Х 7Ь b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х 8Ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the q Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates? 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? 10b Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done See Schedule 0 Х 13 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? 14 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? 15a X a The organization's CEO, Executive Director, or top management official 15<sub>b</sub> X **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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 ► See Schedule 0 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. Another's website Own website

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. See Schedule O

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

► Colin Simon 1st Floor 89 Albert Embankment UK SE1 7TP

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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	n nor any	related	l org	ganız	zatio	on con	nper	nsated any current offi	icer, director, or truste	e
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average	Posi	tion (		all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (describe hours for related organiza tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
(1) Kevin Cahill										
President	1	X		X				0.	0.	0.
(2) Richard Hofstetter										
Ass't Sec'tary	1	<u>X</u>		X				0.	0.	0.
_(3)_Drummond_Pike	}						}			
Dir until 12/10	1	<u>X</u>						0.	0.	<u> </u>
_(4) Cecile Frot-Coutaz	_									_
Dir until 6/10	1	_X				-		0.	0.	0.
_(5) Simon Fuller		١,,								0
Dir until 12/10	1	_X_	_					0.	0.	0.
_(6) Gary_L. Ginsberg Dir until 6/10	1	X						0.	0.	0.
(7) Richard Curtis		<u> </u>				<del> </del>				<u> </u>
Director	1	Х	!			1		0.	0.	0.
(8) Billy DiMichele							_	· · · · · · · · · · · · · · · · · · ·		
Dir until 12/10	1	Х						0.	0.1	0.
(9) Richard L. Scott										
Tres fm 12/10	1 1	Х		Х		ļ		0.	0.	0.
(10)										
<u></u>						_				· · · · · · · · · · · · · · · · · · ·
(12)										
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	L	Ц	$\Box$					L		

TEEA0107L 12/21/10

Form 990 (2010)

Form 990 (2010) America Gives Back Inc

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Part VII   Section A. Officers, Directors, Trus	T .	<b>∖ey</b>	En			es,	an				
· (A)	(B) Average	Posit	tion (	(c check	-	hat at	(vlac	(D) Reportable	( <b>E</b> ) Reportable	1	F <b>)</b> nated
Name and title	hours per week (describe hours for related organi zations in Sch O)			Officer		Highest compensated employee		compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount compe fron organ and	of other nsation n the izzation related zations
(18)					!						
<u>(19)</u>											
(20)							-				
(21)											
(22)			:								
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
(29)											
1 b Sub-total						•	<b>&gt;</b>	0.	0		0.
c Total from continuation sheets to Part VII, Section A	`						<b>&gt;</b>	0.	0	·	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited	to thos	e lis	ted	abov	ve)	who	rece	0. eived more than \$	<u> </u>	tle compe	0. nsation
from the organization   0								<del></del>			res No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in			еу е	mpl	oye	e, oi	r hig	hest compensate	d employee	3	х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable nan \$150	com 0,000	pen 0? <i>li</i>	satıı f 'Ye	on a	and o	othe <i>lete</i>	r compensation fr Schedule J for	rom		X
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' or accrue to the organization of the organization of the organization of the organization of the organization.</li> </ul>	ompensa	ation	froi	m ai	ny u I for	nrel	ated	l organization or i	ndıvıdual	5	X
Section B. Independent Contractors	ompioto					500.	<u>. 20</u>				
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of	·	
(A) Name and business addres	s							( <b>B</b> Description	) of services	(C) Compens	
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►	_	ımıte	ed to	tho	se	listed	ab	ove) who receive	d more than		

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1 43		Talement of Nevende		(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	b c d e	Federated campaigns 13 Membership dues 11 Fundraising events 16 Related organizations 16 Government grants (contributions) 16 All other contributions, gifts, grants, and similar amounts not included above 16 Noncash contributions included in lns 1a-1f	1,090,385.				
	h	Total. Add lines 1a-1f	<b>•</b>	1,090,385.			
PROGRAM SERVICE REVENUE	b c		-	20,000.	20,000.		
W. SE	d e						- <del></del>
ROGRA		All other program service revenue	<b>-</b>	30, 000			
		Total. Add lines 2a-2f Investment income (including dividence		20,000.		, , , , , , , , , , , , , , , , , , , ,	
	3	other similar amounts) Income from investment of tax-exemp	ot bond proceeds	7,354.			7,354.
	5	Royalties (i) Real	(ii) Personal			·n	
	b	Gross Rents Less. rental expenses Rental income or (loss)  Net rental income or (loss)	(ii) Fersonal				
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	С	Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)					
EVENUE		Gross income from fundraising events (not including \$ of contributions reported on line 1c).	5 –				
OTHER REVE		See Part IV, line 18	a				
ОТН		Less direct expenses  Net income or (loss) from fundraising	b_ events				
		Gross income from gaming activities See Part IV, line 19	a				
		Less direct expenses	b				
	С	Net income or (loss) from gaming act	ivities <b>&gt;</b>				
		Gross sales of inventory, less returns and allowances	a				
		Less cost of goods sold	b entory •				
		Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code				
	11 a		+				
	b		1				
	С						
		All other revenue				<del>-</del>	
		Total. Add lines 11a-11d	<b>▶</b>	1 117 700	00 000		
	12	Total revenue. See instructions	►	1,117,739.	20,000.	0.	7,354.

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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).

	The Other Organizations must be in	1	47	(2), (3),	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			‡ •	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				of 'P 'down Hoolton's
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,183,000.	1,183,000.		
4	Benefits paid to or for members				, , , , , , , , , , , , , , , , , , ,
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	Management				
ı	Legal	41,835.	31,375.	10,460.	
	: Accounting	19,545.	9,773.	4,886.	4,886.
	Lobbying		,		
	Professional fundraising services See Part IV, line 17				
	Investment management fees	-			
	Other	· · · · · · · · · · · · · · · · · · ·	-		
	Advertising and promotion	<del></del>			
13	Office expenses				_
14	Information technology				
15	Royalties				
16	Occupancy		-		
17	Travel				
18					
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,289.	12,967.	4,322.	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
á	Amort. Present Value Grant Exp	7,554.	7,554.		
	Banking	5,373.	2,687.	1,343.	1,343.
•	Grants Assessment	2,224.	1,668.	556.	
	I				
•	)				
1	All other expenses				
_25	Total functional expenses. Add lines 1 through 24f	1,276,820.	1,249,024.	21,567.	6,229.
26	Joint costs. Check here   SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA			<u>.</u>	<u> </u>	Form <b>990</b> (2010)

L	<u>13./25.</u>	- Bulance onest	(A) Beginning of year		(B) End of year
			Beginning of year		
	1	Cash — non-interest-bearing	0 110 761	1	2 604 072
	2	Savings and temporary cash investments	9,112,761.	2	2,694,973.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<del> </del>
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	-	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less, accumulated depreciation 10b		10c	
	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)	9,112,761.	16	2,694,973.
	17	Accounts payable and accrued expenses	45,361.	17	
	18	Grants payable	6,942,446.	18	729,100.
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L   	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,987,807.	26	729,100.
Ņ		Organizations that follow SFAS 117, check here ► X and complete lines		<u> </u>	
Ť		27 through 29 and lines 33 and 34.		1 1	
Ą	27	Unrestricted net assets	1,938,791.	27	1,965,873.
SETS	28	Temporarily restricted net assets	186,163.	28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117, check here ▶ and complete		} {	
F		lines 30 through 34.		‡ ‡	
FUZD	30	Capital stock or trust principal, or current funds		30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
î A	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZOWS	33	Total net assets or fund balances.	2,124,954.	33	1,965,873.
<u>\$</u>	34	Total liabilities and net assets/fund balances.	9,112,761.	34	2,694,973.
BA	Α				Form <b>990</b> (2010)

Form 990 (2010) America Gives Back Inc	01-0885377		Pa	ge <b>12</b>				
Part XI Reconciliation of Net Assets				_				
Check if Schedule O contains a response to any question in this Part XI				$\perp$				
	1 1							
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,1						
2 Total expenses (must equal Part IX, column (A), line 25)	2		76,8					
3 Revenue less expenses. Subtract line 2 from line 1	3	-159,081 2,124,954						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4								
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.				
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	_6	1,9	65,8	73.				
Part XII Financial Statements and Reporting				_				
Check if Schedule O contains a response to any question in this Part XII								
1 Accounting method used to prepare the Form 990.			Yes	No				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a							
X Separate basis Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		<u> </u>				
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3ь	1					
BAA		Form	990 (	2010)				

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number

01-0885377 America Gives Back Inc Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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) 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 9 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. Type III - Other Type III - Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (iv) Is the (v) Did you notify (ii) EIN (vi) Is the (i) Name of supported (iii) Type of organization (vii) Amount of support he organization in column (i) of your support? organization in column (i) organization (described on lines 1.9 above or IRC section organization in column (i) listed in (see instructions)) your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E) 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	-					<del></del>			
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ')		69534170.	78,813.	17,180.	1,110,385	. 70,740,548.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					0.			
4	Total. Add lines 1 through 3	0.	69534170.	78,813.	17,180.	1,110,385	. 70,740,548.			
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)						6,611,639.			
6	Public support. Subtract line 5 from line 4						64,128,909.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total			
7	Amounts from line 4	mounts from line 4 0. 69534170. 78,813. 17,180. 1,110,385.								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,667,744.	614,116.	21,000.	7,354	. 2,310,214.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.			
11	<b>Total support.</b> Add lines 7 through 10						73,050,762.			
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	0.			
13	First five years. If the Form 990 organization, check this box and		tion's first, second	I, third, fourth, or	fifth tax year as a	section 501(c)(	3) ► [X]			
	tion C. Computation of Pu						<del></del>			
14	Public support percentage for 20			11, column (f))		14	<del></del>			
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			_ 15	%			
16 a	33-1/3% support test — 2010. If the and stop here. The organization				the line 14 is 33-	1/3% or more, c	heck this box			
b	<b>b 33-1/3% support test — 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization									
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this b	oox and stop here	. Explain in Part	IV how			
	o 10%-facts-and-circumstances ter or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test. The organiza	test, check this b tion qualifies as a	oox and <b>stop here</b> a publicly supporte	. Explain in Part ed organization	IV how the ►			
18 BAA	Private foundation. If the organiz	ation did not ched	ck a box on line 13	3, 16a, 16b, 17a, o			structions			

Page 3

### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		<u></u>	<u> </u>			
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1		T		
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		i, third, fourth, or	fifth tax year as a	section 501(c)(3	<sup>()</sup>
	tion C. Computation of Pu		··-·	10		l .=	
	Public support percentage for 20	-		13, column (f))		15	8
	Public support percentage from 2					16	%
	tion D. Computation of Inv					<del></del>	<del></del>
17	Investment income percentage for	or <b>2010</b> (line 10c, i	column (f) dıvıded	by line 13, colun	nn (f))	17	8
	Investment income percentage fr					18	%
	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppor	ted organization	▶ [_]
t	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	the organization of , check this box a	nd not check a bond stop here. The	x on line 14 or lin organization qua	ie 19a, and line 16 ilifies as a publicly	is more than 33 supported organ	-1/3%, and lization ►
20	Private foundation. If the organiz			-			<u> </u>

Schedule A	(Form 990 or	990-EZ) 2010	America	Giv <u>es Bac</u>	k Inc		01-0885377	Page 4
Part IV	Suppleme Part II, line (See instru	<b>ntal Informa</b> e 17a or 17b uctions).	ition. Compl ; and Part II	ete this par I, line 12. A	t to prov Iso com	vide the explanation plete this part for a	ns required by Part II, line ny additional information	10;
					· — — — ·			
	<del>-</del>			<b>-</b>	<del>-</del> -			<del>-</del>
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							<b>--</b>	
						- <b></b>		

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ame	erica Gives Back Inc		01-0885377
Pai		r Advised Funds or Other Sim	ilar Funds or Accounts. Complete if
1 444	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	(a) Bollot advised tallas	(a) Farias and Street assessment
1	Aggregate contributions to (during year)		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets he to the organization's exclusive legal coi	eld in donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	he benefit of the donor or donor adviso	ant funds can be r, or for any other Yes No
Dat	t II Conservation Easements. Comp		ed 'Yes' to Form 990 Part IV line 7
	Purpose(s) of conservation easements held by		
'	Preservation of land for public use (e.g., r		ervation of an historically important land area
	Protection of natural habitat	· —	ervation of a certified historic structure
	$\vdash$		ervation of a certified historic structure
_	Preservation of open space		
2	last day of the tax year	on neig a qualified conservation contrib	ution in the form of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	Total number of conservation easements  Total acreage restricted by conservation ease	ments	2b
	Number of conservation easements on a certification can be conservation.		2c
		` '	<del></del>
	I Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to co		
5	Does the organization have a written policy reand enforcement of the conservation easement	garding the periodic monitoring, inspectits it holds?	tion, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservat	on easements during the year
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conservation e	asements during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requiremen	ts of section Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revi o the organization's financial statement	enue and expense statement, and balance sheet, and s that describes the organization's accounting for
Pai	Organizations Maintaining Collection Complete of the organization and	ections of Art, Historical Treas swered 'Yes' to Form 990, Part	ures, or Other Similar Assets. IV, line 8.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or	its revenue statement and balance sheet works of or research in furtherance of public service, provide, ims.
ŀ	o If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to report in its r d for public exhibition, education, or re	evenue statement and balance sheet works of art, search in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X.		<b>^</b> \$ <b>&gt;</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar 116 (ASC 958) relating to these items	assets for financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	•	<b>►</b> \$
	Assets included in Form 990, Part X		▶\$

Part III Organizations Mainta	<u>ining Collec</u>	tions of A	<u>ırt, Histori</u>	cal Treasures, c	or Other Similar As	sets (	<u>contin</u>	<u>ued)                                    </u>			
3 Using the organization's acquisition items (check all that apply).	on, accession, a	and other rec	_		that are a significant us	e of its	collectio	n			
a Public exhibition		d	Loan or e	xchange programs							
<b>b</b> Scholarly research		е	Other								
c Preservation for future genera											
4 Provide a description of the organ Part XIV						: in					
5 During the year, did the organizal assets to be sold to raise funds re	ather than to be	maintained	as part of the	e organization's colle	ection?	Yes		No_			
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme ount on Form	ents. Com 990, Parl	plete if ord X, line 21	ganization answ	ered 'Yes' to Form	990, F	Part IV 	, line			
1a Is the organization an agent, trus included on Form 990, Part X?					er assets not	Yes		No			
b If 'Yes,' explain the arrangement in Part XIV and complete the following table  Amount											
c Beginning balance					1c	7 arrount	`				
d Additions during the year					1 d		•				
e Distributions during the year					1 e						
f Ending balance					11						
2a Did the organization include an ai	mount on Form	990 Part X	line 212			Yes		No			
<b>b</b> If 'Yes,' explain the arrangement		220, 7 41(7),				٠ ·					
Part V Endowment Funds. Co		e organiza	ation answ	ered 'Yes' to Fo	rm 990. Part IV. lir	ne 10.					
	(a) Current ye		b) Prior year	(c) Two years back			Four years	back			
1 a Beginning of year balance	(-)			,,,,,			············				
<b>b</b> Contributions							*********				
c Net investment earnings, gains, and losses		_				-					
d Grants or scholarships				-				······			
e Other expenditures for facilities and programs						ļ	<del></del>	<del></del>			
f Administrative expenses											
<b>g</b> End of year balance	·										
2 Provide the estimated percentage	•	d balance he	eld as.								
a Board designated or quasi-endow			6								
<b>b</b> Permanent endowment ▶	8										
c Term endowment ►	%										
3a Are there endowment funds not in organization by.	n the possession	n of the orga	inization that	are held and admin	istered for the		Yes	No			
(i) unrelated organizations						3a(i)					
(ii) related organizations						3a(ii)					
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations list	ed as requir	ed on Sched	ule R?		_3b					
4 Describe in Part XIV the intended											
Part VI Land, Buildings, and	Equipment.	See Form	<u> 1990, Part</u>	: X, line 10.							
Description of investment	(2	a) Cost or oth (investm		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	ılue			
1a Land											
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment											
e Other											
Total. Add lines 1a through 1e (Column	n (d) must equa	Form 990,	Part X, colun	nn (B), line 10(c).)	<u> </u>			0.			

Schedule D (Form 990) 2010 America Gives Back Inc

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Schedule **D** (Form 990) 2010

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Page 2

(a) Description of security or category (noticing name of security) (1) Financial derivatives (2) Closely-held quity interests (3) Other (4) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (3) (4) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VII	Investments-Other Securities. See F	orm 990, Part X, I	line 12. N/A	
(2) Closely-held equity interests (3) Other (4) (5) (7) (8) (9) (9) (9) (10) Tatal (Column (a)) must equal Form 990, Part X, column (B) here 12) (10) Total (Column (b)) must equal Form 990, Part X, column (B) here 12) (11) Total (Column (b)) must equal Form 990, Part X, column (B) here 12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) Total (Column (a)) must equal Form 990, Part X, column (B), line 12) (19) (19) (10) Total (Column (b)) must equal Form 990, Part X, column (B), line 15) (10) (11) Total (Column (b)) must equal Form 990, Part X, column (B), line 15) (10) (11) Total (Column (b)) must equal Form 990, Part X, column (B), line 15) (11) Total (Column (b)) must equal Form 990, Part X, column (B), line 15) (10) Total (Column (b)) must equal Form 990, Part X, column (B), line 15) (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	•	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
(3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (19) (10) (10) (10) (10) (10) (10) (10) (10	(1) Finance	cial derivatives			<del></del>
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(2) Closel	y-held equity interests			
(G)	(3) Other				
(G)	(A)				. <u></u>
(C)					
(D) (E) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					. <u>.</u> .
(G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(G) (G) (G) (F) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E					
(G) (P1) (G) Total (Column (b) must equal Form 990 Part X, column (B) line 12) (A) (B) (B) (B) (B) (C) (C) (C) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
Column (b) must equal Form 930 Fart X, column (8) Inte 12   Part VIII   Investments—Program Related. (See Form 990, Part X, line 13)   N/A					<u></u>
Total (Column (b) must equal Form 990, Part X, column (B) line 12.) P  Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A  (a) Description of investment type (b) Book value Cost or end-of-year market value  (1) (2) (3) (4) (6) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
Part Vill   Investments—Program Related. (See Form 990, Part X, line 13)					<u> </u>
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, line 15) (6) (7) (8) (9) (10) (9) (10) (10) (10) (10) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(1)   Cost or end-of-year markel value   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)	Part VII	Investments-Program Related. (See	Form 990, Part X	, line 13) N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) hne 13)  Part IX Other Assets. (See Form 990, Part X, line 15) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment type	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 930, Part X, column (B) line 13)  (a) Description  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (1) Total, (Column (b) must equal Form 990, Part X, column(B), line 15)  (a) Description  (b) Book value  (c) (c) (d) (f) Total, (Column (b) must equal Form 990, Part X, column(B), line 15)  (a) Description of liability (b) Amount (c) Federal income taxes (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				Cost or end-of-year ma	rket value
(3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX   Other Assets. (See Form 990, Part X, line 15) N/A  (a) Description (b) Book value  (b) Book value  (c) (d) (e) (f) (f) (g) (g) (g) (l0) Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (l) Federal income taxes (c) (d) (e) (f) (f) (g) (g) (h) Amount (l) Federal income taxes (c) (d) (e) (f) (f) (f) (f) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description  (b) Book value  (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. (See Form 990, Part X, line 15)  (a) Description (b) Book value  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  [Part X   Other Liabilities. (See Form 990, Part X, ine 25)  (a) Description  (b) Book value  (b) Book value  (b) Book value  (c) (d) (e) (f) (e) (f) (g) (g) (li) (h) Amount (l) Federal income taxes (g) (g) (g) (h) Amount (l) Federal income taxes (g) (g) (g) (h) Amount (l) Federal income taxes (g) (g) (g) (h) Amount (g) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (g) (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) (h) Ederal income taxes (g) (g) (h) Ederal income taxes (g) Ederal income taxes	•	<del></del>	- "		
(7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value  (b) Book value  (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					<del> </del>
(8) (9) (10) Total (Column (b) must equal Form 990, Part X, Column (B) line 13)  Part IX Other Assets. (See Form 990, Part X, line 15) (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(9) (10) (10) (10) (10) (11) (12) (13) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					<del></del>
Total (Column (b) must equal Form 990, Part X, column (B) line 13)					
Total (Column (b) must equal Form 990, Part X, column (B) line 13)   N/A					
Part IX   Other Assets. (See Form 990, Part X, line 15) N/A					
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  [Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		in (b) must equal rollin coo, rait it, column (b) into roll			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Partia	•		<u></u>	(h) Deal make
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		(a) De	scription		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)				<del></del>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)				. <del></del>	
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					_
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)					
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)					
Part X   Other Liabilities. (See Form 990, Part X, line 25)   (a) Description of liability   (b) Amount		aluma (h) must aqual Form 000. Part V. caluma(P)	l lmo 15)		
(a) Description of liability (b) Amount  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	FALLA				
(2) (3) (4) (5) (6) (7) (8)	(1) Fode		(b) Amount		
(3) (4) (5) (6) (7) (8)		erai ilicome taxes			
(4) (5) (6) (7) (8)					
(5) (6) (7) (8)				<del> </del>	
(6) (7) (8)				<del> </del>	
(7) (8)			-		
(8)					
				<del> </del>	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

Sche	dule <b>D</b> (Form 990) 2010 America Gives Back Inc	01-	0885377	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,	117,739.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,	276,820.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			159,081.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV).			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			159,081.
Pa	t XII Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn	<del></del>
1	Total revenue, gains, and other support per audited financial statements	_	1 1,	134,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
á	Net unrealized gains on investments	2a	1	
	Donated services and use of facilities	<u>2</u> ь 16,500.	1	
	Recoveries of prior year grants	2c	1	
	Other (Describe in Part XIV).	2d	1	4.5
•	Add lines 2a through 2d	-		16,500.
3	Subtract line 2e from line 1	ļ.,	3 1,	117,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1	
	Investments expenses not included on Form 990, Part VIII, line 7b		1	
	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b	_	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	ACAL Francisco De Asse		117,739.
Par	t XIII   Reconciliation of Expenses per Audited Financial Statements N	With Expenses per Retur		000 000
1	Total expenses and losses per audited financial statements	<u> </u>	1 1,	293,320.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	16 500	1	
	Donated services and use of facilities	2a 16,500.	]	
	Prior year adjustments	2b	1	
	Other losses	2c		
	Other (Describe in Part XIV.)	2d	_ 1	16 500
•	Add lines 2a through 2d	_	2e 1	16,500.
3	Subtract line 2e from line 1	<u> </u>	3 1,	276,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investments expenses not included on Form 990, Part VIII, line 7b	4a	1	
	Other (Describe in Part XIV.)	4b	1	
	Add lines 4a and 4b	701	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_		276,820.
Pai	t XIV   Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines additional information.	III, lines 1a and 4, Part IV, lins 2d and 4b. Also complete th	es 1b and 2b, is part to prov	
- <del>-</del> -		<b></b>		
	·			
	·			
BAA	TEEA3304L 02/11/11		Schedule <b>D</b> (Fo	orm 990) 2010

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 America Gives Back Inc Part XIV Supplemental Information (continued)	01-0885377	Page 5
Part XIV   Supplemental Information (continued)		
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#### Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

America Gives Back Inc

Employer identification number

01-0885377

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 grantees' eligibility for the g	organization mair grants or assistand	ntain records to si ce, and the select	ubstantiate the amount of the guon criteria used to award the g	rants or assistance, the rants or assistance?	X Yes No
2	For grantmakers. Describe	ın Part V the orga	anızatıon's proced	ures for monitoring the use of (	grant funds outside the U	Inited States
3	Activities per Region. (The	following Part I, Iii	ne 3 table can be	duplicated if additional space i	s needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<i>(</i> 3)	Europo			Grants within the		1,183,000.
(1)	Europe			region		1,103,000.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3:	a Sub-total					1,183,000.
	<b>b</b> Total from continuation sheets to Part I		. =			
	c Totals (add lines 3a and 3b)	0	0			1,183,000.

America Gives Back Inc Schedule F (Form 990) 2010

01-0885377

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. Part II can be duplicated 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)
(1)		Europe	Educatio	1,183,000.	Wire Xfer		N/A	N/A
Ø)								
(3)								
(4)		,,,						
(5)						ļ		
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(16)		•	:					
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	ations listed above the	at are recognized as	charities by the	foreign country, rec	ognized as tax-exe	empt by the IRS, or	for which	-

the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2010

3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2010 America Gives Back Inc.

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
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(18)							
ВАА						Schedule	Schedule F (Form 990) 2010

Sche	edule F (Form 990) 2010 America Gives Back Inc	01-0885377	Page 4
Par	t IV Foreign Forms		
1	• Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)	the Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization marequired to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Ce Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Cert Foreign Corporations (see instructions for Form 5471)	e ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instruction for Form 5713)	ns Yes	X No

TEEA3505L 10/27/10

Schedule **F** (Form 990) 2010

BAA

Schedule F (Form 990) 2010 America Gives Back Inc	01-0885377 Page <b>5</b>
Day V Crimplemental Information	ured by Part I, line 2 (monitoring of funds); Part I, line (accounting method); Part III (accounting method); and ts), as applicable. Also complete t his part to provide
Part I, Line 2 - Grantmakers Explanation For Grants Q	utside_US
There are formal grant_agreements_with_all_	grant beneficiaries. The grant agreements
provide_for_the_initial_payment_to_be_made_	only after any conditions of the grant are
metFurther installments of the grant wil	<u>l not be made until progress reports have </u>
been provided. The reports are reviewed by	<u>independent assessors to confirm that the</u>
monies have been used for the purposes for_	which they were granted.

#### **SCHEDULE L** (Form 990 or 990-EZ)

(8) (9)

**Transactions With Interested Persons** 

P Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545 0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service	ch to Form	1 990 or Fo	rm 990-EZ. ► See se	eparate ins	structions.			. T	Inspe	ection	
Name of the organization			-		E	mployer id	lentifica	tion nur	mber		
America Gives Back Inc					(	01-088	3537	7			
Part I Excess Benefit Transaction Complete if the organization and	ons (sec	tion 501 s' on Form	(c)(3) and section 990, Part IV, line 25	n 501(c) a or 25b, c	(4) organ or Form 990	izatıon -EZ, Par	s onl t V, lır	y). 1e 40h	).		
										(c) Cor	rected?
1 (a) Name of disqualified person	a 			(b) Description	n of transaction	n 				Yes	No
(1)							_			<u> </u>	<u> </u>
(2)										ļ	
					_					ļ	
(4)					<del>_</del>		-			<del> </del>	-
	<del>-</del>										<u> </u>
											l
2 Enter the amount of tax imposed on the section 4958 3 Enter the amount of tax, if any, on line Part II Loans to and/or From Int Complete if the organization ans	2, above, erested l	reimbursed <b>Persons</b>	by the organization	<del></del>	- <del>-</del>	<u>-</u>	► \$ ► \$ 8a.				_
(a) Name of interested person and purpose	(b) Loan the org	to or from anization?	(c) Original principal amount	(d) B	alance due	(e) In c	iefault?	by bo	proved pard or nittee?	(g) W agree	Vritten ement?
	То	From				Yes	No	Yes	No	Yes	No
(1)											
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(10)			<b>▶</b> ;	<u> </u>		-			J	<del> </del>	<u> </u>
Part III Grants or Assistance Ber Complete if the organization	nefitting ion answ	Interest	ed Persons.	•	line 27.		<u> </u>			<u> </u>	
(a) Name of interested person		(b) Relationsh	ip between interested person the organization	on and		(c) Amoun	t and ty	pe of as	ssistand	:e	
(1)											
(2)											
(3)											
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(6)		-									
(7)											

(10) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions I Complete if the organiza (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ring ation
	organization			Yes	No
(1) Richard Hofstetter	Firm Partner	39,974.	Legal Services		Х
(2)					
(3)					
(4)					
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(6) (7)			-		
(8)			-	<u> </u>	
(9)					
(10)					
Part V Supplemental Information					
Complete this part to provide add	itional information for responses	s to questions on Schedu	le L (see instructions)		
			<del></del>		
<del></del>				- <b></b> -	
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			- <b></b>		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number 01-0885377
America Gives Back Inc	101-0003377
Form 990, Part III, Line 2 - New Services	
AGB established Jamie Oliver's Food Revolution Fund to raise and a stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Jamie Oliver's Food Revolution Fund to raise and stablished Fund Fund Fund Fund Fund Fund Fund Fun	nd maintain funds for
the_charitable_and_educational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver's_Foundational_activities_of_Jamie_Oliver_s_Foundational_activities_of_Jamie_Oliver_s_Foundational_activities_of_Jamie_Oliver_s_Foundational_activities_of_Jamie_Oliver_s_Foundational_activities_of_Jamie_Oliver_s_Foundation_activities_of_J	od Revolution, a
project of the Jamie Oliver Foundation, a company and charity	registered in England.
AGB has determined that its support of Jamie Oliver's Food Rev	volution_will_advance
AGB's charitable purposes and makes grants from the Fund to the	e_Jamie_Oliver
Foundation. AGB maintains discretion and control over the Fundation.	<u>i</u>
Form 990, Part VI, Line 11b - Form 990 Review Process	
Compiled in conjuction with advice received from professional	advisors.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	onflicts
Periodic reviews are carried out.	
Form 990 , Part VI, Line 17 - List of States which this Return is Filed	
AL AK AR AZ CA CT DE FL GA IL KS KY ME MD MA MI MN MS NH NJ NI	M NY NC ND OH OK OR
PA RI SC TN UT VA WA WV WI	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	<del></del>
Financial information is on the website together with details	of tax and corporate
status.	

# Form **8868** (Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of th Internal Revenue	ne Treasury e Service	► File a sepa	arate applie	cation for each return.			
		Automatic 3-Month Extension, comp	lete only P	art I and check this box	•	1	<u>► X</u>
				complete only Part II (on page 2 of this f			
Do not comp	olete Part II uni	<i>less</i> you have already been granted	an automa	atic 3-month extension on a previously file	d Forn	ո 8868.	
corporation r request an e Associated V	required to file extension of tim Vith Certain Pe	Form 990-T), or an additional (not a ne to file any of the forms listed in P	automatic) art I or Pai st be sent t	a 3-month automatic extension of time to 3-month extension of time. You can elect it II with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits.	ironical rmatioi	ly file Form 8868 to n Return for Transfe	ers
Part I A	utomatic 3-	Month Extension of Time.	Only subr	mit original (no copies needed).			
A corporation	n required to fi	le Form 990-T and requesting an au	itomatic 6-i	month extension — check this box and co	mplete	Part I only	▶ 📗
All other corp income tax r		uding 1120-C filers), partnerships, R	EMICS, an	nd trusts must use Form 7004 to request a	an exte	nsion of time to file	
	Name of exempt	organization			Employ	er identification number	
Type or	1						
print		Gives Back Inc			01-0	0885377	
File by the due date for	Number, street, a	and room or suite number. If a P.O. box, see in	structions				
filing your return See instructions		r 89 Albert Embankmen		ructions			
mon denons	'	· · ·	·	delians			
	London,	SE1 7TP, United Kingd	IOIII				
Enter the Re	turn code for t	he return that this application is for	(file a sepa	arate application for each return)		01	.]
Application Is For			Return Code	Application Is For		Ret Co	
Form 990			01	Form 990-T (corporation)		0	17
Form 990-BL	_		02	Form 1041-A		0:	8
Form 990-E2	7		03	Form 4720		0'	9
Form 990-PF	•		04	Form 5227		ין	0
Form 990-T	(section 401(a)	or 408(a) trust)	05	Form 6069		1	1
Form 990-T	(trust other tha	an above)	06	Form 8870	,	1:	2
Telephone If the org If this is check this the exter I reques until The ex	e No. 207- ganization does for a Group Re is box 5  nsion is for. est an automat 8/15 ttension is for t	If it is for part of the group, check ic 3-month (6 months for a corporat _, 20 _11 _ , to file the exempt organization's return for.	ligit Group this box ion require	United States, check this box		for the whole group s of all members	<b>▶</b> □
►		nning, 20 d in line 1 is for less than 12 month:			nal retu	rn	
3a If this a nonrefu	application is foundable credits	or Form 990-BL, 990-PF, 990-T, 472 s. See instructions	0, or 6069,	enter the tentative tax, less any	3a	\$	0.
<b>b</b> If this a paymen	application is fonts made. Incl	or Form 990-PF, 990-T, 4720, or 600 ude any prior year overpayment allo	59, enter ai	ny refundable credits and estimated tax credit	3b	\$	0.
		et line 3b from line 3a. Include your			36	ls.	0.

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

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8

Form **8868** (Rev. 1-2011)