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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)

2011

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending For the 2011 calendar year, or tax year beginning D Employer Identification Number Check if applicable 01-0885377 America Gives Back Inc Address change 1st Floor 89 Albert Embankment E Telephone number Name change London, England SE1 7TP, United Kingdom 0044-207-820-2000 Initial return Terminated 1,200,038. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Kevin Cahill X No F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? Yes Same As C Above If 'No.' attach a list (see instructions) X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Tax-exempt status H(c) Group exemption number ► www.americagivesback.org Website: ► L Year of Formation 2006 M State of legal domicile DE X Corporation Trust Other ► Form of organization Association Part I Summary 1 Briefly describe the organization's mission or most significant activities. Charitable and educational activities with the aim of eliminating poverty and improving conditions for children and Activities & Governance disadvantaged persons in the United States and throughout the world, particularly If the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Ō 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 7 Total number of volunteers (estimate if necessary) 0. 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7h 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,090,385 1,196,215. Contributions and grants (Part VIII, line 1h) 20,000. Program service revenue (Part VIII, line 2g) 7,354. 3,823. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,117,739. 1,200,038. 1,183,000 1,195,065. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,899. b Total fundraising expenses (Part IX, column (D), line 25) ► 93,820. 98,221. Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part I) Form FA) Miles 25 1,276,820. 293,286. -159,081 -93,248. Revenue less expenses Subtract line 18 from line \mathbf{o} **Beginning of Current Year** End of Year 501 က် 2,694,973. 2,429,842. Total assets (Part X, line 16) 20 729,100. 57,217. 21 Total liabilities (Part X, line 26) 1,965,873. 2,372,625. Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Part II 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 Signature of officer Sign President Here Kevin Cahill Type or print name and title Print/Type preparer's name Preferation Agriculture 1118/12 P01257136 Carol Duffield / Carol Duffield self-employed Paid ► Fontanello, Duffield & Otake, LLP Preparer Firm's name Firm's EIN > 37-1420474 ► 44 Montgomery Street, Suite 2019 Use Only Firm's address San Francisco, CA 94104 (415) 983-0200 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Yes

X No Form 990 (2011)

Form	m 990 (2011) America Gives Back Inc	01-0885377	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission.		
	See Schedule 0		
	Did the organization undertake any significant program services during the year which were not listed on	the prior	
_	Form 990 or 990-EZ? See Schedule 0	X Yes	No
	If 'Yes,' describe these new services on Schedule O.	<u></u> 103	
3		vices? Yes X	No
3	If 'Yes,' describe these changes on Schedule O.	ices [res [r	<u>.</u>
	·	oos as maasurad by ayaa	200
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the section 4947(a)(1) trusts are required to require the section 4947(a)(1) tru	ount of grants and allocation	nses. ons to
	others, the total expenses, and revenue, if any, for each program service reported.		
4:	a (Code) (Expenses \$ 1,222,499. including grants of \$ 1,143,426.) (R	Revenue \$)
•	In 2010, AGB established Jamie Oliver's Food Revolution Fund (the		
	and maintain funds for the charitable and educational activities		
	Food Revolution, a project of the Jamie Oliver Foundation, a comp		
	registered in England. AGB has determined that its support of Jar		1
	Revolution will advance AGB's charitable purposes. AGB maintains		
	control over the Fund and makes grants from the Fund to the Jamie	<u> = Oliver Foundati</u>	rou.
		. 	
		. 	
4	b (Code) (Expenses \$ 51,639. including grants of \$ 51,639.) (F	Revenue \$)
	In 2011, AGB established The Amy Winehouse Fund (the "Fund") to	raise and maintai	
	funds for the charitable and educational activities of The Amy W		
	a company and charity registered in England. AGB has determined		
	The Amy Winehouse Foundation will advance AGB's charitable purpos		
	discretion and control over the Fund and makes grants from the Fund		
	Winehouse Foundation.	<u></u>	
	winehouse roundation.	·	
		·	
		. – – – – – – – – – –	
		. – – – – – – – – – –	
4	c (Code) (Expenses \$	levenue \$)
	AGB makes grants to organizations that are committed to the issue	es identified by	AGB
	as having a major effect on the poor and disadvantaged including	: the treatment	and
	prevention of HIV/AIDS and malaria, the education of children and		
	the protection of children at risk. During 2011 AGB paid \$229,10	00 of its prior v	vears
	commitments to Allavida Africa.		.3 = -3 _
		·	
		·	
		· 	
		·	-
		·	· -
		-	
			- -
4	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4	e Total program service expenses ► 1,274,138.		

Form 990 (2011) America Gives Back Inc
Part IV Checklist of Required Schedules

.771	(1) Officerist of Reduined Confounds		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		х
5	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_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	<u>X</u>
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	Į	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
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	11 b		Х
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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		X
	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		X
	a 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	
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
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	15	х	
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	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		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
I	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	1

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Part IV Checklist of Required Schedules (continued)

1.91	(14 Officerilat of Regulated Contracts)	Π	Yes	No
		}		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 Schedule L, Part I	25b		х
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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions).	:		
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		х
3 5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		Х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990 ((2011)

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V			VaaT	
_	The state of the s	1a 3		Yes	No
	Enter the name of operation of the second of	1a 3 1b 0			
	Circle the flame of circles and an area of the circles and area of the circles are of the circles and area of the circles and	·-	- 1		
•	Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?	nd reportable gaming	1c	х	
2	a 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	2 a 0			
ı	o If at least one is reported on line 2a, did the organization file all required federal employment tax	x returns?	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instru	ictions)	1	1	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X
(olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3Ь		
4	At any time during the calendar year, did the organization have an interest in, or a signature or or financial account in a foreign country (such as a bank account, securities account, or other finan	other authority over, a incial account)?	4 a		Х
١	o 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 Finar			1	
	f a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		<u>X</u>
	$oldsymbol{ ilde{o}}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ransaction?	5ь		_X
	the lf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and o solicit any contributions that were not tax deductible?	did the organization	6a		Х
	o if 'Yes,' did the organization include with every solicitation an express statement that such contri 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 services provided to the payor?	y for goods and	7a		Х
1	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	n it was required to file	Ť		
	Form 8282?	·	7с		<u> X</u>
,	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	1	1	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben	=	7 e		<u>X</u>
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		Х
,	g If the organization received a contribution of qualified intellectual property, did the organization f as required?	file Form 8899	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org Form 1098-C?	ganızatıon file a	7h		·····
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	rganizations. Did the excess business	8		
9	Sponsoring organizations maintaining donor advised funds.		1		
	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?		9Ь		
10	Section 501(c)(7) organizations. Enter.				
		0a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0Ы			
11	Section 501(c)(12) organizations. Enter.				
	a Gross income from members or shareholders	1a		- 1	
		1ь			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		12a]	
		2b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1		
	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).			
	- · · · · · · · · · · · · · · · · · · ·	3Ь			
	<u> </u>	3c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Sch</i> e	edule O	14b	ŀ	

01-0885377 Form 990 (2011) 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 4 1 a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 4 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 X 2 officer, director, trustee or key employee? See Schedule O Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12c Schedule O how this is done See Schedule O 13 13 Did the organization have a written whistleblower policy? 14 Did 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 a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization 15b 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 taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed F 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 |X| Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 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 89 Albert Embankment, 1st Flr England UK SE1 7TP 207-820-2000

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Form 990 (2011)	America Give	es Back Inc			

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

01-0885377

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

- 1 a 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 employees.'
- 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 nor any related organization compensated any current officer, director, or trustee. (C) Position (F)
Estimated
amount of other
compensation (B) (A) Name and title (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from related organizations (W 2/1099 MISC) Average hours per week (describe Reportable compensation from the organization (W 2/1099 MISC) from the organization and related organizations Officer Individual trustee or director Institutional Highest employee hours for related employee organiza tions in Schedule O) t compensated trustee (1) Kevin Cahill 0. Х X 0. 0. President (2) Richard Hofstetter 0. 0. Ass't Sec'tary Х X 0. (3) Richard Curtis X 0. 0. 0. Vice President 1 X (4) Richard L. Scott Х X 0. 0. 0. Treasurer (5)______ (6) **(7)**_ (8)_______ (9) (10)(11) (12)______ (13) (14)

Form 990 (2011) America Gives Back Inc									01-0885377			age 8
Part VII Section A. Officers, Directors, Trust	ees,	Key	En			es,	an	d Highest Cor	npensated Emp	loyee	s (cc	nt)_
(A) Name and title	(B) Average hours per	box, offic	unle: er an	Pos heck ss pe	rson	than is both or/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) timated nt of ot pensation	her
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	related organizations (W 2/1099 MISC)	fr org: an	om the anizatio d relate anization	n d
(15)												
(16)												
(17)												-
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							•	0.	0.			0.
c Total from continuation sheets to Part VII, Section A	١.						•	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	l to the	co li	ctod	aho		who	100	<u> </u>		le comr	ancal	0.
from the organization • 0		Se III	sieu	abu		WIIO	160	eived more man ‡		ie comp	,	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	lee,	key	emp	oloye	e, o	r hig	ghest compensate	d employee	3	Yes	No X
For any individual listed on line 1a, is the sum of representation and related organizations greater the organization.	oortable	e cor	npe	nsat	ion :	and	othe	er compensation fr	om	3		
such individual 5 Did any person listed on line 1a receive or accrue or									ndividual	4		X
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	complet	te So	ched	ule	J foi	suc	h pe	erson	Tigridad)	5		X
Complete this table for your five highest compensation from the organization. Report compensation.	ed inde nsation	pen for	dent the o	con	ntrac ndar	tors yea	that r en	iding with or within	the organization's			
(A) Name and business addres	ss							Description		Compe	C) ensatio	on
										.		
	_											
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted t	to th	ose	liste	d at	bove) who receive	d more than			

(J. 93	1 The Statement of Nevendo	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ANTS	1a Federated campaigns 1a b Membership dues 1b		Teveriue		312, 313, 01 314
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c				
	d Related organizations 1d				
S,G	e Government grants (contributions) 1 e				
IBUTION THER SI	f All other contributions, gifts, grants, and similar amounts not included above 1, 196, 215.				
N O	g Noncash contributions included in Ins 1a-1f: \$				
용론	h Total. Add lines 1a-1f	1,196,215.			
N	Business Code	1			
EVE	2a				
삤	b				
Ž	c				
A SE	d				
Z Y	f All other program service revenue				
ا <u>ي</u>	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	3,823.			3,823.
	4 Income from investment of tax-exempt bond proceeds	. 370201			
ļ	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less. rental expenses				
	c Rental income or (loss)	_			
	d Net rental income or (loss)	•			
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)]			
	d Net gain or (loss)	•			
IUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).				
2	See Part IV, line 18	- ↓			
THE	b Less. direct expenses b				
Ŭ	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold	_			
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code	-			
	11a	 	<u> </u>	-	-
	b	·	 	 	
	d All other revenue			 -	
	e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions	1,200,038.	0.	0.	3,823.

Page 10

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).

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
Do 1 6b,	not include amounts reported on lines 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 United States. See Part IV, line 21	51,639.	51,639.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,143,426.	1,143,426.		
	Benefits paid to or for members 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 accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes	·			
11	Fees for services (non-employees).				
	Management				
	b Legal	14,888.	11,166.	3,722.	
	: Accounting	14,465.	7,233.	3,616.	3,616.
	Lobbying	11/100.		3,010.	3,010.
	Professional fundraising services See Part IV, line 17		D-U-400-00-00-00-00-00-00-00-00-00-00-00-00		
	Investment management fees				
	1 Other				
					.
	Advertising and promotion				
13	' '			·	
14	Information technology				
	Royalties				
16	Occupancy			١	
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		
23	Insurance.	15,735.	11,801.	3,934.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	Grants program evaluation	36,651.	36,651.		
ı	Project assessors	7,617.	7,617.		
•	Banking	5,309.	2,655.	1,327.	1,327.
	Grants assessment	2,600.	1,950.	650.	
•	e All other expenses	956.			956.
25	Total functional expenses. Add lines 1 through 24e.	1,293,286.	1,274,138.	13,249.	5,899.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	•			
	SOP 98-2 (ASC 958-720)				

<u>: / 39</u>	1.1.ZX	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing .		1	
	2	Savings and temporary cash investments	<u>2,694,973.</u>	2	2,429,842.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	
A 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			
	,	Less, accumulated depreciation 10b	•	10 c	
	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)	2,694,973.	16	2,429,842.
	17	Accounts payable and accrued expenses	2,001,010.	17	2,123,012.
	18	Grants payable	729,100.	18	57,217.
	19	Deferred revenue.		19	
L	20	Tax-exempt bond liabilities		20	
Ā	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L-AB-L-T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	729,100.	26	57,217.
Й		Organizations that follow SFAS 117, check here ► X and complete lines			
P F		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,965,873.	27	2,372,625.
ANNETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ and complete		1 1	
		lines 30 through 34.		1 1	
F 020	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
おくしくていせい	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ñ	33	Total net assets or fund balances	1,965,873.	33	2,372,625.
Ē	34	Total liabilities and net assets/fund balances	2,694,973.	34	2,429,842.
ВА					Form 990 (2011)

Form	990 (2011) America Gives Back Inc	<u> 01-0885377</u>		Pa	ge 12	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
		1 1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		00,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,293,286.</u>			
3	Revenue less expenses Subtract line 2 from line 1	3		93,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>65,8</u>		
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	5	00,0	00.	
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	2,3	72,6	25.	
Pa	t 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. Cash X Accrual Other			Yes	No	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				х	
28	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
Ŀ	Were the organization's financial statements audited by an independent accountant?		2b	_X		
ď	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
ď	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both	ssued on a				
	X Separate basis Consolidated basis Both consolidated and separate basis					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3a		Х	
	o 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	required audit	3ь			
BAA			Forn	990	(2011)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Employer identification number

Open to Public Inspection

OMB No 1545 0047

Name o	ame of the organization Employer identification number													
	merica Gives Back Inc 01-0885377													
					(All organizations) See	<u>instruc</u>	tions.		
The o	rga	nızatı	on is not a priva	ate foundation because	e it is. (For lines 1 throug	gh 11, cl	neck onl	y one bo	ox.)					
1	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).													
4	H				in conjunction with a ho					ьх1хах	(iii). Ente	r the hosp	ıtal'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 7	X	An o	roanization that	local government or go t normally receives a s (A)vi). (Complete Pari	overnmental unit describ iubstantial part of its sup t II)	ed in se port froi	ction 17 n a gov	ernment	A)(v). al unit d	or from t	he gene	ral public o	lescrib	ed
8					0(b)(1)(A)(vi). (Complete	Part II.)							
9		from	activities relate	ed to its exempt function) more than 33-1/3% of a ons — subject to certain s taxable income (less s	exceptio	ns. and	(2) no r	nore tha	an 33-1/	3% of⊨ts	support fr	om gra	oss
10	П				xclusively to test for pub	olic safet	v. See s	section !	509(a)(4	١.				
11	Н	An o	raanization ora	anized and operated e	volusively for the henefit	t of to n	erform	the funct	tions of	or carr	y out the	purposes	of one	or
•••	ш	more	publicly suppo	orted organizations des of supporting organizat	scribed in section 509(a) ion and complete lines	(1) or se l 1e throi	ection 50 ugh 11h	19(a)(2). ·	See se	ction 50	9(a)(3).	Check the	box th	at
	_		Туре І	b Type II	c Type III		-	-			d 📙	Type III -		r
е		othe	hecking this boo r than foundatio on 509(a)(2)	x, I certify that the orga on managers and other	anization is not controlle r than one or more publi	d directl cly supp	y or ind orted or	irectly by ganizati	y one or ons des	r more o scribed i	lisqualifi n sectior	ed persons n 509(a)(1)	or	
f			e organization r	eceived a written deter	rmination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g		Since	e August 17, 20	006, has the organization	on accepted any gift or	contribu	ition from	n any of	f the foll	owing p	ersons?			
													Yes	No
		(i)	A person who	directly or indirectly coverning body of the sup	ontrols, either alone or to	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		(ii)	· · · · · · · · · · · · · · · · · · ·	ber of a person describ	•							11 g (ii)	<u> </u>	
					described in (i) or (ii) ab	ove?						11 g (iii)		
_					e supported organization							119()	Ь	
<u>h</u>		(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) l organiz column (s the ation in i) listed in overning ment?	the organ	ou notify lization in n (i) of upport?	organiz	s the sation in mn (i) sed in the S ?	(vii) Amoui	nt of sup	port
						Yes	No	Yes	No	Yes	No			
<u>(A)</u>														
(B)														
(0)														
(C)				-										
(D)														
<u>(E)</u>				ļ			ļ	ļ						
				F		1	‡							

Schedule A (Form 990 or 990-EZ) 2011 America Gives Back Inc 01-0885377 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						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	69534170.	78,813.	17,180.	1,110,385.	1,196,21	5. 71,936,763.
2	Tax revenues levied for the organization's benefit and either paid to 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	69534170.	78,813.	17,180.	1,110,385.	1,196,21	5. 71,936,763.
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)	-					6,563,637.
6	Public support. Subtract line 5 from line 4						65, 373, 126.
Sec	tion B. Total Support	· · · · · ·				<u>' , , , , , , , , , , , , , , , , , , ,</u>	
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	69534170.	78,813.	17,180.	1,110,385.	1,196,21	5. 71,936,763.
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.	3,82	3. 2,314,037.
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	Total support. Add lines 7 through 10						74,250,800.
12	Gross receipts from related activ	ities, etc (see instr	ructions)	-	•	_	12 0.
	First five years. If the Form 990 organization, check this box and	stop here		, thırd, fourth, or	fifth tax year as a	section 501(c)(3) ► □
Sec	tion C. Computation of Pu	ıblic Support F	Percentage				
	Public support percentage for 20			11, column (f))		—	14 88.04%
15	Public support percentage from 2	2010 Schedule A, I	Part II, line 14	•		Ľ	15 0.00%
16 a	33-1/3% support test — 2011. If the and stop here. The organization	he organization did qualifies as a publ	d not check the bo icly supported org	x on line 13, and anization	the line 14 is 33-	1/3% or more,	check this box ► X
b	33-1/3% support test — 2010. If the and stop here. The organization	he organization did qualifies as a publ	d not check a box icly supported org	on line 13 or 16a anization	, and line 15 is 33	3-1/3% or more	e, check this box
	10%-facts-and-circumstances ter or more, and if the organization the organization meets the 'facts	meets the 'facts-ar -and-circumstance	nd-circumstances' es' test. The organ	test, check this t ization qualifies a	oox and stop here as a publicly supp	. Explain in Pa orted organiza	art IV how tion
b	o 10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' te	nd-circumstances' est. The organizati	test, check this to on qualifies as a	pox and stop here publicly supporte	. Explain in Pa d organization	art IV how the ►
18	Private foundation. If the organiz	zation did not chec	k a box on line 13	, 16a, 16b, 17a, d			
BAA					So	chedule A (For	m 990 or 990-F7\ 2011

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						
Calen	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						-
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or						
Ţ	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						<u> </u>
	tion B. Total Support	4 > 0007	#1.0000	4 > 0000	4 15 0010	4 > 0011	
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6			<u> </u>			
	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 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)						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
15	- 11 1	•		e 13, column (f))		15	%
	Public support percentage from 2					16	<u> </u>
Sec	tion D. Computation of Inv	<u>vestment inco</u>	me Percentag	е			
17	Investment income percentage for	or 2011 (line 10c,	column (f) dıvıded	by line 13, colum	nn (f))	17	~~~~~ <u>%</u>
18	Investment income percentage fr					18	
	33-1/3% support tests — 2011. 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	▶ 📙
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%,	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	/3%, and ation ►
20	Private foundation. If the organiz	ation did not che	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	ee instructions	<u>► </u>

Schedule	• A (Form 990 or 990-EZ) 20	011 America G	ives Back	Inc	(01-0885377	Page 4
Part IV	Supplemental Info Part II, line 17a or (See instructions).	rmation. Complet 17b; and Part III,	e this part to line 12. Also	provide the exp complete this p	planations requoart for any add	ured by Part II, I ditional informati	ine 10; on.
-							
							
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545 0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

01-0885377 America Gives Back Inc 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part It | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2<u>a</u> a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ 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 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 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 (ASC 958), 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 (ASC 958), 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. 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 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2011 Ameri							-088537		Page 2
Part III Organizations Mainta	ining Collec	tions	s of Art, Hist	orica	l Treasures,	or Other Simila	ar Assets	(cont	inued)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).									
a Public exhibition			—	or exc	hange programs				
b Scholarly research			e U Other						
c Preservation for future gener									
4 Provide a description of the organization of			·	•	-		irpose in		
5 During the year, did the organiza assets to be sold to raise funds r.	ather than to be	e main	tained as part o	f the o	organization's col	lection?	Y	es	No
Part IV Escrow and Custodia line 9, or reported an	il Arrangeme amount on [ents. Form	Complete if 990, Part X,	the c	organization a 21.	nswered 'Yes'	to Form	990, P	'art IV,
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or oth	er intermediary	for co	ntributions or oth	er assets not	Y	'es	No
b If 'Yes,' explain the arrangement	in Part XIV and	d comp	olete the following	ig tabl	e.				
							Amo	<u>unt</u>	
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1 e			
f Ending balance 2a Did the organization include an a	mount on Form	. 000	Part V Juna 212			11		<u> </u>	No
b If 'Yes,' explain the arrangement		1 99U, I	-art A, line 21:				□ '	es	Пио
Part V Endowment Funds. Co		ne ord	nanization ar	swer	ed 'Yes' to F	orm 990 Part I	V line 1	<u> </u>	
Tare V Elidownielle I diddi o	(a) Current ye		(b) Prior yea	T	(c) Two years bad			(e) Four ye	ars hack
1a Beginning of year balance	(a) sarront y		(2) : 1101) 02		(e) ine jeure eu	(4) 111100)0410	, audit	<u>,.,.</u>	- Duoit
b Contributions								······································	***************************************
c Net investment earnings, gains, and losses									
d Grants or scholarships									**************
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance		<u>.</u>	<u></u>						
Provide the estimated percentage	e of the current	year e	end balance (line	e 1g, c	column (a)) held	as.			
a Board designated or quasi-endov	vment 🕨		8						
b Permanent endowment ▶	%								
c Temporarily restricted endowmer The percentages in lines 2a, 2b,		equal [*]	% 100%.						
3a Are there endowment funds not a organization by.	n the possession	on of th	ne organization	that ar	e held and admi	nistered for the		Yes	No
(i) unrelated organizations							3a	<u> </u>	
(ii) related organizations			_				3a(
b If 'Yes' to 3a(II), are the related of	-		•				3	<u> </u>	
4 Describe in Part XIV the intended									
Part VI Land, Buildings, and						T 434			
Description of property			t or other basis nvestment)		Cost or other oasis (other)	(c) Accumulate depreciation		d) Book	value
1a Land	-								
b Buildings	-								
c Leasehold improvementsd Equipment	-						-	-	
e Other	-		-						
Total. Add lines 1a through 1e (Colum	n (d) must eau	al Fori	m 990, Part X, c	olumn	(B), line 10(c).)		>		0.

BAA

Schedule **D** (Form 990) 2011

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

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).

(9) (10) (11)

Sche	edule D (Form 990) 2011 America Gives Back Inc	01-08853	77 Page 4
	T XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,200,038.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,293,286.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-93,248.
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.) See Part XIV		500,000.
9	Total adjustments (net). Add lines 4 through 8		500,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		406,752.
	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,216,538.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments		
	Donated services and use of facilities 2b 16,5	500.	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
		2e	16,500.
_	e Add lines 2a through 2d Subtract line 2e from line 1	3	1,200,038.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1,200,030.
	a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)		
	Sales (Describe M. Carriery)		
	c Add lines 4a and 4b	4c 5	1,200,038.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **RECONCILIATION OF EXPENSES PER Audited Financial Statements With Expenses per		1,200,036.
		1	809,786.
	Total expenses and losses per audited financial statements	 •	005,700.
	Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2a 16, !	500	
	0 0 11 0 10 0 0 0 0	200	
	,		-483,500.
_	e Add lines 2a through 2d	2e 3	1,293,286.
3	Subtract line 2e from line 1		1,293,200.
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.)		
	c Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,293,286.
	rt XIV Supplemental Information		
Con	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pat V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comadditional information.	rt IV, lines 1b a plete this part t	nd 2b, o provide
			
		-	
			
			
BA	TEEA3304L 05/25/11	Schedu	le D (Form 990) 2011

Schedule D (Form 990) 2011 America Gives Back Inc	01-0885377	Page 5
Schedule D (Form 990) 2011 America Gives Back Inc 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 Name of the organization

Employer identification number

America Gives Back Inc 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 the grantees' eligibility for t	organization mair he grants or assis	itain records to si tance, and the se	ubstantiate the amount of its gr election criteria used to award t	ants and other assistanche grants or assistance?	e, XYes No
2		in Part V the orga t V	inization's proced	ures for monitoring the use of i	ts grants and other assis	stance outside the
3	Activities per Region. (The	following Part I, Iii	ne 3 table can be	duplicated if additional space i	s needed.)	
	(a) Region	(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
				Grants within the		_
(1)	Europe			region		1,143,426.
	_			D	Grants	01 165
(2)	Europe			Program Services	Evaluation	21,165.
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>			. = .=			
(8)						
(9)						
(10)			-			
<u>(11)</u>						
(12)						
(13)						· · · · · · · · · · · · · · · · · · ·
(14)					_	
(15)						
(16)						
(17)						1 164 501
3	a Sub-total					1,164,591.
	b Total from continuation sheets to Part I					· · · · · · · · · · · · · · · · · · ·
	c Totals (add lines 3a and 3b)	0	0		1	1,164,591.

Page 2

01-0885377

Schedule F (Form 990) 2011 America Gives Back Inc

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.

on of (i) Method of valuation (book, FMV, appraisal, other)	N/A			:								<u> </u>					,
(h) Description of non-cash assistance	N/A																r for which
(g) Amount of non-cash assistance																	empt by the IRS. or
(f) Manner of cash disbursement	Wire Xfer																xert se pazidos
(e) Amount of cash grant	1,143,426.							:									foreign country rec
(d) Purpose of grant	Educatio n																charities by the
(c) Region	Europe																at are recognized as
(b) IRS code section and EIN (if applicable)																	ations listed above the
(a) Name of organization									(6)								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
-	6	গু	@	€	(5)	(9)	€	•	6	65	(II)	85	(13)	£	(15)	(<u>1</u> 6)	2 Fut

Schedule F (Form 990) 2011

3 Enter total number of other organizations or entities

BAA

TEEA3502L 05/26/11

Page 3

01-0885377

Schedule F (Form 990) 2011 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
1
1 1
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Sche	edule F (Form 990) 2011 America Gives Back Inc	01-0885377	Page 4
	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 may required 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)	y be rtain Yes	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 Ce Foreign Corporations. (see Instructions for Form 5471)	e rtain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali- electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a 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)	e ¹ 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 01/17/12

Schedule **F** (Form 990) 2011

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Schedule F (Form 990) 2011 America Gives Back Inc	01-0885377	Page 5
Part V Supplemental Information Complete this part to provide the information required by Part I, line 3, column (f) (accounting method; amounts of investments vs expend (accounting method); Part III (accounting method); and Part III, colum recipients), as applicable. Also complete this part to provide any additional control of the co	2 (monitoring of funds); Part itures per region); Part II, lir nn (c) (estimated number of tional information (see instr	: I, line ne 1 uctions).
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Ou	tside US	·
There are formal grant_agreements with all grant beneficia	<u>ries. The grant agree</u>	ments_
provide for the initial payment to be made only after any	conditions of the grant	t are
metFurther installments of the grant will not be made up	ntil progress reports l	<u>have</u>
_ been provided. The reports are reviewed by independent as	<u>sessors to confirm that</u>	<u>t_the_</u>
monies_have_been_used_for_the_purposes_for_which_they_were	_granted	
		·
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047 2011

Open to Public Inspection

Name of the organization						Employer identification number	tion number
.21						01-0885377	7
Part General Information on Grants and Assistance	rants and Assista	ance					
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?	s to substantiate the a grants or assistance?	mount of the grants	s or assistance, the gran	tees' eligibility for the g	rants or assistance, a	pus	X Yes Nc
2 Describe in Part IV the organization's procedures for monitoring	procedures for monitor	ing the use of gran	the use of grant funds in the United States.	tes. See Part IV	rt IV		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	nce to Governme for any recipient f additional space	nts and Organ that received n is needed	and Organizations in the United States. Complete if the organization answered 'Yes' to t received more than \$5,000. Check this box if no one recipient received more than \$5,00 needed	ted States. Compli Check this box if n	ete if the organiz	ation answered " eceived more tha	res' to n \$5,000. ►
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
(1) Amy Winehouse Foundation USA1221 Ave_of the Americas, C-1 New York City, NY 10019	45-3788137	501 (c) (3)	51,639.	0.	N/A	N/A	Care for young
(<u>3</u>)							
[ф]				-			
(<u>5)</u>							
<i>∞</i>							
(8)							

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) provide for the initial payment to be made only after any conditions of the grant are There are formal grant agreements with all grant beneficiaries. The grant agreements been provided. The reports are reviewed by independent assessors to confirm that the met. Further installments of the grant will not be made until progress reports have (d) Amount of non cash assistance monies have been used for the purposes for which they were granted. Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients America Gives Back Inc (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III BAA

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Employer identification number

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.

01-0885377 America Gives Back Inc Form 990, Part III, Line 1 - Organization Mission America Gives Back's ("AGB") mission includes charitable and educational activities with the aim of eliminating poverty and improving conditions for children and disadvantaged persons in the United States and throughout the world, particularly Africa. America Gives_Back ("AGB") achieves its mission by: Raising awareness of poverty conditions and the issues facing the poor and disadvantaged in the United States and throughout the world, particularly in Africa. 2. Developing and distributing educational tools and initiatives for school children and teachers in the <u>United States to understand how po</u>verty is perpetuated and the steps that can be taken to eradicate it. 3. Making grants to organizations that are committed to the issues identified by AGB as having a major effect on the poor and disadvantaged including: the treatment and prevention of HIV/AIDS and malaria; the education of children and young people; the protection of children at risk. Form 990, Part III, Line 2 - New Services In 2011, AGB established The Amy Winehouse Fund (the "Fund") to raise and maintain funds for the charitable and educational activities of The Amy Winehouse Foundation, a company and charity registered in England. AGB has determined that its support of The Amy Winehouse Foundation will advance AGB's charitable purposes. AGB maintains discretion and control over the Fund and makes grants from the Fund to The Amy Winehouse Foundation.

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization America Gives Back Inc	Employer identification number 01-0885377
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Dire	ectors. Etc.
	20013, 2001
Form 990, Part VI, Line 11b - Form 990 Review Process	
Compiled in conjuction with advice received from professiona	al advisors.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	f Conflicts
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	J NM 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 Availal	ble
Financial information is on the website together with detail	ls of tax and corporate
status.	
	
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2 0 11	Schedule D,	Information	Page	
		America Gives Back Inc		01-088537
Schedule D, Pa Other Changes	rt XI, Line 8 In Net Assets Or Fund	d Balances		
Rescinded gra	ant		Total \$	500,000. 500,000.
Schedule D, Pa Other Expenses	rt XIII, Line 2d s And Losses Per Aud	ited F/S		
Rescinded gr	ant		Total \$	-500,000. -500,000.

2011 Schedule O - Supplemental Information Page 1 01-0885377 **America Gives Back Inc** Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances 500,000. 500,000. Rescinded grant Total \$

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu	ue Service	► File a sep	arate appli	cation for each return.			
• If you a	re filing for an	Automatic 3-Month Extension, comp	plete only P	art I and check this box		► X	
If you a	re filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this	form).	_	
Do not com	nplete Part II un	<i>less</i> you have already been granted	an automa	itic 3-month extension on a previously file	ed Form 8868	3.	
request an Associated	required to file extension of tin With Certain Po	Form 990-T), or an additional (not a ne to file any of the forms listed in F	automatic) Part I or Pai ist be sent l	a 3-month automatic extension of time to 3-month extension of time. You can elect till with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits.	tronically file irmation Retu	Form 8868 to rn for Transfers	
Part I A	Automatic 3	Month Extension of Time.	Only subr	nit original (no copies needed).			
				month extension — check this box and co	mplete Part	I only	
•	rporations (incl	, •		nd trusts must use Form 7004 to request	an extension	of time to file	
	Name of exempt	and the state of t		Enter filer's identif			
Type or	Name of exemp	organization or other filer, see instructions	Emi			mployer identification number (EIN) or	
print		G! Deal T			W 01 00		
File by the	America	Gives Back Inc and room or suite number If a P O box, see II			X 01-08	surity number (SSN)	
due date for filing your					Social set	curity number (5514)	
return See		r 89 Albert Embankment		wakasa			
manachona	1	•	•				
	London,	England SE1 7TP, Unite	ed Kingo	iom			
Enter the R	eturn code for	the return that this application is for	(file a sepa	arate application for each return)		01	
Application Is For			Return Code	Application Is For		Return Code	
Form 990			01	Form 990-T (corporation)		07	
Form 990-B	BL		02	Form 1041-A		08	
Form 990-E	Z		01	Form 4720		09	
Form 990-PF			04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above)		an above)	06	Form 8870		12	
Telephor If the or If this is check the extended.	ne No. 207 rganization doe s for a Group Re his box ension is for	s not have an office or place of bus eturn, enter the organization's four o	digit Group neck this bo		f this is for thi mes and EIN:	e whole group, s of all members	
until The e ▶ ∑ 2 If the	8/15 extension is for calendar yea tax year beg	_, 20 <u>12</u> , to file the exempt org the organization's return for. r 20 <u>11</u> or nning, 20 d in line 1 is for less than 12 month	anization re	eturn for the organization named above.	nal return		
		or Form 990-BL, 990-PF, 990-T, 472 s See instructions	20, or 6069,	enter the tentative tax, less any	3a \$	0.	
paym	ents made_Inc	ude any prior year overpayment alle	owed as a		3ь\$	0.	
c Balan FFTP	ice due. Subtrai	ct line 3b from line 3a. Include your ederal Tax Payment System). See i	payment w	ith this form, if required, by using	3c S	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.

	8 (Rev 1-2012)				Page 2			
	are filing for an Additional (Not Automatic) 3				► X			
	y complete Part II if you have already been gi			reviously filed Form 8858.				
	are filing for an Automatic 3-Month Extension			1 /				
	Additional (Not Automatic) 3-Month	Extension of						
			Enter 1	iler's identifying number, se				
	Name of exempt organization or other filer, see instruction	15.		Employer identification numb	ier (Ein) or			
Type or	Daniel Circa Danie Tan	d & Otake, LLP t, Suite 2019		X 01-0885377 Social security number (SSN)				
print	America Gives Back Inc							
File by the								
extended due date for liling the return. See	Fontanello, Duffield & Otak 44 Montgomery Street, Suite							
nstructions.	City, town or post office, state, and ZiP code. For a foreign address, see instructions.							
	San Francisco, CA 94104							
Application	Return code for the return that this application	Return Code	Application ls For	turn) . , ,	Return Code			
ls For			<u> </u>		Code			
Form 990	· · · · · · · · · · · · · · · · · · ·	01	S 1041 A		00			
Form 990		02	Form 1041-A		08			
Form 990		01	Form 4720 Form 5227	*	10			
Form 990	-Fr -T (section 401(a) or 408(a) trust)	05	Form 6069		11			
	-T (trust other than above)	06	Form 8870		12			
Telepl If the If this	hone No. > 207-820-2000 organization does not have an office or place is for a Group Return, enter the organization out, check this box > If it is for part of	of business in this four digit Group	Exemption Number (GEN)	ox,,	his is for the			
4 rec 5 For 6 If th	the extension is for quest an additional 3-month extension of time calendar year 2011, or other tax year be e tax year entered in line 5 is for less than 12 Change in accounting period e in detail why you need the extension.	ginning Pmonths, check in The Organiz	, 20 _ , and end eason: Initial return ation requires add	itional time to ga				
non				8a\$				
with				8DD				
c Bala EFT	ance due. Subtract line 8b from line 8a. Include PS (Electronic Federal Tax Payment System)							
	•		st be completed for Par	•				
Under penalt correct, and o	ies of perjury, I declare that I have examined this form, firetuo complete, and that I am authorizes to prepare this form.	ding accompanying sch	edures and statements, and to the best		110/12			
DAA		EIETAEAS	07/26(1)	Form R968	(Rev 1.2012)			