

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 0 7 2012

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A	For the	2011 calenda	ar year, or tax year beginning ,	2011, and ending	Dec	ember 3	1 ,20 11		
В	Check if applicable: C Name of organization				D Empl	oyer iden	tification number		
	Address change The Give Back Yoga Foundation					20-8666751			
	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele					Telephone number			
	Initial return P.O. Box 11470					301-792-5352			
=	Terminated City or town, state or country, and ZIP + 4					Group Exemption			
H	Amendeo retum					Number ▶			
G		ing Method:	✓ Cash	н	Check	▶ □ ıf tl	he organization is not		
	Websit		.givebackyoga.org				h Schedule B		
-			eck only one) — 501(c)(3)	a)(1) or 527	(Form 9	90, 990-E	Z, or 990-PF).		
ĸ	Check ▶	if the	e organization is not a section 509(a)(3) supporting organization or a s	ection 527 organizat	ion and it	s gross r	eceipts are normally		
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 9	90-N (e-postcard) m	ay be rec	quired (se	e instructions). But if		
			oses to file a return, be sure to file a complete return.						
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total asse	ts (Part II,				
I	ine 25, c	` '	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	▶ \$			
F	art I		e, Expenses, and Changes in Net Assets or Fund B						
_			the organization used Schedule O to respond to any que	stion in this Part	<u> </u>	<u> </u>			
	1		51,0, g, g, a			1	71,501.00		
	2		ervice revenue including government fees and contracts .			2			
	3	Membersh	ip dues and assessments			3			
	4	Investmen				4	20.00		
	5a		ount from sale of assets other than inventory or other basis and sales expenses	5a 5b		1			
	b			{ _					
	C								
	6	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than							
0	a	\$15,000)							
Revenue	١.	-	ome from fundraising events (not including \$	of contribution		1			
9V6	P								
æ			raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)	6b					
			-	6c		1 1			
	d	A desired the second of the se							
	1 "	line 6c)				6d			
	7a	•	s of inventory, less returns and allowances	7a					
	, a		of goods sold	7b		1			
	C		fit or (loss) from sales of inventory (Subtract line 7b from line			7c			
	8	Other revenue (describe in Schedule O)							
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	71,521.00		
_	10		d similar amounts paid (list in Schedule O)			10	16,438.65		
	11		aid to or for members RECEIV	FD		11	896.20		
æ	12	Salaries, o	other compensation, and employee benefits			12			
280	13	Profession	nal fees and other payments to independent contractors .	🍎		13	6,708.71		
Expenses	14		ry, rent, utilities, and maintenance	012 - 12		14			
ŭ	15	Printing, p		強		15	14,649.81		
	16	Other exp	enses (describe in Schedule O)			16	3,351.07		
	17		enses. Add lines 10 through 16	<u>M.Ll</u> .	▶	17	42,044.44		
α	18		(deficit) for the year (Subtract line 17 from line 9)	. .		18	29,476.56		
4	19		s or fund balances at beginning of year (from line 27, colui	mn (A)) (must agre	e with				
Net Assets	!	_	ar figure reported on prior year's return)			19			
ŧ	20		nges in net assets or fund balances (explain in Schedule O)			20			
	21	Net assets	s or fund balances at end of year. Combine lines 18 through:	20	▶	21	29,476.56		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)



Par						_
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
			ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	71,521.00
23	Land and buildings		• • • • • •		23	1,604.00
24	Other assets (describe in Schedule O)				25	73,125.00
25	Total assets				26	16,438.65
26 27	Net assets or fund balances (line 27 of column		line 21)		27	53,335.68
Pari				Part III)		·
ıaı	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accomplis	•		rogram conjece	orga	anizations and section
as m	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				7(a)(1) trusts; optional others.)
<u></u>	Yoga Activist	on program title.	 	· · · · · · · · · · · · · · · · · · ·	1	1
20	TOYA ACUVISI					
	(Grants \$ 6,752.40) If this amount	includes foreign gra	nts check here	▶ □	28a	
29	Prison Yoga Project	morados foreign gra	ino, oncor noro .	<u> </u>	-	
					1	İ
	(Grants \$ 2,836.25) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	, l
30	Yoga Service Council					
	(Grants \$ 6,100.00) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30 a	<u> </u>
31	Other program services (describe in Schedule O)				İ	
	(Grants \$ 750.00) If this amount				312	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					_
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-		1.3	Estimated amount of other compensation
Robe	ert Schware	Executive Director,		1	\top	
	Birch Ave, Takoma Park, MD 20912	25 hrs		o	0	
	l Bender Birch	Director, 8 hrs				
PO E	Box 1235, East Hampden, NY 11937	, , , , , , , , , , , , , , , , , , , ,		0	0	
Suza	nne Manafort	Director, 2hrs				
61 K	innear Ave. Newington, CT 06111	·		0	0	
	linneman	Director, 2hrs		1	1	
5419	Cathedral Ave. NW, Washington, DC 20016			0	0	
	Richardson	Director, 2hrs				
	Lynhaven Dr. Suite 108, Virginia Beach, VA 23451		<u> </u>	<u> </u>	이	
	Woodman	Director, 2hrs				
328	Pemberwick Rd at Mill, Greenwich, CT 06831			0	0	
		-			ŀ	
					\dashv	
		1				
			 	+	+	
		1	1			
				†	\top	
		1	1	1		
					\top	
		ſ	I	I	ı	

Part							
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rant	v Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35 _a							
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		-				
b	Did the organization file Form 1120-POL for this year?	37b		✓_			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	00-		,			
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓			
39	Section 501(c)(7) organizations. Enter:	1					
а	Initiation fees and capital contributions included on line 9	ł					
b	Gross receipts, included on line 9, for public use of club facilities]					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶						
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e					
41	List the states with which a copy of this return is filed. ▶ Maryland	301-79					
42a							
h	Located at > 7304 Birch Ave., Takoma Park, MD ZIP + 4 > At any time during the calendar year, did the organization have an interest in or a signature or other authority over						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b					
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □			
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.4				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ſ	Yes	No			
	completed instead of Form 990-EZ	44a		1			
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1			
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	1			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	 		,			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	1			
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	408	 	-			
-100	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1				
	Form 990-EZ (see instructions)	45b		1			

roill 990	J-EZ (ZL								P	age ¬	
		e organization engage, directly or in						n [Yes	No	
Part \		ndidates for public office? If "Yes," of Section 501(c)(3) organizations	<u>`</u>	<u></u>		ble trusts		All sec	tion	✓	
· ure	_ :	501(c)(3) organizations and section	on 4947(a)(1) none:	xempt charitable)	
		and 52, and complete the tables			a Abia Das	4 \ A					
		Check if the organization used Sch	requie O to respond	to any question i	n this Par	<u>t vi</u>	• •		Yes		
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		fect during	the tax	× 47	res	No ✓	
48	is the	organization a school as described in				le E		48		Ż	
		e organization make any transfers to						49a		1	
		If "Yes," was the related organization a section 527 organization?									
		plete this table for the organization's								d key	
	emplo	byees) who each received more than	\$100,000 of compe	nsation from the or				enter "N	one."		
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits itions to emplo plans, and defo ompensation	oyee (e) Estimate other com			
										· · · · ·	
			·- ·								
51	Comp \$100,	number of other employees paid over olete this table for the organization of 000 of compensation from the organ and address of each independent contractor pain	s five highest componization. If there is no	ensated independe		ctors who		eceived		than	
				1							
				1	·····						
				-							
				1							
d	Total	number of other independent contra	otom ozob rozobija	Over \$100 000							
	Did th	number of other independent contra e organization complete Schedule A cempt charitable trusts must attach a	\? Note: All section 5	601(c)(3) organizatio			. ▶	☐ Yes			
		of perjury Lideclare that I have examined this r I complete Declaration of preparer other than					my know	rledge and	d belief,	it ıs	
		Lobut chware					4-29-12				
Sign Here		Signature of officer Robert Schware, Executive Director	or			Date April 29, 201	2				
		Type or print name and title									
Paid Prepa	200	Print/Type preparer's name	Preparer's signature		Date		k if	PTIN			
Use (Firm's name ▶		Firm's EIN ▶							
		Firm's address ▶				Phone no.					
May th	e IRS	discuss this return with the preparer	shown above? See	instructions			•	7 Vac		40	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

20-8666751 The Give Back Yoga Foundation 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a ☐ Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) EIN (iii) Type of organization (iv) is the organization (viii) Amount of (v) Did you notify (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (1) of your (i) organized in the support? 115.7 (see instructions)) Yes No Yes Yes (A) (B) (C) (D) Œ

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning 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.")	ļ	867.00	4,661.00	97,359.00	71,521.00	174,407.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		867.00	4,661.00	97,359.00	71,521.00	174,407.00
5	The portion of total contributions by each person (other than a governmental unit or publicty supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				-		
Secti	on B. Total Support				_		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		867.00	4661.00	97,359.00	71,521.00	174,407.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	174,407.00
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u> </u>		▶ 🗸
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2011 (line	6, column (f) di	ivided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2010 Sci					15	%
16a	331/3% support test—2011. If the organi						
	box and stop here. The organization qua		-	-			_
b	331/x3% support test—2010. If the organ check this box and stop here. The organ					15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "lorganization	ets the "facts- facts-and-circu	and-circumsta	nces" test, che	ck this box an	nd stop here. E	xplain in
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and sto	op here.
18	Private foundation. If the organization dinstructions	lid not check a	box on line 13	, 16a, 16b, 17a			see ▶ □

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.)

<u> </u>	1 5 1 1 5 1						
	on A. Public Support	(-) 0007	T 41 0000	(-) 0000	4.0040	4) 0044	
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received. (Do not include any "unusual grants.")		ŀ		1		
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				1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						İ
4	Tax revenues levied for the						
	organization's benefit and either paid				j		
	to or expended on its behalf						
5	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the organization without charge						
•							
6 7a	Total. Add lines 1 through 5		 				+
	received from disqualified persons .						1
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified		1	!			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			:			-
Sacti	on B. Total Support		L	L	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2007	(5) 2000	(0) 2003	(a) 2010	(6) 2011	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
11	Add lines 10a and 10b						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				l		
12	Other income. Do not include gain or		-				
	loss from the sale of capital assets						
	(Explain in Part IV.)						<u></u>
13	Total support. (Add lines 9, 10c, 11,	· · · · ·					T
44	and 12.)		1	<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Sacti	on C. Computation of Public Suppor			· · · · · ·	· · · · ·	· · · ·	▶ 🗌
15	Public support percentage for 2011 (line			3 column (fl)		15	%
16	Public support percentage from 2010 Sci		-			16	%
	on D. Computation of Investment In				 		
17	Investment income percentage for 2011 (line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010	•	•			18	%
19a	331/3% support tests—2011. If the organ						
_	17 is not more than 331/3%, check this box					_	_
Ь	331/s% support tests - 2010. If the organization 18 is not more than 331/s% check this						
20	line 18 is not more than 331/3%, check this in Private foundation. If the organization di						
40	roundadan n dio organization di	with discr a	DUA UII III IU 14	, roa, or rob, t	YOU GIT JOOK	₩14 300 111\$ L	ructions 🕨 🗀

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

The Give Back Yoga Foundation	20-8666751
Yoga Activist, Inc., \$ 6,752.40	
Prison Yoga Project, \$ 2,836.25	
Yoga Service Council, \$ 6,100.00	
YoKids, Inc. \$ 750.00	
Other Expenses:	
1. Website registration fee, \$ 80.99	
2. Supplies, \$ 99.08	
3. IRS Group Exemption filing fee, \$ 3,000.00	
4. Non-Profit membership fees, \$ 75.00	
5. PO Box, \$ 96.00 6. Professional fees, website, graphics design, \$ 6,708.71	··
7. Printing, publications, postage, shipping of Give Back Yoga resources, \$ 14,649.81	
8. Travel, conferences, \$896.20	
	