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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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements 7/1/2012 For the 2012 calendar year, or tax year beginning and ending 6/30/2013 Check if applicable C Name of organization AMERICAN COMM SCHOOL FOUNDATION, INC Employer identification number Address change Doing Business As 34-1988707 Number and street (or PO box if mail is not delivered to street address) Name change E Telephone number Initial return (609) 452-0990 Terminated City, town or post office, state, and ZIP code PRINCETON 08543 G Gross receipts \$ Amended return NJ 2.584.245 Application pending Name and address of principal officer H(a) Is this a group return for affiliates? Deirdre A. Simon 15 Roszel Road, Princeton, NJ 08540 H(b) Are all affiliates included? If "No." attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c)) < (insert no) Website: ► NONE H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 2004 NJ Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE FINANCIAL AND OTHER ASSISTANCE TO EDUCATIONAL INSTITUTIONS IN THE UNITED STATES AND ABROAD Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C) (line 12) 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 647,567 38,690 2,541,116 9 Program service revenue (Part VIII, line 2g) 1,804,583 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,887 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,454,037 2,584,245 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 500,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,961,217 2,158,420 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,191 18,296 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,475,408 2,176,716 19 Revenue less expenses Subtract line 18 from line 12 -21,371407,529 End of Year **Beginning of Current Year** Total assets (Part X, line 16) 20 582,508 990,136 21 Total liabilities (Part X. line 26) 777 876 22 Net assets or fund balances Subtract line 21 from line 20 581,731 989,260 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other)than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Deirdre A Simon Treasurer Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's name Firm's EIN **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2012)

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Page 3

art IV	Checklist	of Red	uired	Schedules
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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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Did the organization in circlity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI If the organization report an emount for line following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VI		•		Yes	No
2 Is the organization required to complete Schedule B, Schiedule of Contributors (see instructions)? 3 Ib the organization engage in direct or indicince political camping activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments in ormalia and interest of amounts in such funds or accounts? If 5 Is 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 7 Yes," complete Schedule D, Part I 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount for most and successful and account liability, serve as a custodian to ramounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian to ramounts not listed in Part X, line 21, for escrow or outstodial account liability, serve as a custodian to ramounts not listed in Part X, line 21 for escrow or outstodial account liability, serve as a custodian to ramounts on the stead organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 10 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,	1		1	Х	
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 1d Did the organization maintain an office, employees, or agents outside of the United States? 1d 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 1d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 1d 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 II (see instructions) 1d 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 1d 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 III 1d Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19			1	
-		·	\vdash		<u> X</u>
b It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			-		_X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

AMERICAN COMM SCHOOL FOUNDATION, INC Checklist of Required Schedules (continued) Part IV

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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		Χ
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? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		
20	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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
_	Schedule L, Part IV	28b		X
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? <i>If</i> "Yes," complete Schedule <i>M</i>	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		Χ_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
2.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		<u> </u>
34	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, 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		<u>X</u>
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			
	V/	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	990 (0040:
		rorm	JJU (ZU12)

AMERICAN COMM SCHOOL FOUNDATION, INC
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V						\square
	•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		0	1.45	, .	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	Tod gan t g*	١.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	table		ر مراث		, , , , , , , , , , , , , , , , , , ,
	gaming (gambling) winnings to prize winners?				1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				2 M L	7/2	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns	7		2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			مَنشَــ		نسنه
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	finan	cial		١.		l
_	account)?				4a	8 8 2 2	X
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance		counts			<u> 22.</u>	· · · · · · · · · · · · · · · · · · ·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-0		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	sactio	n /		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	مطاما			5c		├─-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	ıne			6a		×
L	organization solicit any contributions that were not tax deductible as charitable contributions?	tions	or		0a		├^
þ	If "Yes," did the organization include with every solicitation an express statement that such contribugifts were not tax deductible?	1110115	UI		6b		
7	Organizations that may receive deductible contributions under section 170(c).				00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	46.0
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	ינ מטכ	ods		3	.	
a	and services provided to the payor?	, goc	.40		7a	3447.2.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was					
•	required to file Form 8282?				7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					¥.£
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	cont	ract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor				7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88				7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	île a F	orm 1098-C	7	7h		Χ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	J				- 15	* - ;
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng			Ji.	3	
	organization, have excess business holdings at any time during the year?				8	VV	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					ĬÚ.	ر الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الر المناسبة المناسبة المناسبة الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز الرائز
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? .				9b		1.00
10	Section 501(c)(7) organizations. Enter	۱	ļ			11	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			',s% √,}	33	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				320	
11	Section 501(c)(12) organizations. Enter	1 44 -	}			3 (* 3 4 (* 7)	
a	Gross income from members or shareholders	11a				33.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b					
42-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		l		12a	<u></u> -	122
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			124	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, j
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			4.	. 1	
13	Is the organization licensed to issue qualified health plans in more than one state?				13a	\$4	
а	Note. See the instructions for additional information the organization must report on Schedule O				· · · ·	 	,
b	Enter the amount of reserves the organization is required to maintain by the states in which					, _v	
IJ	the organization is licensed to issue qualified health plans	13b				* * * * * * * * * * * * * * * * * * *	
С	Enter the amount of reserves on hand	13c			1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Sched</i>	ule O			14b		

Part VI

AMERICAN COMM SCHOOL FOUNDATION, INC

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

X

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5		,	٠,
	If there are material differences in voting rights among members of the governing body, or				1
	if the governing body delegated broad authority to an executive committee or similar		, ,		100
	committee, explain in Schedule O		7.		\$7.
b	Enter the number of voting members included in line 1a, above, who are independent	1b 4	,	, , ,	, ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with		<u> </u>	ĽĽ
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3	_	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	l _		
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,	l		
_	stockholders, or persons other than the governing body?		7b	144	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			20
	the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	b d	8b	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the experience of the page and addresses in Schodule O.	eached	ا م ا		v
Coot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Internal Devenue	9	<u> </u>	X
Seci	ion B. Policies (This Section B requests information about policies not required by the	internal Nevenue (Joue.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	To ming the form .	المحدث	5 (V ₁)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done	,	12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by		\$5.30°	2.334
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		13/3		*
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	ad my at	***	<u> </u>
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its		*x<	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	,	2 7g]
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	D-T (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply				
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict of interest			
00	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books	(000) 450 0	000		
	organization ► INTERNATIONAL SCHOOLS SERVICES, INC 15 ROSZEL ROAD, PRINCETON, N.108540	(609) 452-09	90		

Form 990 (2012)	AMERICAN COMM SCHOOL FOL	INDATION, INC								34-19887	'07 Page 7	
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ctors, Truste ontractors	-	-		-	•	·				
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	d E	imployees			
organization's	•	•										
of compensation List all the who received organization at List all the list all the	of the organization's current officers, distribution. Enter -0- in columns (D), (E), and (left the organization's current key emplor organization's five current highest contraportable compensation (Box 5 of Formand any related organizations of the organization's former officers, ket exportable compensation from the organization that is the organization of the organization from the organization.	 f) If no compens yees, If any See npensated emplor W-2 and/or Bo y employees, ar 	sation instriction	waructi s (ot of Fo	s pa ons her orm t co	aid for thar 109	defini n an d 9-MIS	ition offici SC)	of "key employe er, director, truste of more than \$10	ee " ee, or key emplo 00,000 from the	yee)	
List all organization, List persons in	of the organization's former directors or more than \$10,000 of reportable compent the following order individual trustees employees, and former such persons	or trustees that ensation from the	receive orga	ved, anıza	in tatio	he d	capac d any	rel	ated organizatioi	ns	the	
	• •	related organiz	ation	con	npe	nsai	ted ar	ıv c	urrent officer, dir	ector, or trustee		
					(E) Reportable	(F) Estimated						
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)) compensation amount of other compensation from the organization and related organization		
(1) Azad K	eval	5 00										
PRESIDENT		0 00	X	_	X	ļ						
(2) Larry M		40 00	,		,				,-0,-0			
VICE PRESID		0 00	t	\vdash	Х				152,425		· · · · · · · · · · · · · · · · · · ·	
(3) Deirdre TREASURER		5 00 0 00	1		x							
(4) Roger (5 00	1	\vdash	 ^	<u> </u>					 	
SECRETARY	3 11040	0 00	1		x							
(5) Sahar A	Moul	5 00	-	1	Ť				_			
DIRECTOR		0.00	l									

Form **990** (2012)

P	art VII	Section A. Officers, Directors, Ti	rustees, Key Em	ploye	es,	and	iH b	ghes	t Co	ompensated Em	ployees ((contin	ued)		
	•	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	erson	e than is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation				
			week (list any hours for related organizations below dotted line)	Individual trustee or director	T	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ated tions	com fr org an	other spensation the anizatio d relate	on on
(15)				-											
(16)			-												
(17)														_	
(18)															
(19)			-												
(20)														•	
(21)							-								
(22)															
(23)															
(24)			-												
(25)															
1b c d		I m continuation sheets to Part VII, 9 d lines 1b and 1c)	Section A	<u> </u>	<u> </u>	I		1	> > >	152,425 0 152,425		0 0			0
2	Total num	nber of individuals (including but not e compensation from the organization		sted a	bov	e) v	vho	rece	ved		•				
3	Did the o	rganization list any former officer, di e on line 1a? <i>If "Yes," complete Sche</i>	rector, or trustee,	-		oye	e, c	or higi	hest	t compensated			3	Yes	No X
4		ndividual listed on line 1a, is the sum nization and related organizations gre I											4		X
5		person listed on line 1a receive or access rendered to the organization? If "									vidual		5		X
Sec		lependent Contractors												-	
1		e this table for your five highest comp ation from the organization Report c											tax		
		(A) Name and business ac	Idress							(B) Description of ser	vices	C	(C) Compen		
									<u> </u>						
			 						<u> </u>				-		0
									-			 			
		· · · · · · · · · · · · · · · · · · ·													
2		nber of independent contractors (incl n \$100,000 of compensation from the	-	ted to	tho	se I	ıste	d abo	-	who received		*	7		100

Part VIII	Statement of Revenu	e
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_		Check if Schedule O contains	a response t	o a	ny question in th	nis Part VIII			
3 1			* * * * * * * * * * * * * * * * * * * *	1/4/		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	j 2.		4 1 ž		sex.		exempt	business	excluded from
				۳,			function revenue	revenue	tax under sections 512, 513, or 514
	1a	Federated campaigns	· · · · · · · · · · · · · · · · · · ·	1a	0	1 2 2	11-14-14-14-14	1,40°3 - 1	1"
Grants	b	Membership dues	_	1b	0				
ي ق	С	Fundraising events	<u> </u>	1c	0				
iffs ar A	d	Related organizations	<u> </u>	1d	0				
S, E	e	Government grants (contributions	<u> </u>	1e	0				
tion sr Si	f	All other contributions, gifts, gran		\neg					
혈		similar amounts not included abo		1f	38,690				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f	\$	0			- 11	
ပဏ	h	Total. Add lines 1a-1f		,	>	38,690			
ne					Business Code				
,en	2a	Mgmt Fee-Educational Support S	Services	[611710	2,541,116	2,541,116		
Ŗ	b					0			
/ice	С					0			
Sen	d			Į		0			
a	е			Į		0			
Program Service Revenue	f	All other program service revenu	e	Į		0			
<u> </u>	g	Total. Add lines 2a-2f			<u> </u>	2,541,116), (), (), (), (), (), (), (), (3.7.7.3.3	
	3	Investment income (including div	idends, intere	est,	and				
		other similar amounts)			>	4,439			4,439
	4	Income from investment of tax-ex	kempt bond p	roce	eeds >	0			
	5	Royalties	() Pool		(II) Personal	0	. an 4 '5 '	35.945.00 S	
		Construction	(ı) Real		(II) Personai				
	6a	Gross rents		-					
	b	Less rental expenses		\rightarrow					
	l d	Rental income or (loss) Net rental income or (loss)	L	0		0	11111111		
	7a	Gross amount from sales of	(ı) Secunties	П	(II) Other		11 3 % d.	I_% 3	マッ な 1838 と だん - 1
	'"	assets other than inventory	- ` '	0					
	b	Less cost or other basis		Ť		1			
	-	and sales expenses		o	0				
	С	Gain or (loss)		0	0	in de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			
	d	Net gain or (loss)			>	Ó	. od til Milledik Literia L. e		Marie Miller of community on a Marie Section of
		. ,							49.4
ne	8a	Gross income from fundraising		ľ					
/en		events (not including \$	0						
Š		of contributions reported on line	1c)						
Other Revenue		See Part IV, line 18		а	0				
됐	b	Less direct expenses		b [0	a a a a a a a a a a a a a a a a a a a			
•	С	Net income or (loss) from fundrai	•	_	>	0		7 78 459498 44	0.3000334000. 000 ; 7000 i coo i
	9a	Gross income from gaming activi	ties		_		3.5		
	١.	See Part IV, line 19		a	0				
	b	Less direct expenses		ρ[0		7 340 34		
	C	Net income or (loss) from gaming	activities	ſ		0	2.00	? 3 %.	##(##.# ; 48) 4 2 4
	10a	Gross sales of inventory, less returns and allowances			0				
	b	Less cost of goods sold		a b	0				
	C	Net income or (loss) from sales of		ם ר		0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Miscellaneous Revenue	riiventory	1	Business Code				75-68-AV 16-4
	11a	UNREALIZED GAIN/LOSS ON II	VVESTMEN	\dashv		0	Marke iii		. <u>11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>
	b	212727272222 27314222223141		ı	-	0			
	c			l		0			-
	d	All other revenue		l		0			
	е	Total. Add lines 11a-11d		-	>	0	2		
	12	Total revenue. See instructions				2,584,245	2,541,116	0	4,439
					 -				Form 990 (2012)
					-		-		- (/ - /

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)	Section	501(c)(3) and 50	1(c)(4) organ	zations must comp	lete all columns	All other organizations.	must complete columi	n (A)	
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	· Check if Schedule O contains a response to any			,	
	not include amounts reported on lines 6b, 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	0			
2	Grants and other assistance to individuals in the			. ·	-
	United States See Part IV, line 22	0		18x: 100	. ,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0	_		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	152,425	152,425		
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	4.004.405		
7	Other salaries and wages	1,804,495	1,804,495	1	
8	Pension plan accruals and contributions (include	90.702	00.760		
0	section 401(k) and 403(b) employer contributions)	88,763	88,763		
9 10	Other employee benefits Payroll taxes	112,737	112,737		
11	Fees for services (non-employees)	112,737	112,737		
''	Management	l o			1
b	Legal	362		362	
C	Accounting	10,564		10,564	
d	Lobbying	0		10,001	·
e	Professional fundraising services See Part IV, line 17	0	Para S	65 N	
f	Investment management fees	3,324		3,324	
g	Other (If line 11g amount exceeds 10% of line 25, column	,		·	
J	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	2,286		2,286	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	1,760	7.77.00	1,760	
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)			ر م د مي * ×	
а		, , , , , ,	State of the second section in the second second second second second second second second second second second		
b		0	· · · · · · · · · · · · · · · · · · ·		
c		0			
d		0			
e	All other expenses	0			<u> </u>
25	Total functional expenses. Add lines 1 through 24e	2,176,716	2,158,420	18,296	C
26	Joint costs. Complete this line only if the		_,,,-	1-3-5	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2012)

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Part X Balance Sheet

_		Check if Schedule O contains a response to any question in this Part X			
	•		(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	582,508	2	990,136
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		is, 'i ₄ , '	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		344.3	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	,	· .	
ţ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	3,7	200	A CONTRACTOR
		other basis Complete Part VI of Schedule D 10a 0	, , ,		7.
	ь	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0:	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	582,508	16	990,136
	17	Accounts payable and accrued expenses	777	17	876
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,		٠, د	
Liabilities		trustees, key employees, highest compensated employees, and		. 1 (1)	
ab		disqualified persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	777	26	876
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	581,731	27	989,260
Ва	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here	, }	, ,	
ō		complete lines 30 through 34.	<u>`</u>		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	**************************************
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	581,731	33	989,260
	34	Total liabilities and net assets/fund balances	582,508	34	990,136

Fom	990 (2012) AMERICAN COMM SCHOOL FOUNDATION, INC	34-	1988707	Pag	_{je} 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,584	,245
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,176	5,716
3	Revenue less expenses Subtract line 2 from line 1	3		407	,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		581	,731
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		989	,260
Part					_
	Check if Schedule O contains a response to any question in this Part XII	•	•		
				Yes	No
1	Accounting method used to prepare the Form 990		- *	, ,	, ¢
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		2.8		Ŕ.
	Schedule O				<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		6.	, 1	· .
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		7 Ĝ 5 ŝ		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				ļ., .
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		- 7.57 - 6.58 - 7.58		7.4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of	, , ,	}-	- }
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			(it is	
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public ► See separate instructions. Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Name of the organization

AME	RICA	N COMM SC	HOOL FOUNDA	TION, INC						34-19	988707		
Par	t I	Reason	for Public Ch	arity Status (All org	anızatıoı	ns must o	complete	this par	t) See ır	nstructio	ns		
The o	<u>rga</u> r	nization is not	a private foundat	tion because it is (For	lines 1 thr	ough 11, o	check onl	y one box)				
1	Ш	A church, cor	nvention of churc	ches, or association of	churches	described	ın sectio	n 170(b)(1)(A)(i).				
2		A school des	cribed in sectior	n 170(b)(1)(A)(ii) . (Atta	ch Sched	ule E)							
3	Ш	A hospital or	a cooperative ho	ospital service organiza	ation desci	ribed in se	ection 170	0(b)(1)(A)	(iii).				
4			search organizat me, city, and stat	ion operated in conjunt te	ction with	a hospital	describe	d in section	on 170(b)	(1)(A)(iii). 	Enter t	he 	
5		•	•	the benefit of a college Complete Part II)	or univer	sity owned	d or opera	ited by a g	governme	ntal unit d	lescribe	d	
6		A federal, sta	ite, or local gove	rnment or government	al unit des	cribed in s	section 1	70(b)(1)(A	۱)(۷).				
7		•	•	receives a substantial	•	support fi	rom a gov	vernmenta	l unit or fr	om the ge	eneral p	ublic	
8		A community	trust described	ın section 170(b)(1)(A)(vi). (Con	nplete Par	t II)						
9	冈	-											
	رين	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10		An organizati	ion organized an	d operated exclusively	to test for	public sa	fety See	section 5	09(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 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated											
е	\Box	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
•	_		-	n managers and other			-					ection	
		509(a)(1) or section 509(a)(2)											
f		If the organiz	ation received a	written determination	from the II	RS that it i	s a Type	I, Type II,	or Type II	l supportii	ng		
		-	, check this box				•		•	• •	Ū		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
		following persons?											
								No					
		(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(ii)] [11g(ii)]											
h			-								(119(/		
(i)) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of						ount of mo support	netary					
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)													
(B)		· · · · · · · · · · · · · · · · · · ·							_				
(C)													
(D)				·									

(E)

18

instructions

Sched		MM SCHOOL				34-1988707	
Par							
	(Complete only if you checked the						under
	Part III. If the organization fails to	qualify under	the tests liste	d below, plea	ise complete	Part III)	
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						0
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	0	0	0	0	0	0
5	The portion of total contributions by each	A STATE OF THE STA		77 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74.4		
	person (other than a governmental unit				1 1 1 M		
	or publicly supported organization)				10.40	22	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)	<u></u>		***			
6	Public support. Subtract line 5 from line 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N. 3	· , ~	- 40 SA 4 - 40 SA		0
	tion B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources .						0
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)	9 00 L9 11 12 L		b 08987.V	V CONSTRUCTOR OF THE PROPERTY AND THE	MANAGEMENT AND PROPERTY.	0
11	Total support. Add lines 7 through 10			、 (i 200)			0
12	Gross receipts from related activities, etc (se					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stop here						▶
Sect	tion C. Computation of Public Suppor					,	
14	Public support percentage for 2012 (line 6, c			lumn (f))		14	0 00%
15	Public support percentage from 2011 Schedu					15	0 00%
16a	33 1/3% support test—2012. If the organiza				14 is 33 1/3%	or more, check t	his box
	and stop here. The organization qualifies as				45 00 4	(00)	▶ 🗀
b	33 1/3% support test—2011. If the organiza				d line 15 is 33 1	/3% or more, cr	eck this
	box and stop here. The organization qualified	· ·	- · ·				▶□
17a	10%-facts-and-circumstances test—2012.	_					
	is 10% or more, and if the organization meet				-		
	Part IV how the organization meets the "fact	s-and-cırcumsta	inces" test The	organization q	ualifies as a pu	blicly supported	_
	organization						▶ []
b	10%-facts-and-circumstances test2011.						
	15 is 10% or more, and if the organization m						ain in
	Part IV how the organization meets the "fact	s-and-circumsta	inces" test. The	organization q	ualifies as a pu	blicly	
	supported organization						▶ I

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

C	tion A Dublic Connect	nder the tests	iisted below,	please comp	icie i ait ii j		
	tion A. Public Support	4) 0000	4 > 0000	4.3.0040	4.10.0044	(1) 0040	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,647,135	59,856	41,605	647,567	38,690	2,434,853
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		1,713,373	2,597,106	1,804,583	2,541,116	8,656,178
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	1,647,135	1,773,229	2,638,711	2,452,150	2,579,806	11,091,031
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	· · · · · · · · · · · · · · · · · · ·						0
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)	(, \$40.00 (de 1925))		解 於	3.00	7.5	11,091,031
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	A	1 647 125	1 772 220	2 620 711	2 452 450	2 570 906	11 001 021
9	Amounts from line 6	1,647,135	1,773,229	2,638,711	2,452,150	2,579,806	11,091,031
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	10,151	4,914	3,988	1,887	4,439	25,379
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses]					
	acquired after June 30, 1975	1					0
С	Add lines 10a and 10b	10,151	4,914	3,988	1,887	4,439	25,379
11	Net income from unrelated business			·	·		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
12	-						
	loss from the sale of capital assets	İ					•
	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,		. ===				
	and 12)	1,657,286	1,778,143	2,642,699	2,454,037	2,584,245	<u>11,116,410</u>
14	First five years. If the Form 990 is for the organization	ation's first, secor	id, third, fourth, o	or fifth tax year as	s a section 501(d	c)(3)	
	organization, check this box and stop here						▶ []
Sec	tion C. Computation of Public Support	Percentage				<u> </u>	
15	Public support percentage for 2012 (line 8, column		13 column (f)			15	99 77%
	Public support percentage for 2012 (line 6, column) Public support percentage from 2011 Schedule A, I		: 13, Column (1))			16	99 59%
16						19 1	33 3376
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c,	• • •	•	mn (f))		17	0 23%
18	Investment income percentage from 2011 Schedule					18	0 41%
19a	33 1/3% support tests—2012. If the organization not more than 33 1/3%, check this box and stop he	ere. The organiza	ition qualifies as	a publicly suppo	rted organization	า	▶ X
b	33 1/3% support tests—2011. If the organization						
	line 18 is not more than 33 1/3%, check this box ar	nd stop here. The	e organization qu	ualifies as a publi	cly supported or	ganızatıon	▶ ∐_
20	Drivate foundation of the economication did not obe	وممالهم بنمط مبامر	14 100 0-106	abaali thia bay ar	ad ann innterior		

Schedule A (Form 9	90 or 990-EZ) 2012	AMERICAN C	OMM SCHOOL	FOUNDATION, INC	;	34-1988707	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide the	e explanations required	by Part II, line	10.
,	Part II line 17a	or 17b, and Pa	art III line 12	Also complete the	s part for any additional	information (See
_	instructions)	o, .,			o pare for any additional		
<u> </u>	ilistructions)						
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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
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See Separate instructions.

Employer identification number Name of the organization 34-1988707 AMERICAN COMM SCHOOL FOUNDATION, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (d) Activities conducted in (c) Number of (a) Region (e) If activity listed in (d) is (f) Total region (by type) (e g , offices in the employees, a program service. expenditures for describe specific type of and investments region agents, and fundraising, program independent services, investments. service(s) in region in region contractors grants to recipients in region located in the region) Middle East and North (1) Africa 34 Program Services Educational Assistance 2,158,420 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total 0 34 2.158.420 **b** Total from continuation sheets to Part I

0

2,158,420

C Totals (add lines 3a and 3b)

34-1988707

AMERICAN COMM SCHOOL FOUNDATION, INC.

Schedule F (Form 990) 2012

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. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2012

Page 3

34-1988707

Schedule F (Form 990) 2012

AMERICAN COMM SCHOOL FOUNDATION, INC.

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2012 (h) Method of valuation (book, FMV, appraisal other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance Part III Ð 2 ව <u>4</u> 9 9 9 8 6 9 E (12) (13) (14) (15) (16) 5 (18)

for Form 5713)

34-1988707 Page 4 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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) X No Yes 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Yes X No a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 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 X No Certain Foreign Corporations (see Instructions for Form 5471) Yes Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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 X No Fund (see Instructions for Form 8621) Yes Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) Yes X No 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 Instructions

Part V	Supplemental Information Gomplete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number AMERICAN COMM SCHOOL FOUNDATION, INC 34-1988707 Form 990 Part VI Section B Line 11a Copies of the completed form 990 are forwarded to all board members for review prior to submission to the IRS Form 990 Part VI Section B Line 12c The board adopted a comprehensive "Standards of Business Ethics and Board Goverance Policeis" Within this policy is a "Conflict of Interest" policy requiring all board members to disclose any real or potential conflict of interest at the time of appointment to the board, annually, or as the conflict may arise Form 990 Part VI Section C Line 19 Upon request, copies of the form 990 or other corporate documents are made available and forwarded in a timely manner. Corporate documents are open for review at 15 Roszel Road, Princeton, NJ 08540