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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

	JI 1116	e 2013 calendar year, or tax year beginning and en	nding		
3 CH	eck if	C Name of organization		D Employer identific	cation number
ар	plicabl	THE AUSTRALIAN INDEPENDENT SCHOOLS			
	]Addre  chang	e   USA FOUNDATION			
	]Name ]chang	e   Doing Business As		20-4	693405
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	r
_	Termir ated	015 HANDING BIATION RD		607-	<u>533-9492</u>
	Amene return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	565,116.
	Applic	LANSING, NI 14002		H(a) Is this a group re	
	pendı	F Name and address of principal officer.DOUGLAS ELIX		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te: ► AISUSAFOUNDATION.COM		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2006 N	State of legal domicile: NY
Pa	rt I	Summary			
ا بع		Briefly describe the organization's mission or most significant activities: THE At			
a l		SCHOOLS USA FOUNDATION EXISTS TO SUPPORT			·····
Governance		Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
ઠ્ઠ		Number of voting members of the governing body (Part VI, line 1a)		3	11
∞ ರ		Number of independent voting members of the governing body (Part VI, line 1b)	-	4	11
i es		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	RF	Ceived H	0
Activities &		Total number of volunteers (estimate if necessary)			11
¥		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T. line 34	MAN	\$ \$ 2014   7b	0.
-	b	Net unrelated business taxable income from Form 990-T, line 34	MAY	3 (2) (1	0.
	•	October Associated (Destablish Location)			Current Year
e le		Contributions and grants (Part VIII, line 1h)		561, 223	<u>479,829.</u>
Revenue		Program service revenue (Part VIII, line 2g)	- 0		<u>75,896.</u>
&		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-938. -3,743.	203.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		<u>0.</u> 555,928.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		556,542. 602,756.	467,060.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-	002,730.	407,000.
,,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	31,061.
iš		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	2.	<u> </u>	
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	289.	39,797.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		603,045.	537,918.
		Revenue less expenses. Subtract line 18 from line 12		-46,503.	18,010.
8			Be	ginning of Current Year	End of Year
훒	20	Total assets (Part X, line 16)	ļ <u></u>	332,093.	166,779.
Fund Balances		Total liabilities (Part X, line 26)		327,573.	144,249.
ธ∈ิเ		Net assets or fund balances. Subtract line 21 from line 20		4,520.	22,530.
湿					
	rt II	Signature Block		-	
Pa		Signature Block alties of perjury, I declare that +have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is
<b>Pa</b> Jnde	r pena				y knowledge and belief, it is
<b>Pa</b> Inde	r pena	alties of perjury, I declare that have examined this return, including accompanying schedules a			y knowledge and belief, it is
Pa Jnde rue, Sign	r pena correc	alties of perjury, I declare that have examined this return, including accompanying schedules a			y knowledge and belief, it is
Pa Jnde rue, Sign	r pena correc	alties of perjury, I declare that thave examined this return, including accompanying schedules a ct, and complete. Declaration of preparer (other than officer) is based on all information of which		has any knowledge.	y knowledge and belief, it is
Pa Inde rue, Sign	correct	alties of perjury, I declare that thave examined this return, including accompanying schedules a ct, and complete. Declaration of prevare (other than officer) is based on all information of which significantly are proportionally information of which significantly are proportionally information of which significantly information in the significant significantly information of which significantly information in the significant significantly information in the significant	ch preparer	has any knowledge. Date	12/14
Pa Jnde rue, Sign Here	correct	alties of perjury, I declare that I have examined this return, including accompanying schedules a ct, and complete. Declaration of preparer (other than officer) is based on all information of whice Signature of officer  CHARLES GRANT, VICE CHAIRMAN  Type or print name and title  Print/Type preparer's name  Preparer's signature	ch preparer	Date   Check	12/14 
Pa Jnde rue, Sign Here	correc	Alties of perjury, I declare that have examined this return, including accompanying schedules a ct, and complete. Declaration of prevare (other than officer) is based on all information of whice signature of officer  CHARLES GRANT, VICE CHAIRMAN  Type or print name and title  Print/Type preparer's name  DAVID E. ILES	ch preparer	has any knowledge. Date	PTIN P00084929
Pa Inde rue, Sign Here	correct	Alties of perjury, I declare that have examined this return, including accompanying schedules a ct, and complete. Declaration of prevare (other than officer) is based on all information of whice signature of officer  CHARLES GRANT, VICE CHAIRMAN Type or print name and title  Print/Type preparer's name  DAVID E. ILES  Firm's name  SCIARABBA WALKER & CO., LLP	ch preparer	Date Check	12/14 
Pa Jnde rue, Sign Here	correct	alties of perjury, I declare that have examined this return, including accompanying schedules a ct, and complete. Declaration of prevare (other than officer) is based on all information of which signature of officer  CHARLES GRANT, VICE CHAIRMAN Type or print name and title  Print/Type preparer's name  DAVID E. ILES  Firm's name  SCIARABBA WALKER & CO., LLP  Firm's address  410 EAST UPLAND ROAD	ch preparer	Date  Date  Check If self-employ  Firm's EIN	PTIN ed P00084929 16-1071694
Pa Jnde rue, Sign Here Paid Prep Use (	correct  correct  arer  Only	Alties of perjury, I declare that I have examined this return, including accompanying schedules a ct, and complete. Declaration of preparer (other than officer) is based on all information of whice Signature of officer    CHARLES GRANT, VICE CHAIRMAN     Type or print name and title     Print/Type preparer's name     DAVID E. ILES     Firm's name   SCIARABBA WALKER & CO., LLP     Firm's address   410 EAST UPLAND ROAD     ITHACA, NY 14850	ch preparer	Date  Date  Check If self-employ  Firm's EIN	PTIN P00084929 16-1071694
Pa Jnde rue, Sign Here Paid Prep Use (	correct  correct  arer  Only	alties of perjury, I declare that have examined this return, including accompanying schedules a ct, and complete. Declaration of prevare (other than officer) is based on all information of which signature of officer  CHARLES GRANT, VICE CHAIRMAN Type or print name and title  Print/Type preparer's name  DAVID E. ILES  Firm's name  SCIARABBA WALKER & CO., LLP  Firm's address  410 EAST UPLAND ROAD	ch preparer	Date  Date  Check If self-employ  Firm's EIN	PTIN P00084929 16-1071694

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION EXISTS		
	QUALITY EDUCATION FOR AUSTRALIAN AND UNITED STATES EDUCA	TIONAL	
	INSTITUTIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 503,675. including grants of \$ 467,060. ) (Revenue		<u>895.</u> )
	THE AISUSA FOUNDATION REQUESTS PROPOSALS FROM SELECTED I	NSTITUTIONS	AND
	AWARDS GRANTS TO SUPPORT EDUCATIONAL PRIORITIES.		
4b	(Code) (Expenses \$) (Revenue	e \$	)
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		~	
4c	(Code) (Expenses \$) (Revenue)	e\$	)
		·	
		_ <del></del>	
			<del></del>
		<del></del>	
			<del></del>
			<del></del>
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 503,675.		200 (25 : 5:
		Form \$	<b>990</b> (2013)

USA FOUNDATION 20-4693405 Page 3 Form 990 (2013) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year?

13	ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?
b	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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Х

Х

X

X

X

X

Х

12b

13

14a

14b

15

16

17

18

19

20a

X

X

Form 990 (2013) USA FOUNDATION
Part IV Checklist of Required Schedules (continued)

				$\overline{}$
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ŀ	
	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 \$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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	ļ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		
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		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2013)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4	163	140
b		Ō		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1	İ	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	<sup>?</sup> 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	-	<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	) <u>7h</u>	<del> </del>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting		1	
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<del> </del> -	X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	1	+
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	$\dashv$		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	i –	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┪	1	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
-	Note. See the instructions for additional information the organization must report on Schedule O	1.00		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	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? If "No," provide an explanation in Schedule O	14b		

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USA FOUNDATION

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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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 11			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_x
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4	-	_X
5	Did the organization become aware during the year of a significant diversion of the organization's 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 one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, 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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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 give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			1
	taxable entity during the year?	16a		X
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY , CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 and records of the organization	tion 🕨	<b>-</b>	
	MARISUE TAUBE - 607-533-9492			
	615 LANSING STATION ROAD, LANSING, NY 14882			

Form 990 (2013) USA FOUNDATION

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Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization n	or any related	orga	anıza	ation	cor	mpei	nsa	ted any current officer, o	irector, or trustee.	<del></del>
(A)	(B)			_ (0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					h an	The state of the s	compensation	amount of
	week	$\vdash$	CGI &		1 6010	1711143	100)	from	from related	other
	(list any hours for	all ect	1			_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related s	stee			nsate		(W-2/1099-MISC)	(11 2/1000 14/100)	organization	
	organizations	Individual trustee or director	Institutional trustee		Кеу етрюуее	a m		(=,,		and related
	below	ngna	Į į	تة	e d b	esto	듈			organizations
	line)	Indi	T Ts	Officer	Ke.	Highest compensated employee	Former			
(1) IAN F. THOMAS	1.00									
DIRECTOR		X	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(2) MARISUE TAUBE	1.00									
SECRETARY/TREASURER		X		X				31,061.	0.	0.
(3) IAN DIERY	1.00	1								
DIRECTOR		X		<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
(4) DOUG ELIX	1.00									
CHAIRMAN		X		X		<u> </u>		0.	0.	0.
(5) CHARLES GRANT	1.00	1					1	_	_	_
VICE CHAIRMAN		X				ļ	ļ	0.	0.	0.
(6) DR. PETER GREEN	1.00	1							_	_
DIRECTOR		X		_		_	<u> </u>	0.	0.	0.
(7) ROBERT YOUNG	1.00									
DIRECTOR	1	X				1		0.	0.	0.
(8) RICHARD SOUTHBY	1.00	┨								
DIRECTOR	1 00	X	_	-		-	_	0.	0.	0.
(9) VIKRAM MEHTA	1.00	┨								
DIRECTOR	1 00	X	-			-	1	0.	0.	0.
(10) MICHAEL EDYE	1.00	٠,								
DIRECTOR	1 00	X	<u> </u>				-	0.	0.	0.
(11) PETER CONWAY	1.00	₹.,								_
DIRECTOR		X	1	-		+	$\vdash$	0.	0.	0.
		-								
						+	$\vdash$	<del> </del>		
		-		1		ļ				
		$\vdash$	╁	$\vdash$	$\vdash$	╁	$\vdash$			
		┨					l			
		╁	1	1		╁	1			
		┪								
		$\vdash$	+	T	T	+		<del> </del>		· · · · · · · · · · · · · · · · · · ·
		1								
				$\vdash$	1	+	t	<del> </del>		
		1					1			
	1	_						-4		F 000 (2242)

			Form <b>990</b> (2013)
_	\$100,000 of compensation from the organization		
2	Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form 990 (2013) USA FOUNDATION
Part VIII Statement of Revenue

FOUNDATION 20-4693405 Page 9

		Check if Schedule O cont	aıns a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a		-			
is 5	b	Membership dues	1b					
Ğ,Ğ	С	Fundraising events	1c					
# E	d	Related organizations	1d					
S, (		Government grants (contribut	ions) 1e					
i Sign	f							
돌		similar amounts not included abo	•	479,829.				
Contributions, Gifts, Grants and Other Similar Amounts	g		<u> </u>					]
<u>ਲ ਵੀ</u>	h	Total. Add lines 1a-1f			479,829.			
1				Business Code				
9	2 a	AFFILIATE FEES		900099	73,743.	73,743.		
e Z	b							
en S	C							
e a	d	l						
Program Service Revenue	е							
م ا	f	All other program service reve	enue	900099	2,153.			
$\rightarrow$	g	Total. Add lines 2a-2f			<u>75,896.</u>			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	203.		<del></del> .	203.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<b>•</b>				
			(i) Real	(ii) Personal				
	6 a							
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>D</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	9,188.	,				
- 1	b	Less cost or other basis	0.100					
		and sales expenses	9,188.					
		Gain or (loss)	0.		0			
		Net gain or (loss)			0.			
E	8 a	Gross income from fundraisin	•					
		including \$						
Other Rever		contributions reported on line	•					
je		Part IV, line 18 Less: direct expenses	а					
ŏ		•	b dravavna aventa	·				
		<ul> <li>Net income or (loss) from funda</li> <li>Gross income from gaming ad</li> </ul>	_		<del> </del>	<del>                                     </del>		
	9 6	Part IV, line 19						
		Less direct expenses	a b					
		Net income or (loss) from gan	_					
		a Gross sales of inventory, less						<del>                                     </del>
	10 2	and allowances		]				
		Less. cost of goods sold	a b					
		Net income or (loss) from sale	_	` <b>`</b>				
		Miscellaneous Revent		Business Code	-			<u> </u>
	11 a			Dusiness Code				
	t							<del>  -</del> -
		All other revenue						<del>-</del>
	_	Total. Add lines 11a-11d		<b>•</b>				
		Total revenue See instructions	•		555 928	75.896.	0	203

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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 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 467,060. 467,060. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 31,061. 31,061 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management 50. 50. Legal 9,127. 9,127 Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 1,334. 1,334 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 166. 166. 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 15,132. 15,132. CONTRACT SERVICES 3,958. EXCHANGE RATE GAINS AND 3,958. GALA 3,182. 3,182. d MEMBERSHIPS & DUES 2,567. 2,567 4,281. 4,281. e All other expenses Total functional expenses. Add lines 1 through 24e 537,918. 503,675. 31,061 3,182. 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 If following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

Pa	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		332,093.	1	156,019.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	8,800.
	4	Accounts receivable, net			4	1,502.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
	]	trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	372.
ĕ	8	Inventories for sale or use	ſ		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		0.	15	86.
	16	Total assets. Add lines 1 through 15 (must equa	ai line 34)	332,093.	16	166,779.
	17	Accounts payable and accrued expenses		0.	17	9,386.
	18	Grants payable		327,573.	18	134,863.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Ħ		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	<del></del>
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
	İ	Schedule D	-		25	
	26	Total liabilities. Add lines 17 through 25		327,573.	26	144,249.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an	d 34.	4 500	1	00 500
<u>a</u>	27	Unrestricted net assets	-	4,520.		22,530.
Bal	28	Temporarily restricted net assets	-	<del></del>	28	
Net Assets or Fund Balances	29	Permanently restricted net assets		·	29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
s or		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	ļ.		30	
As	31	Paid-in or capital surplus, or land, building, or ec	To the second se	<del></del>	31	
šet	32	Retained earnings, endowment, accumulated in	come, or other funds	4 500	32	00 500
_	33	Total net assets or fund balances	-	4,520.		22,530.
	34_	Total liabilities and net assets/fund balances		332,093.	34	166,779.

orm	990 (2013)USA_FOUNDATION	20-4	693405	Pag	<u>je 12</u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>_</u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>55</u> 5	9	<u> 28.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	537	7,9	<u> 18.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	18	3,0	<u> 10.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>, 5</u>	20.
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	327	7,5	73.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-327	7,5	73.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ļ			
	column (B))	10	22	2,5	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		
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 reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basıs,	1	Ì	Ì
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	t		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	:		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

2013

pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE AUSTRALIAN INDEPENDENT SCHOOLS Employ

Employer identification number 2.0 – 4.6 9.3 4.0 5

			USA FOU							20	0-4693	405	,
Pa	ırt I	Reason	for Public Char	ity Status (All organiza	ations mus	st complete	e this part	.) See ınst	ructions				
Γhe	organi	zation is not a	private foundation	because it is (For lines 1	through 1	1, check o	only one b	ox)	•				
1		A church, cor	vention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2				<b>0(b)(1)(A)(ii).</b> (Attach Scl									
3				tal service organization of		n section	170(b)(1)(	A)(iii).					
4				operated in conjunction v					(b)(1)(A)(ii	i). Enter t	he hospital	s nan	ne.
		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).											
	$\overline{\mathbf{x}}$			eives a substantial part o					r from the	general i	oublic desci	rıbed	ın
		-	b)(1)(A)(vi). (Comple	•			<b>J</b>			3			
8				ection 170(b)(1)(A)(vi). (	Complete	Part II )							
9		-		eives (1) more than 33 1		•	om contri	butions. m	embershii	o fees. ar	nd aross rec	eipts	from
				nctions - subject to certa									
				axable income (less sect									
			509(a)(2), (Complete	·		,			,			.,	-
10			• • • • • • • • • • • • • • • • • • • •	erated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	1).				
11			= :	perated exclusively for th	-	-			-	out the	purposes o	f one	or
				itions described in section									
				organization and comple				•	•				
		a Type I	<b>b</b> 🗀 Ty	pe II c Ty	pe III - Fur	nctionally i	ntegrated	d	Тур	e III - Nor	n-functionall	y inte	grated
е		By checking t	this box, I certify tha	t the organization is not	controlled	directly or	rindirectly	by one or	more disc	qualified i	persons oth	er tha	an
		foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	)(a)(1) or	section 509	(a)(2)	
f				ten determination from t		_							
			rganization, check th			•	•	•					
ç	I			rganization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (	ıi) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
r	1	Provide the fo	ollowing information	about the supported org	ganızatıon(	(s).					·		
(i	) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls organizatio	the	(vii) Amount	of mo	netary
•		inization	, ,	(described on lines 1-9	in col. (i) lis		organizat		l (i) organiz	ed in the I	sup		
				above or IRC section (see instructions))	governing	document?	(i) of you	support	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
									ļ				
					<del> </del>	<del> </del>							
						]							
											•		

THE AUSTRALIAN INDEPENDENT SCHOOLS 20-4693405 Page 2 Schedule A (Form 990 or 990-EZ) 2013 USA FOUNDATION 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 262,899. 497,180. 561,223. 553,592 include any "unusual grants.") 113,765. 1.988.659. 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 113,765. 497,180. 262,899. 561,223. 553,592. 4 Total. Add lines 1 through 3 1.988.659. 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) 923,401. 6 Public support. Subtract line 5 from line 4 1,065,258, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 113,765 262,899. 497,180. 561,223. 553,592 7 Amounts from line 4 1,988,659, Gross income from interest. dividends, payments received on securities loans, rents, royalties 27 54 108 446 203 and income from similar sources 838. 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 48,714 9,690 assets (Explain in Part IV.) 58,404. 11 Total support. Add lines 7 through 10 2,047,901. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 52.02 14 % 47.20 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons xstop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013

#### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-	•	1				
	iness under section 513						
4	Tax revenues levied for the organ-						Ì
	ızatıon's benefit and either paid to			]			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				İ		1
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
Ł	Unrelated business taxable income			· · · · <u>-</u>			
	(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			1			
12	Other income. Do not include gain			<del> </del>			
	or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo		's first second the	rd fourth or fifth:	tav vear as a secti	on 501(c)(3) organi	zation
1-4	check this box and stop here	Title Organization	S III St, Second, till	ia, ioaitii, oi iiitii	tax year as a secti	on sortogo, organi	zation,
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
	Public support percentage for 2013			column (fl)		15	%
		•		Column (1))		16	% %
16 Se	ction D. Computation of Inve					1 10 1	70
						17	
	Investment income percentage for 2			e 13, coluinii (1))		17	% %
18	·			on line 14 and lin	00 15 10 mara +h		
19	a 33 1/3% support tests - 2013. If the						<b>▶</b>
	more than 33 1/3%, check this box a	•	-				
	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, ch		•				
<u>20</u>	Private foundation. If the organization	<u>on did not check a</u>	a box on line 14, 19	ea, or 19b, check	tnis box and see ii	nstructions	

Schedule A	(Form 990 or 990-EZ) 2013 USA FOUNDATION	<u>20-4693405 Page 4</u>
Part IV	(Form 990 or 990-EZ) 2013 USA FOUNDATION  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 1	7b; and Part III, line 12.
		,
	Also complete this part for any additional information. (See instructions)	
		<del></del>
		4
		<del>-</del>
		<del>-</del> ·
	W	
		- <del></del>

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE AUSTRALIAN INDEPENDENT SCHOOLS

TICA FOINDATION

**Employer identification number** 20-4693405

Par	OSA FOUNDATION  Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ends
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
6	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or donor advisor, or for any other purpose come	Yes No
Par		ganization answered "Ves" to Form 990. Part IV	
	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	,
1	Preservation of land for public use (e.g., recreation or each of the organization)		ally important land area
	Protection of natural habitat	Preservation of a certified I	• •
		Freservation of a certified i	HISTORIC STRUCTURE
_	Preservation of open space	find appearation contribution in the form of a	concentration accompation the last
2	Complete lines 2a through 2d if the organization held a quality of the Assurance	med conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentration accompate		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	meture included in (a)	2b
c	Number of conservation easements on a certified historic st	• •	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	alooged endings uplied by township to depend on the over	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year >	annual to located	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
6	Amount of expenses incurred in monitoring, inspecting, and	-	
7	Does each conservation easement reported on line 2(d) abo	-	<del></del> -
8	• • • • • • • • • • • • • • • • • • • •	we satisfy the requirements of section 170(f)(4)	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.	tion accompate in its revenue and expense stat	
9	include, if applicable, the text of the footnote to the organization	·	
	•	ation's imancial statements that describes the c	organization's accounting to
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	,	,
	the text of the footnote to its financial statements that desc		or pasile corrido, provido, in raic xiii,
b	If the organization elected, as permitted under SFAS 116 (A		halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition,		
	·	sudcation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1	•	. •
_	(ii) Assets included in Form 990, Part X	oggurge, or other similar casets for financial sou	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tr	<del>-</del>	n, provide
	the following amounts required to be reported under SFAS	TO (ASC 936) relating to these items	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		<b>~</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

Par	t III Organizations Maintaining C		+ Hist	orical T-	agures of C	)than		<u> ∠∪−40</u> ar Acco			ige ∠
3	Using the organization's acquisition, accessi	on, and other record	is, cneck	any of the	rollowing that are	a sign	mcant	use of its	collection	items	3
	(check all that apply)		. <del></del>								
a	Public exhibition	d			nange programs						
b	Scholarly research	е		Other							
C	Preservation for future generations	- 11 4:		- 6 - 41 41				D	VIII		
4	Provide a description of the organization's co	•		-	-	-		ose in Pan	XIII		
5	During the year, did the organization solicit of					milar as	ssets		٦,,		1
Par	to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to be s					U 40 Fo	000	<u> </u>	Yes		No
, ai	reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered ites	10 F0	m 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custod		tion, for	contribution	s or other assets	not in	oludod		<u> </u>		
Ia	on Form 990, Part X?	ian or other intermet	naiy ioi i	CONTINUE	S Of Other assets	5 1101 1130	Jiuueu		Yes		] No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle.					J 162	L	JINO
D	TOS, explain the arrangement with art Am	and complete the lo	mowing t	abic.					Amount		
С	Beginning balance						1c		_Amount		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance	•					1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?	•	-				Yes	- F	No
	If "Yes," explain the arrangement in Part XIII	•		n has been	provided in Part	XIII					j
Par											
		(a) Current year		rior year	(c) Two years ba		Three	years back	(e) Four	years	back
1a	Beginning of year balance			_							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		Ì								
	and programs										
f	Administrative expenses								,		
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered	for the	organı	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		<b></b>
b	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment '	funds							
Pal	t VI Land, Buildings, and Equipn						- 46				
	Complete if the organization answere										
	Description of property	(a) Cost or o				(c) Acci		1	(d) Bool	< value	е
	11	basis (investi	ment)	Dasis	(other)	uepre	eciation	<del>'                                    </del>			
-	Land										
	Buildings			<u>-</u> .				<del></del>			
	Leasehold improvements				-						
	Equipment	-									
	Other  Add lines 1a through 1e (Column (d) must e	naval Form 000. Par	t V solur	nn (P) line i	10(c) )						0

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 USA FOUNDAT		DENI SCHOOLS	20-	-4693405 Page 3
Part VII Investments - Other Securities.				<u>-</u>
Complete if the organization answered "Yes"	to Form 990, Part IV, II	ne 11b See Form 990, i	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value
1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11c See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value		aluation Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11d. See Form 990,	Part X, line 15	
(a)	Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		<b>•</b>	
Part X Other Liabilities.	•			
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11e or 11f See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2)			1	
(3)			1	
(4)			1	
(5)			]	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

(6) (7) (8) (9)

Schedule D (Form 990) 2013 USA FOUNDATION 20-4693405 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 555,928. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 555,928. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 555,928, Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 537,918. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments 2b b Other losses C 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 537.918. Subtract line 2e from line 1 3 3 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 Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2013

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE AUSTRALIAN INDEPENDENT SCHOOLS

USA FOUNDATION

**Employer identification number** 

20-4693405 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (c) Number of (a) Region (b) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, offices (by type) (e.g., fundraising, program is a program service, expenditures agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region in region in region SCHOLARSHIPS, FUND GRANTS TO RECIPIENT SUPPORT, & GRANTS EAST ASIA AND THE EDUCATIONAL INSTITUTIONS AWARDED TO VARIOUS PACIFIC - AU LOCATED IN REGION. RECIPIENT EDUCATIONAL 467,060. 3 a Sub-total 0 467,060. **b** Total from continuation sheets to Part I 0 ٥. c Totals (add lines 3a and 3b)

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

Schedule F (Form 990) 2013

467,060.

20-4693405

USA FOUNDATION

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA, BURMA, SIA AND THE C LIA,	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
C BURMA, ABBOTSLEIGH SIA AND THE C LIA, GENERAL SUPPORT FOR BURMA, BOND UNIVERSITY SIA AND THE C HEADMASTER SUPPORT SIA AND THE BURMA, FOR BOND UNIVERSITY SIA AND THE HAZELHURST C SCHOLARSHIP FOR LIA, SCHOOL SIA AND THE GENERAL SUPPORT FOR LIA, GELONG GRAMMAR BURMA, SCHOOL SIA AND THE GENERAL SUPPORT FOR LIA, GELONG GRAMMAR BURMA, SCHOOL SIA AND THE GENERAL SUPPORT FOR LIA, GELONG GRAMMAR BURMA, SCHOOL SIA AND THE GENERAL SUPPORT FOR LIA, GELONG GRAMMAR BURMA, SCHOOL SIA AND THE SIA AND THE C SIA AND THE SIA AND THE COLLEGE BUILDING SIA AND THE SIA			EAST ASIA AND THE						
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DOMEN, FOR MENTINGTON CONDUCT LAND, ALCOHOLDING			BRUNEI, BURMA,	FOR NEWINGTON COLLEGE	1,000	- 1	0.		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

SCHOOLS	
INDEPENDENT	
AUSTRALIAN	FOUNDATION
THE	USA

Schedule F (Form 990)	THE A	THE AUSTRALIAN IN USA FOUNDATION	INDEFENDENT SCHOOLS	CII	20-4693405	93405		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States. (	Schedule F (Form 99	30), Part II, line 1)		
<u> </u>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(e) Amount (f) Manner of of cash grant cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		. З	GENERAL SUPPORT FOR		,	•		
		BRUNEI, BURMA,	NEWINGTON COLLEGE	55,250.W	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC -						
		AUSTRALIA,	BURSARY FUND FOR ST.					
		BRUNEI, BURMA,	ALOYSIUS' COLLEGE	1,050.W	WIRE TRANSFER	0		
		EAST ASIA AND THE						
		PACIFIC -						,
•		14	Œ	3 000 38	deasweam salw	c		
		BKUNET, BUKMA,	SI. ALCISIUS COLLEGE		TUE TUUNISTER			
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,				•		
		BRUNEI, BURMA,	IGNATIUS, COLLEGE	1,000,1	WIRE TRANSFER	0		
		EAST ASIA AND THE	ST. IGNATIUS' COLLEGE					
		PACIFIC -	- RIVERVIEW IN HONOR					
		AUSTRALIA,	OF JOHN SOUTHTON					
		BRUNEI, BURMA,	BURSARY FUND	200.W	WIRE TRANSFER	0		
		EAST ASIA AND THE	ST. IGNATIUS' COLLEGE					
		PACIFIC -	- RIVERVIEW REGISTRAR					
		AUSTRALIA,	FOR ABORIGINAL BOY TO			•		
		MAN A	JOIN IN 2015	3,800.	WIRE TRANSFER	0		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	GENERAL SUPPORT FOR					
		BRUNEI BURMA	ST, IGNATIUS' COLLEGE	13,560.W	WIRE TRANSFER	0		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	CRANBOOK - RUGBY			•		
		BRUNEI, BURMA,	ACADEMY	5,000.W	WIRE TRANSFER	o		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	SCHOLARSHIP FOR	1		•		
		BRUNEI BURMA	CRANBOOK	100.M	100 MIRE TRANSFER	0		

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Page 2		otion (i) Method of she valuation (book, FMV, appraisal, other)																													
	line 1)	nt of (h) Description of non-cash assistance		0			•			0				0.				0			0.	 	<del></del>	0.				0.			
20-4693405	990), Part II,	(g) Amount of non-cash assistance																													
20-4	Schedule F (Form	(f) Manner of cash disbursement		WIRE TRANSFER			WIRE TRANSFER			WIRE TRANSFER				WIRE TRANSFER				WIRE TRANSFER			WIRE TRANSFER			WIRE TRANSFER				WIRE TRANSFER			
	United States.	(e) Amount of cash grant		1,000			5 000			10,419.				24,208,				1,100.			73,000,			35,025,				096			
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	HEADMASTER SUPPORT	FOR CRANBOOK			GENERAL SUPPORT FOR CRANBOOK			GENERAL SUPPORT FOR ST. PETERS COLLEGE	:		GENERAL SUPPORT FOR	WENONA			GENERAL SUPPORT FOR	WESLEY COLLEGE		dog macadis ivaawas	XAVIER COLLEGE		YALARI - EDUCATION OF	INDIGENOUS YOUTH			GENERAL SUPPORT FOR	YALARI		GENERAL SUPPORT FOR	WESTBOURNE GRAMMAR
FOUNDATION	Assistance to Organiza	(c) Region	EAST ASIA AND THE PACIFIC - AUSTRALIA	BRUNEI, BURMA,	EAST ASIA AND THE	PACIFIC -	AUSTRALIA, RRIMET BIRMA	EAST ASIA AND THE	PACIFIC -	AUSTRALIA, BRUNEI BURMA		PACIFIC -	AUSTRALIA,	BRUNEI BURMA	EAST ASIA AND THE	PACIFIC -		BRUNEI BURMA	EAST ASIA AND THE	PACIFIC	BRUNEI BURMA	PACIFIC -	AUSTRALIA,	BRUNEI, BURMA,	EAST ASIA AND THE	PACIFIC -	AUSTRALIA,	BRUNEI BURMA	EAST ASIA AND THE	PACIFIC -	AUSTRALIA,
USA F	f Grants and Other	(b) IRS code section and EIN (if applicable)																													
Schedule F (Form 990)	Part II Continuation o	1 (a) Name of organization																													

THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION

•	•	'						
Page 2		(i) Method of valuation (book, FMV, appraisal, other)						
	()	(h) Description of non-cash assistance						
20-4693405	90), Part II, line 1	(g) Amount of non-cash assistance	0	0				
20-46	(Schedule F (Form 9	(f) Manner of cash disbursement	5,000, WIRE TRANSFER	WIRE TRANSFER				
CITY	United States.	(e) Amount of cash grant	5,000	25,000.				
INDEFENDENT SCHOOLS	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	GENERAL SUPPORT FOR ST, JOSEPH'S COLLEGE	GENERAL SUPPORT FOR SHORE FOUNDATION				
THE AUSTRALIAN IN USA FOUNDATION	Assistance to Organiza	(c) Region	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI BURMA	тне				
USA F	f Grants and Other	(b) IRS code section and EIN (if applicable)						
Schedule F (Form 990)	Continuation of	<u>j</u> e						
Schedu	Part II	1 (a) Na						

THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Page 3

20-4693405

	(g) Description of non-cash assistance (book, FMV, appraisal, other)					
3 7 7	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	d) Amount of cash grant					
	(c) Number of (d) Amount of recipients cash grant					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

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

USA FOUNDATION 20-4693405 Schedule F (Form 990) 2013 Page 4 **Foreign Forms** Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No. Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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 a U.S. Owner (see Instructions for Forms 3520 and 3520-A) . . . . . . 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 Yes X No Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a 4 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 Fund. Yes X No (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Yes X No Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2013

Yes X No

6

for Form 5713)

20-4693405 Schedule F (Form 990) 2013 USA FOUNDATION Page 5 Supplemental Information 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 PART I, LINE 3, COLUMN (E): REGION: EAST ASIA AND THE PACIFIC - AU (E) SPECIFIC TYPES OF SERVICES IN REGION: SCHOLARSHIPS, FUND SUPPORT, & GRANTS AWARDED TO VARIOUS RECIPIENT EDUCATIONAL INSTITUTIONS LOCATED WITHIN THE REGION. PART I, Q2 PROCEDURES FOR MONITORING GRANTS EXPLANATION: THE GRANTS ARE MONITORED BY PERSONAL VISITS TO THE SCHOOLS BY A BOARD MEMBER. THE SCHOOLS ARE REQUIRED TO SEND LETTERS DESCRIBING THE USE OF THE AWARD, REQUEST PERMISSION TO USE FOR ANYTHING OTHER THAT PURPOSE AWARDED, AND RETURN UNUSED FUNDS AFTER A SPECIFIC TIME PERIOD.

#### **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

#### Transactions With Interested Persons

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

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE AUSTRALIAN INDEPENDENT SCHOOLS FOUNDATION 20-4693405 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In (i) Written principal amount default? agreement? interested person with organization of loan organization? To From Yes Yes No No Yes No ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between interested person and assistance assistance assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

THE AUSTRALIAN INDEPENDENT SCHOOLS Schedule L (Form 990 or 990-EZ) 2013 USA FOUNDATION 20-4693405 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (c) Amount of (a) Name of interested person òrganızatıon's person and the organization transaction transaction revenues? Yes No MARISUE TAUBE INTERESTED PERSON 31,061.COMPENSATIO X Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MARISUE TAUBE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: INTERESTED PERSON IS SECRETARY/TREASURER OF ORGANIZATION (D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR SERVICES

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ 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

OMB No 1545-0047

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION

Employer identification number 20-4693405

ODA FOUNDATION 20 4075405
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AUSTRALIAN AND UNITED STATES EDUCATIONAL INSTITUTIONS.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THERE ARE NO OTHER COMMITTEES THAT ACT ON BEHALF OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS REVIEWED BY THE BOARD CHAIR AND TREASURER BEFORE
THE 990 IS FILED. THE BOARD CAN REQUEST A COPY OF THE 990 UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE POLICY IS MONITORED BY THE BOARD AS A WHOLE AND BY EACH
INDIVIDUAL BOARD MEMBER.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON
REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
SECTION 481 ADJUSTMENT FROM FORM 3115, SEE SCH O
EXPLANATION -327,573.

# Form **3115**

(Rev December 2009)
Department of the Treasury
Internal Revenue Service

# Application for Change in Accounting Method

OMB No 1545-0152

	Revenue Service						
Name	of filer (name of parent corporation if a consolidate	ed group) (see instructions)	Identification number (see instructions)				
The Australian Independent Schools USA Foundation			Principal business activity code number (see instructions	20-4693405			
			N/A	,			
Number, street, and room or suite no. If a P.O. box, see the instructions				01/2013			
	ansing Station Rd			31/2013			
	town, state, and ZIP code		Name of contact person (see instructions)				
Lans	ing of applicant(s) (if different than filer) and identifica	NY 14882	Marisue Taube	t			
Hailic	or applicant(s) (if different than filer) and identifica	mon number(s) (see instructions)	Contact person's telep (607)-533-9492	none num	per		
If the	applicant is a member of a consolidate	ed group, check this boy	1(001)-333-8492		<del></del>		
_					<u></u>		
		ration of Representative,	is attached (see instructions for when Form 2848 is	<u> </u>	1		
	red), check this box . :k the box to indicate the type of app	nlicant	Charly the appropriate here to indicate the	4	<u> </u>		
	• • • • • • • • • • • • • • • • • • • •		Check the appropriate box to indicate the accounting method change being reques				
=	ndividual	Cooperative (Sec 1	(see instructions)	tea.			
=	Corporation	Partnership	ĺ',				
	Controlled foreign corporation	S corporation	Depreciation or Amortization				
_ (	Sec 957)	Insurance co (Sec	· · · · · · -	tivities			
$\bigsqcup^{\prime}$	10/50 corporation (Sec 904(d)(2)(E))	Insurance co (Sec	831) of Financial Institutions				
_	Qualified personal service	Other (specify) ▶	Other (specify) ▶				
	corporation (Sec 448(d)(2))						
X E	Exempt organization Enter Code sect	ion ▶ 501(c)(3)					
Cauti	on. To be eligible for approval of the reque	sted change in method of ac	ecounting, the taxpayer must provide all information that is rel	evant to ti	he		
ınstru	yer or to the taxpayer's requested change is ctions), as well as any other information tha	n method of accounting. This	s includes all information requested on this Form 3115 (included	ling its			
	ne taxpayer must attach all applicable su						
Par							
1			e number for the requested automatic change. Enter	Yes	No		
	only one designated automatic accounting	g method change number, e:	xcept as provided for in guidance published by the				
IRS If the requested change has no designated automatic accounting method change number, check "Other," and provide							
both a description of the change and citation of the IRS guidance providing the automatic change. See instructions							
	▶ (a) Change No <u>122</u> (	(b) Other Description	1 <b>&gt;</b>		1		
2	Do any of the scope limitations descr	ibed in section 4 02 of Re	ev Proc 2008-52 cause automatic consent to be				
	unavailable for the applicant's reques				X		
	. Complete Part II below and then Part		A through E of this form (if applicable)				
	III Information For All Reque			Yes	No		
3			ess to which the requested change relates, or				
	terminate its existence, in the tax year	- ,	•		X		
<i>1</i> a			automatic change request procedures	1	1		
4 a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)?					X		
	If "No," go to line 5	siai income tax retain(s) i	drider examination (see matractions):		<del>  ^-</del> -		
b		cant is requesting to char	nge an issue (with respect to either the applicant or				
			nt was a member during the applicable tax year(s))				
	either (i) under consideration or (ii) pl				X		
		Signature (see	e instructions)				
Under	penalties of perjury, I declare that I have examine	d this application, including acco	ompanying schedules and statements, and to the best of my knowledge rect, and complete Declaration of preparer (other than applicant) is ba	and belief	<b>'</b> ,		
inform	ation of which preparer has any knowledge	and application, and it to troo, con	rea, and complete bedaration of preparer (other than applicant) is ba	seu on an			
$\checkmark$	File	1 . 1	Preparer (other than filer/applicant)				
		5/12/14	D-REUL CAR 5-	7.14			
	Signature and date	<del></del>	signature of Individual preparing the application and	date			
Char	les Grant Vi	ce Chairman	David E Iles				
Name and title (print or type)  Name of individual preparing the application (print or				type)			
			Sciarabba Walker & Co , LLP	-			
			Name of firm preparing the application				
			the first state of the state of				

Form 3	115 (Rev 12-2009)					20-	4693405	P	Page 2
Part	III Information For All R	eq	uests (contin	ued)				Yes	No
									1
4 C	Is the method of accounting the			-	-	_			
	the applicant or any present or						a member during the		×
d	applicable tax year(s)) for any to Is the request to change the me	-					aguiring that the		<del>  ^-</del>
u	operating division director cons				· ·		equiling that the		Х
	If "Yes," attach the consent stat		_	•	i (see instruction	ms) r .	•		├^
е	Is the request to change the me				od under the 90	-day or 12	n-day window neriod?		Х
•	If "Yes," check the box for the a								<u> </u>
	90 day 120 day D					a o	mone (occ monachono)		
f	If you answered "Yes" to line 4a				one number of	the exami	ning agent and the tax		
	year(s) under examination	•		•					
	Name ▶		Telephon	e number	<b>•</b>	Ta	ax year(s) ▶		
g	Has a copy of this Form 3115 b	eer				ied on line	4f?	N.	Ά
5 a	Does the applicant (or any pres	ent	or former con	solidated g	roup in which th	ne applicai	nt was a member during		
	the applicable tax year(s)) have								X
	If "Yes," enter the name of the	(che	eck the box)	App	eals officer and	/ог 🔲 со	unsel for the government,		
	telephone number, and the tax	-		-					
	Name ▶		<del></del>				ax year(s) ▶		
b	Has a copy of this Form 3115 b	eer	n provided to t	he Appeals	officer and/or	counsel for	the government identified		l <u>.</u>
	on line 5a?					•		N	<u> </u>
С	Is the method of accounting the								
	a Federal court (for either the a						n which the applicant was a		- V
	member for the tax year(s) the If "Yes," attach an explanation	app	oncant was a n	iember) (se	e instructions)	,		$\vdash$	X
6	If the applicant answered "Yes"	' to	line 4a and/or	5a with res	nect to any nre	cent or for	mer consolidated group		
Ū	attach a statement that provide								
	and (d) tax year(s) during which								
	and/or before a Federal court						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	If, for federal income tax purpos	ses.	the applicant	ıs either ar	entity (includir	ng a limited	l liability company) treated as		
-	a partnership or an S corporation								
	consideration in an examination		-	_			_		
	return of a partner, member, or					•		_ N	Α
	If "Yes," the applicant is not elig	gıbl	e to make the	change					
8 a	Does the applicable revenue pr	roce	dure (advanc	e consent d	r automatic coi	nsent) state	e that the applicant does not		
	receive audit protection for the	req	uested change	e (see instr	uctions)?				Х
b	If "Yes," attach an explanation								
9 a	Has the applicant, its predeces	sor,	or a related p	arty reques	sted or made (u	nder eithe	r an automatic change		
	procedure or a procedure requi	ırıng	advance con	sent) a cha	nge in method	of account	ing within the past 5 years		
	(including the year of the reque	ste	d change)?						Х
b	If "Yes," for each trade or busin				•	_	method of accounting		
	(including the tax year of change								1
С	If any application was withdraw		-			-			
	signed and returned to the IRS	, or	the change w	as not mad	e or not made i	n the requ	ested year of change, attach		
	an explanation								
10 a	• • • • • •					-		ļ	
	concurrently filed request) for a	-		-		-		ļ	X
b	If "Yes," for each request attach								1
	type of request (private letter ru	ılıng	, change in m	ethod of ac	counting, or te	chnical adv	rice), and the specific issue(s)		1
	in the request(s)								L
11	Is the applicant requesting to cl		-		_	•		Х	<u> </u>
	If "Yes," check the appropriate					ent and pr	oposed methods of		1
	accounting Also, complete Sch	<u>red</u>		4 of this fo	1				1
	Present method:	L	Cash	<u>.                                    </u>	Accrual		Hybrid (attach description)		1
	Proposed method:		Cash	X	Accrual		Hybrid (attach description)	, ,	1

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	Part II Information For All Requests (continued)	Yes	No
12	, , , , , , , , , , , , , , , , , , ,		
	accounting and also changing to a special method of accounting for one or more ite	tems, attach a detailed and	1
_	complete description for each of the following		
	( )		
C	<ul> <li>b The applicant's present method for the item(s) being changed</li> <li>c The applicant's proposed method for the item(s) being changed</li> </ul>		
	d The applicant's present overall method of accounting (cash, accrual, or hybrid)		
13		es) and the principal husiness	
	activity code for each. If the applicant has more than one trade or business as defir		
	1 446-1(d), describe whether each trade or business is accounted for separately, t	_	
	provided by each trade or business and any other types of activities engaged in that	at generate gross income; the	
	overall method of accounting for each trade or business, and which trade or busine	ess is requesting to change its	
	accounting method as part of this application or a separate application N/A		
14	, ,		
	statements? For insurance companies, see the instructions	. <u>X</u>	<b>-</b>
	If "No," attach an explanation		
15 a	<b>5 a</b> Has the applicant engaged, or will it engage, in a transaction to which section 381(a		
	reorganization, merger, or liquidation) during the proposed tax year of change dete	ermined without regard to	+
	any potential closing of the year under section 381(b)(1)?	·	<u> </u>
b	b If "Yes," for the items of income and expense that are the subject of this application		
	identifying the methods of accounting used by the parties to the section 381(a) transfer and the method(s) that would be required		
	(c)(5) absent consent to the change(s) requested in this application	1 by section 30 N(c)(4) of	
16		onoses an adverse response?	X
17			<del>  ^</del>
••	of accounting for any property subject to section 263A, any long-term contract subj		
	inventories subject to section 474, enter the applicant's gross receipts for the 3 tax		
	change N/A		
	13//3	preceding	
		ended mo yr	
D	\$ \$		
Par	NEW INFORMATION FOR Advance Concept Demicat	V-	NI.
40	Part III Information For Advance Consent Request	Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue	ruling, notice, regulation, or	
18	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?	ruling, notice, regulation, or	No NA
18	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its request	ruling, notice, regulation, or	
18 19	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its request request procedures	ruling, notice, regulation, or st under advance consent	
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19 20 21 22 23 a b Par	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its request request procedures  Attach a full explanation of the legal basis supporting the proposed method for the detailed and complete description of the facts that explains how the law specifically situation and that demonstrates that the applicant is authorized to use the proposed (statutes, regulations, published rulings, court cases, etc.) supporting the proposed discussion of the contrary authorities or a statement that no contrary authority exist.  Attach a copy of all documents related to the proposed change (see instructions). Attach a statement of the applicant's reasons for the proposed change.  If the applicant is a member of a consolidated group for the year of change, do all consolidated group use the proposed method of accounting for the item being chart if "No," attach an explanation.  Enter the amount of user fee attached to this application (see instructions).  If the applicant qualifies for a reduced user fee, attach the required information or control of the applicable revenue procedure, revenue ruling, notice, regulation, or other published.	st under advance consent  Item being changed Include a y applies to the applicant's ed method Include all authority dimethod Also, include either a sits  other members of the anged?  certification (see instructions)  Yest guidance require the applicant to	N/A
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20 21 22 23 a b Par 24	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its request request procedures  Attach a full explanation of the legal basis supporting the proposed method for the detailed and complete description of the facts that explains how the law specifically situation and that demonstrates that the applicant is authorized to use the proposed (statutes, regulations, published rulings, court cases, etc.) supporting the proposed discussion of the contrary authorities or a statement that no contrary authority exist attach a copy of all documents related to the proposed change (see instructions).  Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all a consolidated group use the proposed method of accounting for the item being chart if "No," attach an explanation.  The retreatment of user fee attached to this application (see instructions).  The retreatment of user fee attached to this application (see instructions).  The retreatment of user fee attached to this application, or other published implement the requested change in method of accounting on a cut-off basis rather than a if "Yes," do not complete lines 25, 26, and 27 below.  Enter the section 481(a) adjustment. Indicate whether the adjustment is an increasing income.	ruling, notice, regulation, or st under advance consent eitem being changed include a y applies to the applicant's ed method include all authority d method Also, include either a sits  other members of the inged?  \$ certification (see instructions)  Ye d guidance require the applicant to a section 481(a) adjustment?  se (+) or a decrease (-) in in explanation of the	N/A
20 21 22 23 a b Par 24	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its reques request procedures  Attach a full explanation of the legal basis supporting the proposed method for the detailed and complete description of the facts that explains how the law specifically situation and that demonstrates that the applicant is authorized to use the proposed (statutes, regulations, published rulings, court cases, etc.) supporting the proposed discussion of the contrary authorities or a statement that no contrary authority exist.  Attach a copy of all documents related to the proposed change (see instructions). Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all consolidated group use the proposed method of accounting for the item being chart if "No," attach an explanation.  Enter the amount of user fee attached to this application (see instructions). If the applicant qualifies for a reduced user fee, attach the required information or control to the section 481(a). Adjustment  Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published implement the requested change in method of accounting on a cut-off basis rather than a lif "Yes," do not complete lines 25, 26, and 27 below.  Enter the section 481(a) adjustment. Indicate whether the adjustment is an increas income.  -327,573_Attach a summary of the computation and armethodology used to determine the section 481(a) adjustment. If it is based on mo	ruling, notice, regulation, or st under advance consent eitem being changed include a y applies to the applicant's ed method include all authority d method Also, include either a sits  other members of the inged?  \$ certification (see instructions)  Ye d guidance require the applicant to a section 481(a) adjustment?  se (+) or a decrease (-) in in explanation of the ore than one component,	N/A
20 21 22 23 a b Par 24	Is the applicant's requested change described in any revenue procedure, revenue other published guidance as an automatic change request?  If "Yes," attach an explanation describing why the applicant is submitting its request request procedures  Attach a full explanation of the legal basis supporting the proposed method for the detailed and complete description of the facts that explains how the law specifically situation and that demonstrates that the applicant is authorized to use the proposed (statutes, regulations, published rulings, court cases, etc.) supporting the proposed discussion of the contrary authorities or a statement that no contrary authority exist attach a copy of all documents related to the proposed change (see instructions).  Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all a consolidated group use the proposed method of accounting for the item being chart if "No," attach an explanation.  The retreatment of user fee attached to this application (see instructions).  The retreatment of user fee attached to this application (see instructions).  The retreatment of user fee attached to this application, or other published implement the requested change in method of accounting on a cut-off basis rather than a if "Yes," do not complete lines 25, 26, and 27 below.  Enter the section 481(a) adjustment. Indicate whether the adjustment is an increasing income.	ruling, notice, regulation, or st under advance consent eitem being changed Include a y applies to the applicant's ed method Include all authority d method Also, include either a sits  other members of the inged?  \$ certification (see instructions)  Ye d guidance require the applicant to a section 481(a) adjustment?  se (+) or a decrease (-) in an explanation of the ore than one component, for the method change on	N/A

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Part			Yes	No		
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take t	he				
	entire amount of the adjustment into account in the year of change?		N	/A		
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a					
	consolidated group, a controlled group, or other related parties?		N	/Α		
	If "Yes," attach an explanation					
Sche	dule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be con	npleted	)			
Par			<del>'</del>			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None "	Also att	ach a			
·	statement providing a breakdown of the amounts entered on lines 1a through 1g		2011 Q			
			Amoun	t		
a	Income accrued but not received (such as accounts receivable)	\$				
b	Income received or reported before it was earned (such as advanced payments). Attach a description of					
	the income and the legal basis for the proposed method					
C	Expenses accrued but not paid (such as accounts payable)		3	27,573		
d	Prepaid expenses previously deducted					
е	Supplies on hand previously deducted and/or not previously reported					
f	Inventory on hand previously deducted and/or not previously reported Complete Schedule D, Part II					
g	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the					
_	calculation of the section 481(a) adjustment					
h	Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an increase (+)					
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			.07 .70		
	line 25	\$	3	27,573		
2	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	☐ Ye		X No		
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if ap					
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting metho	-				
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted					
	Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in					
	1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attac	h a stat	ement	İ		
	explaining the differences					
Part				_		
	ants requesting a change to the cash method must attach the following information					
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and it	material	3			
_	and supplies used in carrying out the business					
_2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code	or regul	<u>ations</u>	<del></del>		
Sche	dule B—Change to the Deferral Method for Advance Payments (see instructions) N/A					
1	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of	of Rev F	roc			
	2004-34, 2004-1 C B 991, attach the following information					
	A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34	_				
b	If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required	by section	on			
_	8 02(3)(a)-(c) of Rev Proc 2004-34	4				
С	If the applicant is filing under the advance consent provisions of Rev. Proc 97-27, the information required by se	ection				
2	8 03(2)(a)-(f) of Rev Proc 2004-34	ootion				
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulations s 1 451-5(b)(1)(ii), attach the following	CCHOU				
2	A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)					
	A statement explaining what portions of the advance payments, if any, are attributable to services, whether such	SERVICE	e are			
J	integral to the provisions of goods or items, and whether any portions of the advance payments that are attributed.		3 al C			
	non-integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(		1 (3)			
c	A statement explaining that the advance payments will be included in income no later than when included in gro					
•	purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)	-5 .5001	- 101			
d	A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and	lıf so. w	hen			
	substantial advance payments will be received under the contracts, and how the exception will limit the deferral					

#### Schedule C—Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information N/A

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
  - a Valuing inventory (e.g., unit method or dollar-value method)
  - **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
  - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
  - **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

### Part II Change in Pooling Inventories N/A

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
  - a A description of the types of products produced by the applicant. If possible, attach a brochure
  - b A description of the types of processes and raw materials used to produce the products in each proposed pool
  - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
  - **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
  - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Sec	ction 263A Assets (see instructions)			11//		
Pa	art I Change in Reporting Income From Long-Term Contracts (Also co	omplete Part III	on pages 7 a	nd 8.)		
1	To the extent not already provided, attach a description of the applicant's present a	nd proposed me	thods for report	ing income		
	and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested					
	change If the applicant is a construction contractor, attach a detailed description of its construction activities					
2 8	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?				
	b If "Yes," do all the contracts qualify for the exception under section 460(e) (see inst	ructions)?		Yes No		
•	If line 2b is "No," attach an explanation	<u> </u>				
	c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion in	st_to_				
•	cost under Regulations section 1 460-4(b)?	St-10-	Yes 🗌 No			
	d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage	-of-completion n	L nethod	,		
•	under Regulations section 1 460-4(c)(2)?	-or-completion in		Yes No		
	If line 2d is "Yes," attach an explanation of what cost comparison the applicant will	use to determine		100110		
	contract's completion factor	ase to actermin	. u			
	If line 2d is "No," attach an explanation of what method the applicant is using and the	ne authority for i	te iieo			
3 .	a Does the applicant have long-term manufacturing contracts as defined in section 46			Yes No		
	b If "Yes," attach an explanation of the applicant's present and proposed method(s) o		long-	1 100 140		
	term manufacturing contracts	n accounting for	long-			
	c Attach a description of the applicant's manufacturing activities, including any require	ed installation of	f manufactured	noods		
4	To determine a contract's completion factor using the percentage-of-completion me		Thanalactarea ;	90000		
	a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)?	, J		Yes No		
	b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see se	ection 460(h)(3)	and	,		
	Regulations section 1 460-5(c))?	, out on 100(2)(0)		Yes No		
5	Attach a statement indicating whether any of the applicant's contracts are either contracts are either contracts.	st-plus long-tern	n	,		
·	contracts or Federal long-term contracts	or place long tom	•			
	art II Change in Valuing Inventories Including Cost Allocation Change	S (Also complet	o Dort III on no	200 7 and 9 )		
122			e Pan III on bac	ues / anu o i		
				jes / anu o j		
1	Attach a description of the inventory goods being changed	N/A		ges / and o )		
1 2	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed			_		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed a Is the applicant subject to section 263A? If "No," go to line 4a	N/A		Yes No		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26	N/A		Yes No		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed a Is the applicant subject to section 263A? If "No," go to line 4a	N/A		Yes No		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation	N/A		Yes No Yes No Inventory Not		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods	N/A	ions)?	Yes No Yes No Inventory Not		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO Other (attach explanation)  Valuation methods: Cost	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below  Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below  Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below  Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3 :	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)	N/A 3A (see instruct	ions)?	Yes No  Yes No  Inventory Not Being Changed		
1 2 3 :	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO Other (attach explanation)  Valuation methods: Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation)  b Enter the value at the end of the tax year preceding the year of change	N/A 3A (see instruct Inventory Be Present method	ions)?	Yes No Yes No Inventory Not Being Changed Present method		
1 2 3 :	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a Is the applicant's present inventory valuation method in compliance with section 26 If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO Other (attach explanation)  Valuation methods: Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change If the applicant is changing from the LIFO inventory method to a non-LIFO method,	N/A 3A (see instruct Inventory Be Present method	ions)?	Yes No Yes No Inventory Not Being Changed Present method		
1 2 3;	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26 if "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO Other (attach explanation)  Valuation methods: Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change If the applicant is changing from the LIFO inventory method to a non-LIFO method, instructions)	N/A 3A (see instruct Inventory Be Present method	ions)?	Yes No Yes No Inventory Not Being Changed Present method		
1 2 3;	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below  Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, instructions)  Copies of Form(s) 970 filed to adopt or expand the use of the method	N/A  3A (see Instruct  Inventory Be  Present method  attach the follow	eing Changed Proposed method	Yes No  Yes No  Inventory Not Being Changed  Present method		
1 2 3;	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below Identification methods Specific identification FIFO LIFO Other (attach explanation)  Valuation methods: Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change If the applicant is changing from the LIFO inventory method to a non-LIFO method, instructions)  Copies of Form(s) 970 filed to adopt or expand the use of the method  Only for applicants requesting advance consent. A statement describing wheth	N/A  3A (see instruct  Inventory Be Present method  attach the follower the applicant	eing Changed Proposed method wing information is changing to t	Yes No  Yes No  Inventory Not Being Changed  Present method		
1 2 3;	Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed  Is the applicant subject to section 263A? If "No," go to line 4a  Is the applicant's present inventory valuation method in compliance with section 26  If "No," attach a detailed explanation  Check the appropriate boxes below  Identification methods  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, instructions)  Copies of Form(s) 970 filed to adopt or expand the use of the method	N/A  3A (see instruct  Inventory Be Present method  attach the following a different	eing Changed Proposed method wing information is changing to timethod	Yes No  Yes No  Inventory Not Being Changed  Present method  (see		

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

#### Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

#### Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	N/A	Present method	Proposed method
1	Direct material .		
2	Direct labor .		
3	Indirect labor .		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits .		
7	Indirect materials and supplies .		_
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs .		
10	Offsite storage and warehousing costs .		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities		
	placed in service and not temporarily idle .		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance .		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses) .		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment .		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		_
24	Capitalizable service costs (including mixed service costs)	_	
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts .		
27	Interest		
28	Other costs (Attach a list of these costs ) .		

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Part	Method of Cost Allocation (see instructions) (continued)		
Secti	on C—Other Costs Not Required To Be Allocated (Complete Section C only if the	applicant is requesting	to change its
metho	od for these costs )		° N/A
		Present method	d Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4 5	General and administrative costs not included in Section B .  Income taxes	<u> </u>	<del> </del>
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B,		
	line 11		
11	Other costs (Attach a list of these costs )		
	dule E—Change in Depreciation or Amortization (see instructions) N/A		
	cants requesting approval to change their method of accounting for depreciation or an cants <b>must</b> provide this information for each item or class of property for which a chain	-	section
Note.	See the List of Automatic Accounting Method Changes in the instructions for inf	ormation regarding auto	omatic changes
undel	sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. <b>Do not</b> file Form 3	1115 with respect to cer	taın late elections
and e	lection revocations (see instructions)	_	
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (C If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(a) (1)(b) (1)(b) (1)(c) (1)(	_	Yes No
2	Is any of the depreciation or amortization required to be capitalized under any Code s	section (e.g., section	
	263A)?	, ζ.	Yes No
	If "Yes," enter the applicable section ▶	_	
3	Has a depreciation, amortization, or expense election been made for the property (e		
-	sections 168(f)(1), 179, or 179C)?	Γ	Yes No
	If "Yes," state the election made ▶	_	
4 a	To the extent not already provided, attach a statement describing the property being		description the
	type of property, the year the property was placed in service, and the property's use in	-	•
	income-producing activity	п по арриоанто пасо ч	01 000000 01
b	If the property is residential rental property, did the applicant live in the property before	re renting it? . [	Yes No
	Is the property public utility property?	Ĭ	Yes No
_ `			
5	To the extent not already provided in the applicant's description of its present method		•
	property is treated under the applicant's present method (e.g., depreciable property,		
_	Regulations section 1 162-3, nondepreciable section 263(a) property, property deductions		
6	If the property is not currently treated as depreciable or amortizable property, attach a proposed change to depreciate or amortize the property.	a statement of the facts	supporting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable	property, provide the f	ollowing
	information for both the present (if applicable) and proposed methods		
а	The Code section under which the property is or will be depreciated or amortized (e.g.		
b	The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset d		
	or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C	•	•
	under former section 168 (ACRS), an explanation why no asset class is identified for	each asset for which a	n asset class
	has not been identified by the applicant		
C	The facts to support the asset class for the proposed method		
d	The depreciation or amortization method of the property, including the applicable Co	de section (e g., 200% o	declining
	balance method under section 168(b)(1))		
е	The useful life, recovery period, or amortization period of the property		

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

f The applicable convention of the property

#### **Attachment to Form 3115**

Organization: The Australian Independent Schools USA Foundation TIN: 20-4693405 Tax Year Ended<sup>.</sup> December 31, 2013

#### Statement I -Schedule A Attachment

The organization's method of accounting for tax purposes for the period ending December 31, 2012 and all prior years was the cash basis. The organization had audited financial statements prepared for the 2012 calendar year which were reported on the accrual basis. The accrual method of accounting was used in error when preparing the 2012 Form 990. The accrual method of accounting has been used for preparing the 2013 return.

#### Statement II -Schedule A, Part I, Line 1, Detail

Expenses accrued but not paid at December 31, 2012 = \$327,573.00 consisted of grants to be paid in 2013 to various foreign educational institutions.

#### Statement III -Schedule A, Part I, Line 2

A copy of the Foundation's audited financial statements for 2012 is attached to Form 3115.

#### Statement IV -Information Required by Rev. Proc. 2011-14, Sec. 5.01

The Australian Independent Schools USA Foundation hereby agrees to all of the conditions of Rev. Proc 2011-14.

The adjustment for the grants accrued but not paid as of December 31, 2012 was erroneously taken into account on the 2012 return and was reported in the prior year. This accrued expense has been shown as a prior period adjustment on the 2013 Form 990 to correct the prior year reporting and it has also shown as an other adjustment in 2013 to take into account the Section 481 adjustment on the 2013 return.

### THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION

Ithaca, New York
FINANCIAL REPORTS
December 31, 2012

### THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION

### **DECEMBER 31, 2012**

independent Auditor's Report	1
Statement of Financial Position	2
Statement of Activities	3
Statement of Cash Flows	4
Notes to Financial Statements	5-6



Engels Certified Public Accounting, PLLC

Jay P. Engels, CPA

#### **INDEPENDENT AUDITOR'S REPORT**

**Board of Directors** The Australian Independent Schools **USA Foundation** Ithaca, New York 14850

I have audited the accompanying statement of financial position of The Australian Independent Schools USA Foundation as of December 31, 2012, and the related statements of activities, and cash flows for the year then ended. These financial statements are the responsibility of The Australian Independent Schools USA Foundation's management. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Australian Independent Schools USA Foundation as December 31, 2012, and the changes in its net assets and its cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Engels Certified Public accounting, PLLC October 15, 2013

Lansing, New York

# THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2012

• • • • • •

<u>ASSETS</u>		
Current Assets: Cash and cash equivalents Accounts receivable	\$ 332,093 	
Total Current Assets	332,093	
Total Assets	\$332,093	
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Grants payable	\$327,573	
Total Current Liabilities	327,573	
Net Assets:		
Unrestricted net assets	4,520	
Total Net Assets	4,520	
Total Liabilities and Net Assets	<b>\$</b> 332.093	

# THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2012

	-	2012
Changes in Unrestricted Net Assets:		
Public Support and Revenues:		
Public Support:		
Contributions	\$	561,223
Events	_	9,690
Total Public Support		570,913
Revenues:		
Interest/Dividends		446
Other income		
Total Revenues	_	446
Total Public Support and Revenues	-	571,359
Expenses:		
Awards and Grants		602,756
Bank fees		147
Event expenses		13,433
Loss on sale of assets		1,384
Miscellaneous		143
Total Expenses	-	617,863
Increase in Unrestricted Net Assets		(46,504)
Net Assets January 1,	_	51,024
Net Assets December 31,	\$_	4,520

# THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2012

		2012
Cash Flows from Operating Activities: Change in net assets Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	\$	(46,504)
Change in accounts receivable		-
Change in grants payable		327,573
Total Adjustments	_	327,573
Net Cash Provided by Operating Activities	_	281,069
Cash Flows from Investing Activities:	_	-0-
Cash Flows from Financing Activities:	_	-0-
Net Increase in Cash and Cash Equivalents		281,069
Cash and Cash Equivalents, January 1,	_	51,024
Cash and Cash Equivalents, December 31,	\$	332,093

## THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2012

#### Note 1 - Summary of Significant Accounting Policies

#### **Activities**

The Australian Independent Schools USA Foundation was founded in September, 2006, to support quality education for Australian and United States educational institutions. The support is generated from alumni, friends and funding organizations throughout the world. The Foundation has 29 affiliate members who are awarded grants based on applications submitted outlining the needs of the school.

#### Accounting Method

The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

#### Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations." Under SFAS No. 117, the Corporation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

#### Income Taxes

The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Foundation qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Financial Statement Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Notfor-Profit Organizations." Under SFAS No. 117, the Corporation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

#### Cash and Cash Equivalents

For purposes of the Statements of Cash Flows, all unrestricted highly liquid investments with an original maturity of three months or less are considered to be cash equivalents.

#### **Donated Services**

A number of volunteers have donated certain amounts of their time on the Foundation's behalf. However, the valuation of these services does not meet the criteria as set forth in Statement of Financial Accounting Standards (SFAS) No. 116, "Accounting for Contributions Received and Contributions Made." Therefore, no amounts have been recorded in the financial statements for donated volunteer services. However, donated services are recorded when these services meet the criteria as set forth in Statements of Financial Accounting standards (SFAS) No. 116. Donated materials are recorded as contributions at their estimated value at the date of receipt.

# THE AUSTRALIAN INDEPENDENT SCHOOLS USA FOUNDATION NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2012

#### Note 2 - Grants Payable

Grant awards take into account the "preferences" of the donor who nominate one of the 29 affiliate schools to receive funding for their grant application. All funds received and raised are distributed to participating schools on an annual basis. During the year ended December 31, 2012, a total of \$602,756 was distributed to 13 schools.

#### Note 3 - Subsequent Events

Subsequent events were evaluated through October 15, 2013, which is the date the financial statements were available to be issued.

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or THE AUSTRALIAN INDEPENDENT SCHOOLS print USA FOUNDATION 20-4693405 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 615 LANSING STATION RD City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 14882 LANSING, NY 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Return **Application** ls For Is For Code Code 07 Form 990 or Form 990-EZ Form 990-T (corporation) 80 02 Form 1041-A Form 990-BL 09 Form 4720 (individual) 03 Form 4720 (other than individual) 10 Form 990-PF 04 Form 5227 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 990-T (trust other than above) 06 Form 8870 MARISUE TAUBE • The books are in the care of ▶ 615 LANSING STATION ROAD - LANSING, NY 14882 Telephone No. ► 607-533-9492 Fax No. If the organization does not have an office or place of business in the United States, check this box \_ . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 \_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 323841 12:31-13

Form 8868 (Rev. 1-2014)

OMB No. 1545-1709

#### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

instructions.

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

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		-	<b>▶</b> X
• If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a co	orporation
require	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to request a	n extension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers A	Associated With	Certain
	al Benefit Contracts, which must be sent to the IRS in pap					
	w irs.gov/efile and click on e-file for Chanties & Nonprofits.		,		<b>3</b>	,
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	oration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete	•	
Part I o	· · · · · · · · · · · · · · · · · · ·			•		
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reques	t an exten	sion of time	- —
	come tax returns.	,	•	_	er's identifying r	number
Type or	Name of exempt organization or other filer, see instru-	ctions			ridentification nu	
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	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
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	phone No. ► 607-533-9492	111011	Fax No >	1 140	02	
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_	onrefundable credits See instructions.			3a	\$	0.
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	Balance due. Subtract line 3b from line 3a. Include your pa	-	·			_
b	y using EFTPS (Electronic Federal Tax Payment System)	<u>See ıns</u> tru	<u>ictions</u>	3c	\$	<u> </u>

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment