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Form (1900) = EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Open (৩ ি ১ চি ১৯ Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A	or the	2013 calenda	ar year, or tax year beginning	1 January	, 2013, and end	ing 31 L	ecember	, 40 1-		
B Check fapplicable		pl cab'e	C Name of organization			D Emple	oyer identification	יובלידנה		
Acor. is change			The Conversation US Inc.		46-0906774					
	Namic shar	nge	Number and street (or P O. box, if mail is not de	hone number						
	In. La return 25 Faifax Street						617-797-4025			
님	Terminated		City or town, state or province, country, and Zi	P or foreign postal code		F Grou	p Exemption			
H	Ame hied Application		West Newton, MA, 02465				ber ▶			
		ing Method.	Cash Accrual Other (specify	\ >		H Check	► ☐ If the orgal			
	Nebsite	•	nversation.com		· · · · · · · · · · · · · · · · · · ·		to attach Sched			
			eck only one) — 2 501(c)(3) 501(c) () ◄ (insert no) ☐ 494	7(a)(1) or 52	1	90, 990-EZ, or 99			
					Other	7 (0.777-0.7				
		organization	7b, to line 9 to determine gross receipts 1			if total accets				
ا ب رمن	et l'acti	s ob, oc, and	w) are \$500,000 or more, file Form 990 inst	ead of Form 990-F7	o,000 or more, or	ii totai assets	• •			
_	1 1 1 7 1				Palanaan (sa	the instruc	tions for Day			
			e, Expenses, and Changes in Ne							
	- -		the organization used Schedule O			Part I				
	1		ons, gifts, grants, and similar amounts				1			
	2		ervice revenue including government				2	<u> </u>		
	3	Membersh	ip dues and assessments				3	0		
	4	Investmen	t income				4	C		
	5a	Gross amo	ount from sale of assets other than inv	entory	5a	0				
	5	Less: cost	or other basis and sales expenses .		5b	0	. ,			
	3	Gain or (lo	ss) from sale of assets other than inve	entory (Subtract line 51	b from line 5a)		5c	?		
	6		nd fundraising events							
	a Gross income from gaming (attach Schedule G if greater than									
9	i				6a	0				
Revenue		Gross inco	ome from fundraising events (not inclu	dına \$	o of contrib	outions	· •			
<u>@</u>			raising events reported on line 1) (att				<i>.</i> ** •			
!!	i		ch gross income and contributions ex		6b	0				
			ct expenses from gaming and fundrais		6c	0	144. 10.14			
	¹ d		ne or (loss) from gaming and fundrals			_	, , ,			
		line 6c)					6d	0		
	70	•	es of inventory, less returns and allowa	ancae	7a	0	\$18.7°			
	7a		of goods sold		7b	0				
	b			httract line 7h from line		<u>_</u>	7c	•		
_	C	Other review	fit or (loss) from sales of inventory (Su enue (describe in Schedule 9)	Dupot inte 70 from int	era)		8			
	8	Unier reve	enue (describe in scriedure 9)				9	0		
3 —	9		enue. Add lines 1, 2, 3, 4, 5c, 6d; 7c, a		· · · · ·	·· · · · ·	10	<u></u>		
•	10	Grants an	d similar amounts paid ((IIII) Schedu	(g (D) \(\frac{\dagger}{\dagger} \) \(\cdot \) \(\cdot \)						
4	11	Benefits p	aid to or for members	<u>\&</u>			11	<u>()</u>		
sesueux:	12	Salaries, o	other compensation, and employee be	neπts			12			
	: 13		nal fees and other payments to indepe				13			
ב יל	14	•	cy, rent, utilities, and maintenance .				14			
<u>.</u> !!			publications, postage, and shipping.				15			
3	10	•	enses (describe in Schedule O)				16			
	17	Total exp	enses. Add lines 10 through 16	<u> </u>	<u> </u>	<u> ▶</u>	17	(
	18		(deficit) for the year (Subtract line 17				18			
, °d	19		s or fund balances at beginning of y							
يُ (} .	-	ar figure reported on prior year's retur				19	0		
	20	Other cha	inges in net assets or fund balances (e	explain in Schedule O))		20			
-	21		s or fund balances at end of year. Cor			_	21	:		
<u> </u>	r Fabe		ction Act Notice, see the separate instru		Cat No 106	421	Form 9	90-EZ (2013)		

Part		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33 ∀es №o
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34
೧೯೯	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a
c c	f "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	
ර් 38a	Did the organization file Form 1120-POL for this year?	37b
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	;
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	\$
4 0 a	Secuon 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	\$ \$
đ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ž dese W
q	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e
41	List the states with which a copy of this return is filed Massachusetts	
4 2 a		614378003 8
ь	Located at ► Level 3, 33 Lincoln Square South, Carlton Victoria, Australia ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	**es No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. / []
gae.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	∀es No - 44a
ර්	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b
C C	Did the organization receive any payments for indoor tanning services during the year?	44d
45a		45a
45b		45b

Form 99	90-EZ (2013)					Page 4
43	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office of the candidates for public office of the candidates for public office.	complete Schedule C				
Pari	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and co	omplete the	e tables for lines
	Check if the organization used Scl	hedule O to respond	I to any question in	this Part VI		<u> </u>
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electi		during the	tax 47
48 49€	Is the organization a school as described in Did the organization make any transfers t	n section 170(b)(1)(A)(i o an exempt non-cha	i)? If "Yes," complete	Schedule Ezation? .		. 48 . 49a
් 50	if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest comper	on?	 her than off	 icers, direct	ors, trustees and key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Healt contribution benefit plans	h benefits, s to employee s, and deferred ensation	(e) Estimated amount of other compensation
		-				
 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independen	t contracto	rs who each	n received more than
	(a) Name and business address of each indepen	dent contractor	(b) Type of se	rvice	(c) Compensation
					-	
d	Total number of other independent contr	ractors each receiving	over \$100,000 .	. >		***
52	Did the organization complete Schedule nonexempt charitable trusts must attach			ns and 4947		► ✓ Yes □ No
Under true, c	penalties of perjury, I declare that I have examined this orrect, and complete. Declaration of preparer (other that	return, including accompa an officer) is based on all in	nying schedules and state formation of which prepare	r has any know	/ledge	
Sign		letom			April 28, 20 ate)14
Here	Type or print name and title	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date		ı . İ PTIN
	osrer	i roparer o orginature			Check L self-emple	J If
ે∌€	Firm's name Firm's address F				irm's EIN ▶	
May	the IRS discuss this return with the prepare	er shown above? See	instructions	· · · · ·		▶ ☐ Yes ☐ No

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

The Conversation US Inc.						"	Employeric	enuncauoi 46-09	06774
	Public Char	rity Status (All orga	nizations	s must c	omplete	this nai	rt) See i		
The organization is not a								non done	
•	•			_		•	•	١.	
		spital service organiza		•	section 1	170(b)(1)((A)(iii).		
	rch organizatio	on operated in conjunc						0(b)(1)(A)	(iii). Enter the
5 An organization section 170(b)(the benefit of a collegorate Part II)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
6 A federal, state,	or local govern	nment or government	al unit de:	scribed ir	section	170(b)(1)(A)(v).		
		receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental ur	nit or fron	n the general public
8 🔲 A community tru	ust described i	n section 170(b)(1)(A))(vi). (Con	nplete Pa	ırt II.)				
9 An organization receipts from a support from g	that normally ctivities related ross investme	receives: (1) more that to its exempt funct int income and unrel fter June 30, 1975. Se	an 331/₃% ions—sul lated bus	of its su oject to d siness tax	apport fro certain ex xable inc	come (les	s, and (2) ss sectio	no more	than 301/3% of its
_	_	l operated exclusively		•	•			•	
purposes of one	e or more pub	nd operated exclusive olicly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2) See section
a 🗌 Typel	b 🗌 Type	II c ☐ Type II	I-Functio	nally integ	grated	d 🗆	Type III-N	Non-funct	ionally integrated
e D By checking this	s box, I certify dation manage	• •	is not coi	ntrolled d	lirectly or	ındırectl	y by one	or more	disqualified persons
	ion received a	a written determination	on from t	the IRS t	hat it is	а Туре	I, Type I	ll, or Typ	
	7, 2006, has t	he organization accep	pted any	gift or co	ontributio	n from a	ny of the		[]
(i) A person wh	no directly or i	ndirectly controls, eithody of the supported of			her with	persons	describe	d in (ii) ai	
	-	on described in (i) abo	_						11g(i) 11g(ii)
		a person described in					· ·		11g(ui)
• •	•	ion about the support	., .,		• •			•	(1.9(1.1)
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	ls the tion in col ized in the S.?	(vii) Amourit or reconstary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)			† -			 	 	 	
II.		ł .	1	}	}	1	1	1	Į.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
4	Gifts, grants, contributions, and					1	
	membership fees received. (Do not include any "unusual grants.")						•
_	- · · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	o	0	0		ا	0
3	The value of services or facilities		<u>_</u>		<u>_</u>		0
3	furnished by a governmental unit to the						
	organization without charge	o	n	۱ ،	۸ ا	ا	
4,	Total. Add lines 1 through 3	0	0	. 0	0	0	0
5	•	, , ,		,	1 7 2		
3	The portion of total contributions by each person (other than a	.,,					
	governmental unit or publicly					i	
	supported organization) included on	1 1 1 1 1 1					
	line 1 that exceeds 2% of the amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· _	
	shown on line 11, column (f)	, , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		it his a to	٠, ,	0
6	Public support. Subtract line 5 from line 4		19,			·	0
	on B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	1 0	l o	o o			0
9	Net income from unrelated business	ļ <u>.</u>		,		 	0
3	activities, whether or not the business]	
	is regularly carried on	0		ه اد	ه ا	l	0
10	Other income. Do not include gain or			-	1		<u>-</u>
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	l c	ol d		ol ol	o
- 1	Total support. Add lines 7 through 10	4 4 1			1.348 × 1 ·		0
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for t	he organizatioi	n's first, secor	nd, third, fou r th	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>		▷
	on C. Computation of Public Suppo						
74	Public support percentage for 2013 (line					14	<u></u> %
1.5	Public support percentage from 2012 Sc					15	<u>%</u>
16 a	331/3% support test—2013. If the organ box and stop here. The organization qua						· -
b	331/3% support test—2012. If the organization qual	•	•	•			
ω,	check this box and stop here. The organ						· · · · · · · · · · · · · · · · · · ·
17a	10%-facts-and-circumstances test-2	2013. If the ora	anızatıon dıd n	not check a box	x on line 13. 16	Sa, or 16b. and	
	10% or more, and if the organization me	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here. E	Explain in
	Part IV how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation qualifies	as a publicly s	upportes
	organization						
Ь	10%-facts-and-circumstances test-2	2012. If the org	anization dıd r	not check a bo	x on line 13, 10	6a, 16b, or 17a	, and line
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-c	circumstances"	test, check t	his box and st	op hero
	Explain in Part IV how the organization in						
	supported organization						/ 🗆
18	Private foundation. If the organization of				a, or 17b, ched	ck this box and	see
	instructions						(> 🗆

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	J. Tolat
7	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")			· · · · · · · · · · · · · · · · · · ·			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	o.ganization's tax-exempt purpose						
Э	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	l					
e	Total. Add lines 1 through 5			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
6 7≎	Amounts included on lines 1, 2, and 3			 			
1 61	received from disqualified persons .						
źc.	Amounts included on lines 2 and 3						
3.2	received from other than disqualified	!					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
Э	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	NAT Y		H (1) 31 4 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	建建设 。14.70	} ¹ , ,	
	ine 6.)				上班		
	on B. Total Support		1				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				ļ		ļ
10a	Gross income from interest, dividends,		ļ				
	payments received on securities loans, rents, royalties and income from similar sources.						
•	•		<u> </u>				
Ď	Unrelated business taxable income (less section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						
_	Add lines 10a and 10b	—		 	 		
C 11	Net income from unrelated business		 	 	 	 	
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income. Do not include gain or			 	 		
	loss from the sale of capital assets						
	(Explain in Part IV.)						
:3	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for t		n's first, secor	nd, third, fourth	h, or fifth tax y	ear as a sect	on 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>		ン [
	ion C. Cemputation of Public Suppo						
15	Public support percentage for 2013 (line		-			15	%
2.6	Public support percentage from 2012 Sc			<u></u>	<u> </u>	. 16	%
	iວດ D. Computation of Investment Ir				(0)	149	
17	Investment income percentage for 2013	•	* *	-	* * * *		<u>%</u>
18	Investment income percentage from 201						%
19≘	331/3% support tests—2013. If the orga 17 is not more than 331/3%, check this box						
			_				
Ċ	331/3% support tests—2012. If the organ line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of		_				

Scneaule A (F	orm 990 or 990-EZ) 2013	Page 4,
Fat IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
	·	