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# Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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.

Internal Revenue Service and ending For the 2013 calendar year, or tax year beginning Employer identification number Friends of Shanghai American School Foundation Check if applicable C Name of organization Doing Business As Address change Number and street (or PO box if mail is not delivered to street address) 52-1957233 Name change PO BOX 5910 E Telephone number ZIP code Initial return City or town 609-452-0990 08543-5910 Princeton NJ Terminated Foreign country name Foreign province/state/county Foreign postal code 305,452 G Gross receipts \$ Amended return Yes X No F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Deirdre A Simon 15 Roszel Road, PO Box 5910, Princeton, NJ 08540 H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ) **(**insert no ) 4947(a)(1) or Website: ► none H(c) Group exemption number X Corporation L Year of formation M State of legal domicile Trust Association Other > K Form of organization 1995 DΕ Part I Summarv Organized & operated for charitable and Briefly describe the organization's mission or most significant activities Activities & Governance educational purposes, and its primary purpose shall be furnishing financial and other assistance to educational institutions located within and without of the United States 2 Check this box > | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 153,735 210,098 Contributions and grants (Part VIII, line 1h) 8 9 Program service revenue (Part VIII, line 2g) 23,664 45,941 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,512 10 8,182 49.413 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 305,452 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 227,093 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 136,249 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 48,534 39.659 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 184,783 39.659 18 Revenue less expenses Subtract line 18 from line 12 42,310 265,793 19 Beginning of Current Year End of Year 1,392,617 20 Total assets (Part X, line 16) 1,124,832 10.634 21 8.642 Total liabilities (Part X, line 26). 1,116,190 1,381,983 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer than officer) is based on all information of which preparer has any knowledge Sign Неге Deirdre A Simon - Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Form 9		52-1957233	<u>P</u>	age 3
ı aıı	Officeriat of required oblication		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	. 4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
c		· ·   -	<del> </del>	<del>  ^</del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	.		
	complete Schedule D, Part III	8	ļ	X
9	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	9	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	:		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	. 11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	. 11b		х
С	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	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X 11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	×   11e	<del> </del>	├^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ete . <b>12</b> a	х	
_	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye		<del>  ^</del>	$\vdash$
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	s, . <u>12b</u>		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 .	. 14b		X
15	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	15		x
16	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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

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

18

19

20a 20b

# Form 990 (2013) Friends of Shanghai American School Foundation Checklist of Required Schedules (continued)

			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, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
240	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
<b>24</b> a	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		Ì	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			.,
26	990-EZ? If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	78 %	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)	- 3-£ *\$		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.,
•	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	$\longrightarrow$	Х
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		
22	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
D	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	000		
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	, l	
	13. Note: Air 1 offit 330 file is are required to complete Scriedule O		X   990 (2	20131
		. 51111	(4	,,

Statements Regarding Other IRS Filings and Tax Compliance Part V

	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	1a		2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	rtable	ļ			
	gaming (gambling) winnings to prize winners?	1	ı	Ļ	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	١.					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u></u>	의			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		7		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ons)		ļ			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			╌	3a		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			┝	3b	$\longrightarrow$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	tinano	ciai		.		v
	account)?			1	4a		Х
b	If "Yes," enter the name of the foreign country	to (E	DAD\				
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Account		DAR)	P	50		~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year.		?	⊦	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	sacio	111	-	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did	l tha		-	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	ı ti ie			6a		Х
<b>L</b>	If "Yes," did the organization include with every solicitation an express statement that such contribu	Itions	or	ŀ	- Ua		
b	gifts were not tax deductible?	10113	0.		6b		
7	Organizations that may receive deductible contributions under section 170(c).			7		¥ ¥	\$,
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or aoc	ods		3,44	8 :	
a	and services provided to the payor?	), goc		2	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			٦	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		Ī			
•	required to file Form 8282?			Ī	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			, i	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t cont	ract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor				7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as	required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a F	Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	3		9	* •	#4. E	5"
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng		2	• •	<i>*</i> 7	
	organization, have excess business holdings at any time during the year?		•		8		
9	Sponsoring organizations maintaining donor advised funds.						Å
а	Did the organization make any taxable distributions under section 4966?		•		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter		1		1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	j		·		
11	Section 501(c)(12) organizations. Enter	۱.,	1	H			
а	Gross income from members or shareholders	11a		$-\parallel$			
b	Gross income from other sources (Do not net amounts due or paid to other sources	441	ļ				
	against amounts due or received from them )	11b	L		40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo				12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	$\dashv$			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ľ	120		
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
L.	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b	I				
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c	<u>-</u>				
C 1/1-2	Did the organization receive any payments for indoor tanning services during the tax year?	_,,,,,	L	<del> </del>	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Sched</i>	ule ∩		-	14b		_^_
	in 100, has it lied a form 720 to report these payments. In 140, provide an explanation in denea						

Part VI

'Friends of Shanghai American School Foundation 52-1957233 Page 6

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	· · · · · ·		<u>  </u>	X
Sect	ion A. Governing Body and Management				
				Yes	No
1a		<u>a</u>	4		
	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		<u>b</u>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with			
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the				v
	supervision of officers, directors, or trustees, or key employees to a management company or other p		3	-	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets? .	5		X
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point			v
L	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,		7a		<u> </u>
b				İ	v
	stockholders, or persons other than the governing body?  Did the argentization contemporare well decument the meetings held or written actions undertaken a		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken of the year by the following	uring		~	. *-
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	•	8b	$\hat{\mathbf{x}}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	 ched	100	$\stackrel{\sim}{-}$	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Cried	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the In	ternal Revenue		1 }	
0001	ton B. I dilotes (Time decition B requests information about policies not required by the in-	terrarrevenue	Oode.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters.		$\neg$	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ū	37		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	98,"		Ī	
	describe in 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by	\$:V	ŭ ÷	<b>3</b>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an	d decision?	s . g2	Nia nia	* %
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization .		15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		5 4	*···	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent			
	with a taxable entity during the year?		16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegue	ard			
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires on accompanion to make the Forms 1033 (or 1034 if applicable), 200, and 200 like	[ (Poetro = E04/-) (	\\o ==!		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(5)(3) TUC noissec)	ys only	)	
	available for public inspection. Indicate how you made these available. Check all that apply	un in Cahadula (1)			
40		ain in Schedule O)	10v	d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confinencial statements available to the public during the tax year.	mici oi interest po	icy, an	u	
20	financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books an	d records of the			
20	International Cohoola Convent Inc	609-452-09	90		
	15 Roszel Road, Princeton, NJ 08540	303-432-09			
	.000001111000111110010				

Form 990 (2013)	`Friends of Shanghai American Sch									52-19572	33	Page	e 7
Part VII	Compensation of Officers, Direction Employees, and Independent Compensation	=	es, K	(ey	Em	plq	yee	s, ł	Highest Comp	ensated			
	Check if Schedule O contains a r		te to	any	, lir	ne ii	n this	s Pa	art VII	•			ļ
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	mployees				_
1a Complete organization's	this table for all persons required to be tax year	listed Report co	mper	nsatı	on 1	for t	he ca	len	dar year ending v	with or within the			
List all     List the     List the who received organization a	of the organization's <b>current</b> officers, done in Enter -0- in columns (D), (E), and (of the organization's <b>current</b> key employing organization's five <b>current</b> highest concreportable compensation (Box 5 of Forward any related organizations	F) if no compens byees, if any Sec npensated emplo m W-2 and/or Bo	e insti oyees ox 7 d	wa ructi s (ot of Fo	s pa ons her orm	for thar 109	defin n an d 9-MI	itior offic SC)	n of "key employe er, director, trusto of more than \$1	ee " ee, or key emplo 00,000 from the	yee)		
\$100,000 of re	of the organization's <b>former</b> officers, ke eportable compensation from the organ	ization and any	relate	d or	gar	ıızat	ions		•				
	of the organization's <b>former directors</b> of more than \$10,000 of reportable compe										the		
	n the following order individual trustees employees, and former such persons	or directors, ins	tıtutic	nal	trus	tee	s; offi	cer	s, key employees	s, highest			
X Check thi	s box if neither the organization nor an	y related organiz	atıon	con	npe	nsat	ted a	ny c	urrent officer, dir	ector, or trustee			
(A) Name and Title		(B) Average hours per	box, unless person is both an Report						(D) Reportable compensation	(E) Reportable compensation	Estin	F) nated unt of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comper from organi and re		
(1) York-ch	ı Harder	5 00	х		х								
President (2) Roger (	G. Hove	0 00 5 00	<u> </u>		^			$\vdash$					_
Secretary		0 00	Х		Х								
	A Simon	5 00			~								
Treasurer (4) Richard	i Mueller	0 00 5 00			Х								_
Director (5)		0 00	X										_
(0)				_									_
													_
(7)													
(8)													
(9)													
(10)													_
(11)													_
(12)													_
(13)				Н	-								

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than other in the book of the	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compens from rel organiza (W-2/1099	able sation ated itions	(F) Estima amour othe compens from to organiz and rel organiza	ated nt of er sation the ation ated
(15)							ted						a.
						_							
(19)												_	
(20)													
(21)													
(22)										:			
(23)													
(24)								ļ			-		
(25)													
1b	Sub-total .	<u> </u>		LJ		<u> </u>	L	<b> </b>	0		0		0
C d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A .		•				<b>&gt;</b>	0		0		0
2	Total number of individuals (including but not lir reportable compensation from the organization				-	vho	recei	ved	more than \$100	0,000 of			
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee,	key e	mpl		e, c	or high	nest	compensated			Yes	s No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual											4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									/idual		<b>建</b> 5	X
Sec	tion B. Independent Contractors	30, 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,			<u> </u>	pu	00			[		
1	Complete this table for your five highest compe compensation from the organization Report co year											ax	
	(A) Name and business addi	ress	··		-				(B) Description of ser	vices	С	(C) ompensatio	n
	0												
													0
								<u> </u>					0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-	ed to	thos	se li	ste	d abo	ve)	who received				

	90 (20		an School Fou	ndation	·		52-19572	233 Page <b>9</b>
Par	t VIII			anta ta anu line :-	a this Bod \//			
		Check if Schedule O contains a	response or r	to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in line Total. Add lines 1a–1f	s, and e . <b>1f</b>	0 0 0 0 0 0 210,098				
Program Service Revenue	2a b c d			Business Code	, C C			
Progr	f a	All other program service revenue <b>Total.</b> Add lines 2a–2f		<u> </u>	C			A
	3 4 5	Investment income (including divident other similar amounts).  Income from investment of tax-exert Royalties		•	13,818 32,123			13,818 32,122
	6a b c d 7a	Gross rents . Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real  0 (i) Securities	(II) Other				
	c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	0 0		C		96 ga (a	- · · · · · · · · · · · · · · · · · · ·
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18	a	0		* * * * * * **	*** ** ** ** 	* * * * * * * * * * * * * * * * * * *
Oth	с 9а	Less direct expenses Net income or (loss) from fundraisi Gross income from gaming activitie See Part IV, line 19	-	0	0			
	c 10a	Less direct expenses  Net income or (loss) from gaming a  Gross sales of inventory, less returns and allowances	b activities a	0	C			
		Less cost of goods sold .  Net income or (loss) from sales of	b inventory	<u>0</u>	0	<u></u>		
	11a	Miscellaneous Revenue Unrealized GAIN		Business Code 611710	49,413			49,413
	b c d	All other revenue			000000000000000000000000000000000000000			

Total revenue. See instructions

305,452

95,353

# Friends of Shanghai American School Foundation Statement of Functional Expenses Part IX

Section 501(c)(3)	and 501(c)(4) organ	nzations must complete	all columns All o	ther organizations	s must complete column (A	4)

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States See Part IV, line 21	0							
2	Grants and other assistance to individuals in the								
	United States See Part IV, line 22.	0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
_	United States See Part IV, lines 15 and 16	0	<del></del>						
4	Benefits paid to or for members .	0			ν' '				
5	Compensation of current officers, directors,								
	trustees, and key employees	- 0							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				*				
	persons (as defined under section 4956(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include	0	<del>.</del>						
•	section 401(k) and 403(b) employer contributions)	اه							
9	Other employee benefits	0	· ·						
10	Payroll taxes .	0	<del></del>						
11	Fees for services (non-employees)			,					
а	Management .	14,445		14,445					
b	Legal .	0							
С	Accounting .	7,800		7,800					
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17 .	0							
f	Investment management fees	14,839		14,839					
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	0							
12	Advertising and promotion	0							
13	Office expenses	1,667		1,667					
14	Information technology	0			<del></del>				
15	Royalties	0							
16 47	Occupancy Travel	0	<del></del>	<del></del>					
17 18		0							
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	o							
19	Conferences, conventions, and meetings		<del> </del>	_					
20	Interest	0							
21	Payments to affiliates .	0							
22	Depreciation, depletion, and amortization	0	0	Ō	0				
23	Insurance	908	<u></u>	908					
24	Other expenses Itemize expenses not covered		1 2 1 W 5 **	*	* * 3 * 4 8				
	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)	<u> </u>							
а									
b	***************************************	0							
C		0							
d		0	<del></del>						
e	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	39,659	0	39,659	0				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation Check here								
	following SOP 98-2 (ASC 958-720)								
	15.15.1.11g 551 552 p 100 000 120)	<u> </u>							

D. A.V	Dalama Obas	
Part X	Balance Sheet	
	Dalatice Street	

		Check if Schedule O contains a response or note to any line in this Part X			
	-		(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing .		1	
	2	Savings and temporary cash investments	243,818	2	464,558
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
<b>'</b> A		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
šets	_	organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7 8	0
	8	Inventories for sale or use	454	9	454
	9	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or	454	3	454
	10a	other basis Complete Part VI of Schedule D 10a 0		e di in	
	b	Less accumulated depreciation . 10b 0	0	10c	0
	11	Investments—publicly traded securities	880,560	11	927,605
	12	Investments—other securities. See Part IV, line 11	0	12	021,000
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,124,832	16	1,392,617
	17	Accounts payable and accrued expenses .	8,642	17	10,634
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			* * * * * * * * * * * * * * * * * * *
iab		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete		25	,
		Part X of Schedule D	0 8,642	25 26	10,634
	26	Total liabilities. Add lines 17 through 25	0,042	20	10,634
Ś		Organizations that follow SFAS 117 (ASC 958), check here ► X and		* **	
JCe		complete lines 27 through 29, and lines 33 and 34.	, h	** (7)	
<u>a</u>	27	Unrestricted net assets	154,363	27	267,632
ä	28	Temporarily restricted net assets .	261,827	28	414,351
Ę	29	Permanently restricted net assets	700,000	29	700,000
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here	·		. 1
S O		complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30_	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds		32	4 004 000
~	33	Total net assets or fund balances	1,116,190	33	1,381,983
	34	Total liabilities and net assets/fund balances	1,124,832	34	1,392,617

Form 9	990 (2013) Friends of Shanghai American School Foundation	52	2-1957233	Pag	<sub>je</sub> 12
Par	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		305	,452
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	,659
3	Revenue less expenses Subtract line 2 from line 1	3		265	,793
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,116	5,190
5	Net unrealized gains (losses) on investments	5	· · · · · · · · · · · · · · · · · · ·		
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,381	,983
Part	· · ·				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
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		^- 3		ŀ
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				T.
	separate basis, consolidated basis, or both			*	
	X 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			:9 	
·	the audit, 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				ŝ
	Schedule O				,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l válk		- 6'
Va	the Single Audit 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				
	required 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.

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.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

(D) (E)													
		· · · · · · · · · · · · · · · · · · ·											
ν,					4	i .				l .	l .		
(C)		-					<del>                                     </del>	<b>†</b>	<del> </del>				
(B)													
(A)													
	·				Yes	No	Yes	No	Yes	No			
		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	the organ	you notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Arī	ount of mo	onetary
h		(iii) A 35%	controlled entity	y of a person describe ation about the suppor	ed in (i) or (				•	•	11g(iii)	İ	
				rerning body of the su person described in (i)		ganization	7.		•		11g(i) 11g(ii)	<u> </u>	
		(i) A pers	on who directly	or indirectly controls,				ersons de	scribed in	(II)		Yes	No
g		Since Augus following per		the organization accep	oted any gr	ft or contri	bution fro	m any of t	the				
		organization	check this box							· ·	ıg		
e		a Type By checking persons othe 509(a)(1) or	this box, I certify than foundations than foundations than 509(a)(2	y that the organization on managers and othe	e III–Function is not controller than one	tionally int trolled dire or more p	egrated ectly or ind ublicly su	d  T directly by pported or	ype III–No one or mo rganization	on-function ore disquans ore describ	nally inf ilified ed in s		d
11	Ш	purposes of	one or more pub	nd operated exclusive plicly supported organi	zations de	scribed in	section 5	09(a)(1) o	r section 5	509(a)(2)	See se	ection	
10			•	nd operated exclusive	•	-	•						
9	Ц	receipts from	activities relate gross investme	y receives (1) more the doto its exempt function its income and unrelated after June 30, 1975.	ons—subje ed busines	ct to certa ss taxable	in excepti income (I	ons, and ( ess sectio	(2) no mor on 511 tax)	e than 33	1/3% (	of its	5
8		•		in section 170(b)(1)(									
7	X	-	_	y receives a substantii (1)(A)(vi). (Complete F	-	s support t	from a go	vernmenta	al unit or fr	om the ge	eneral p	ublic	
6				ernment or governmer	ntal unit de	scribed in	section 1	70(b)(1)(	A)(v).				
5				the benefit of a collection	je or unive	rsity owne	d or opera	ated by a	governme	ntal unit d	escribe	ed	
4			search organiza me, city, and sta	tion operated in conju ate	nction with	a hospita	l describe	d in secti	on 170(b)	(1)(A)(iii). 	Enter	the	
3		•	•	ospital service organi									
2				n 170(b)(1)(A)(ii). (At									
			-	ches, or association o									
The o	araar		a private founda	ation because it is (Fo	or lines 1 th	irouah 11.	check on	iv one nox	( )				
_				narity Status (All o						nstructio	ns.		

Par				, , , ,			
	(Complete only if you checked the Part III. If the organization fails to						under
Sec	tion A. Public Support	quality under	the tests hate	d below, piec	ise complete	art III.	<del></del>
	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	(4) 2000	(2) 20 10	(5) = 5	(4) = 0 / 1	(0) 20 10	(,) 10.0.
'	membership fees received (Do not						
	include any "unusual grants ")	164,096	192,642	22,451	153,735	210,098	743,022
2	Tax revenues levied for the organization's	104,030	192,042	22,431	100,700	210,030	143,022
~	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities			· · · · · · · · · · · · · · · · · · ·			
	furnished by a governmental unit to the						
	organization without charge .						0
4	Total. Add lines 1 through 3.	164,096	192,642	22,451	153,735	210,098	743,022
5	The portion of total contributions by each						-
	person (other than a governmental unit						
	or publicly supported organization)		**				
	included on line 1 that exceeds 2%			ş	4 . 4 .	*	
	of the amount shown on line 11,		5 8 1	ş ·	* * * * *	* . ^	
	column (f) .	8 4 4	i <u>s.</u> - § 8 ·	å 5 <u>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</u>	* 4 \$ 6 4	\$ 141 5	
6	Public support. Subtract line 5 from line 4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ * * ·	· # · * * * *	- 4 · 4 · 5	743,022
	tion B. Total Support				<del>, ,</del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	164,096	192,642	22,451	153,735	210,098	743,022
8	Gross income from interest, dividends,			1			
	payments received on securities loans,						
	rents, royalties and income from similar	1					
	sources .	79,437	33,269	29,529	41,512	45,941	229,688
9	Net income from unrelated business						
	activities, whether or not the business is					1	
	regularly carried on						0
10	Other income Do not include gain or	i i					
	loss from the sale of capital assets					j	
44	(Explain in Part IV)			***			070.740
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (see	o ipotruotiono)		<u> </u>		12	972,710
13	First five years. If the Form 990 is for the org			fourth or fifth	tay year as a so		
13	organization, check this box and stop here.	gariization s ilist	, second, tima,	lourin, or shar	lax year as a se		
<u> </u>		· · ·	<del></del>	···			
	tion C. Computation of Public Support Public support percentage for 2013 (line 6, co		l by troe 11 col	lumn (fl)	·- · · · · · · · · · · · · · · · · · ·	44	76 39%
14 15	Public support percentage for 2013 (fine 6, & Public support percentage from 2012 Schedu		•	iuriiri (1))	-	15	77.21%
16a	33 1/3% support test—2013. If the organization			ne 13. and line	14 is 33 1/3% (		
IVa	and <b>stop here</b> . The organization qualifies as				14 13 33 1/3 /0 0	n more, check u	<b>▶</b> X
b	33 1/3% support test—2012. If the organization				d line 15 is 33 1	/3% or more, ch	eck this
_	box and <b>stop here</b> . The organization qualifies						•
17a	10%-facts-and-circumstances test—2013.	•	-		13 16a or 16h	and line 14	
114	is 10% or more, and if the organization meets	_					,
	Part IV how the organization meets the "facts				-	-	'
	organization	o and oncomodin	1000 1001 1110	organization q	damics as a par	mery supported	▶ □
b	10%-facts-and-circumstances test—2012.	If the organization	on did not chec	k a box on line	13 16a 16b o	r 17a. and line	
~	15 is 10% or more, and if the organization me	-					ın ın
	Part IV how the organization meets the "facts					-	
	supported organization					- · · <del>- · </del> J	▶
18	Private foundation. If the organization did no	ot check a boy o	n line 13 16a	16b 17a or 1	7h check this h	nx and see	
	Instructions . If the organization did no	or official a box o	10, 10a,	100, 174, 01 1	i b, oncor una p		▶□

### 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.)

	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 include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						_
_	organization's tax-exempt purpose					<u> </u>	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513			_		_	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons .			_			0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
c	Add lines 7a and 7b		0	0	0	0	0
8	Public support (Subtract line 7c from	in sin si sais.				-12/2006	<u>_</u>
	line 6)	and the same of		الْمَوْلِينَ مِنْ الْمُؤْرِينِينَا اللَّهُ وَاللَّهُ مِنْ اللَّهِ مِنْ اللَّهِ وَاللَّهُ وَاللَّهُ و			0
Sec	tion 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	l ol	o	o	o	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or					•	
	loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,	<del></del>					
13	and 12)	ol	o	ol	o	О	0
14	First five years. If the Form 990 is for the organiz.						
•	organization, check this box and stop here	•		•			▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2012 Schedule A,		, ,,,			16	0 00%
	tion D. Computation of Investment Inco		age				
17	Investment income percentage for 2013 (line 10c,			mn (f)) .		17	0 00%
18	Investment income percentage from 2012 Schedul	le A, Part III, line	17			18	0 00%
19a	33 1/3% support tests—2013. If the organization						<u></u>
	not more than 33 1/3%, check this box and stop h						▶∟
b	33 1/3% support tests—2012. If the organization						. —
	line 18 is not more than 33 1/3%, check this box ar						▶⊨
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ns	▶ []

Schedule A (Form 9	90 or 990-EZ) 2013	Friends of Sha	inghai American	School Found	lation		52-1957233	Page 4
Part IV	Supplemental	Information.	Provide the ex	planations re	equired by Part	II, line 10; Pa	rt II, line 17a o	r 17b.
_	and Part III, line							•
	and raitin, mic	7 12.71130 00111	picto tillo part	ior any addit	ional imorriado	711. 1000 HIOLIO	701101107.	<del></del>
			<del></del>					******
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#### **SCHEDULE D** (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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization			Employer identification number
Frien	ds of Shanghai American School Foundation			52-1957233
Par	Organizations Maintaining Don	or Advised Funds or Ot	her Similar Fun	ds or Accounts.
	Complete if the organization answ			
		(a) Donor advised fui		(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 .			
5	Did the organization inform all donors and do	nor advisors in writing that th	ne assets held in do	nnor advised
3	funds are the organization's property, subject	<del>_</del>		Yes No
6	Did the organization inform all grantees, done			
0	used only for charitable purposes and not for			
			ionor advisor, or ioi	Yes No
	purpose conferring impermissible private ber		•	1es 140
Par				
	Complete if the organization answ			
1	Purpose(s) of conservation easements held to	by the organization (check <u>al</u>	<u>l t</u> hat apply)	
	Preservation of land for public use (e g , recr	eation or education)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
		<b>—</b>		
_	Preservation of open space	bald a a alesad assault		the form of a companion
2	Complete lines 2a through 2d if the organizat	ion neid a qualified conserva	ation contribution in	1 M n
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements .	•	•	2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a cert			2c
d	Number of conservation easements included		, and not on a	
	historic structure listed in the National Regist		•	2d
3	Number of conservation easements modified	, transferred, released, extin	guished, or termina	ated by the organization
	during the tax year			
4	Number of states where property subject to o	onservation easement is loc	ated •	
5	Does the organization have a written policy re		ring, inspection, ha	indling of
	violations, and enforcement of the conservati		•	Yes No
6	Staff and volunteer hours devoted to monitor	ng, inspecting, and enforcing	g conservation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing cor	nservation easemei	nts during the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of se	ection
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			. Yes No
9	In Part XIII, describe how the organization re	ports conservation easemen	ts in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the org	ganızatıon's fınancı	al statements that describes
	the organization's accounting for conservation	n easements		
Par		ections of Art, Historica	l Treasures, or	Other Similar Assets.
	Complete if the organization answ			
40	If the organization elected, as permitted unde			nue statement and halance sheet
1a	works of art, historical treasures, or other sim			
	of public service, provide, in Part XIII, the tex			
<b>L</b>	•			
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other sim		monitori, education,	or research in futulerance
	of public service, provide the following amount	_		▶ \$
	(i) Revenues included in Form 990, Part VIII	line 1		• \$ . • \$
	(ii) Assets included in Form 990, Part X			. 🏲 🕏
2	If the organization received or held works of a			
	following amounts required to be reported un		ating to these items	
а	Revenues included in Form 990, Part VIII, lin	e 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X			<u> </u>
Ear D	ananyork Paduction Act Notice, see the Instru	ctions for Form 000		Schedule D (Form 990) 2013

Sched	ule D (Form 990) 2013 Friends of Shanghai Am	erican School	Foundati	on			52-19	57233		Page <b>2</b>
Part	III Organizations Maintaining Col	lections of A	Art, Hist	torical Ti	reasures, c	r Oth	er Similar Ass	ets (cor	ntinue	<u>d)</u>
3	Using the organization's acquisition, access use of its collection items (check all that app		records,	check any	of the follow	ing tha	t are a significar	nt		
а	Public exhibition	• •	d [	Loan	or exchange	progra	ms			
b	Scholarly research		e 🗔	Other						
	<b>=</b>		• _	_ =						
C	Preservation for future generations	allockers and					anla avamnt num			
4	Provide a description of the organization's content XIII							pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Y	es 🗌	No
Part	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ther as	sets not	Y	es 🗀	No
b	If "Yes," explain the arrangement in Part XIII	and complete	the follo	wing table	1	_	<del></del>			
	Para anno halana							Amount		
C	Beginning balance				•	1	<del></del>	<u> </u>		0
d	Additions during the year					10	<del></del>			
e	Distributions during the year			•		1	<del></del>			
f	Ending balance				•		<u> </u>		<u> </u>	0
2a	Did the organization include an amount on F							Y₀	es 🔀	No
b	If "Yes," explain the arrangement in Part XIII	Check here i	f the exp	lanation ha	as been prov	ided ın	Part XIII			
Part										
	Complete if the organization ansi					1				
		Current year	(b) Pr	or year	(c) Two years		(d) Three years ba		our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
С	Net investment earnings, gains,									
	and losses .	<del>-</del>								
d	Grants or scholarships			<del></del>				_		
е	Other expenditures for facilities									
	and programs							-		
-	Administrative expenses End of year balance	0		0		0	<del></del>	0		
g 2	Provide the estimated percentage of the curi		halance (		lump (a)) be					0
a	Board designated or quasi-endowment		%	inic ig, cc	numm (a)) no	iu as				
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c show		%							
3a	Are there endowment funds not in the posse			on that are	held and ad	ministe	red for the			
	organization by		Ū						Yes	No
	(i) unrelated organizations		-					3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization	s listed as req	uired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of the	e organization	s endowi	ment funds	S					
Part										
	Complete if the organization answ	vered "Yes" t	to Form	990, Par	t <u>IV,</u> line 11	a See	Form 990, Pa	art X, line	10	
	Description of property	(a) Cost or oth			st or other		Accumulated		ook valu	e
		(investme	ent)	bası	s (other)		depreciation			
1a	Land		0		0	进步说	<b>《新文</b> 》			0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0;			0
d	Equipment		0		0		0			0
<u>e</u> _	Other		0		0		0			0
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990	0, Part X,	column (E	3), line 10(c)	)	•			0

1 are vii	Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 11b. See Forr	n 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financial o	derivatives .	0		**
	eld equity interests .	0		
(3) Other				
(C)				<del> </del>
(F)				
(G)				
(H) Total (Column (b) n	nust equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	1 .	
Part VIII	Investments—Program Rel	<del>'</del>	ــــــــــــــــــــــــــــــــــــــ	<u></u>
	Complete if the organization		0, Part IV, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		• 0	1 3 4 4 8 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Part IX	Other Assets.		0.5 . 11. 11. 10. 5	000 5 1 7 15 45
	Complete if the organization		U, Part IV, line 11d See Forr	Ť T
		(a) Description		(b) Book value
(1)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X,	col. (B) line 15 )		<u> </u>
Part X	Other Liabilities.	LIN ( II ) = 00	0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Complete if the organization line 25	answered "Yes" to Form 99	u, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes	0		
_(2)				
(3)		<del></del>		
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	ust equal Form 990, Part X, col (B) line 25)	• 0		
	incertain tax positions. In Part XIII, pro	vide 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.

b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b		•	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	305,452
Par	XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	per Retur	
	Complete if the organization answered "Yes" to Form 990, Par	rt IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements			1	39,659
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<b>3.44</b>	
а	Donated services and use of facilities	2a	<u> </u>		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1			3	39,659
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			3 <b>a</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a			
b	Other (Describe in Part XIII )	4b	<u></u>	1.3.3	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	39,659
Par	XIII Supplemental Information				
- <b></b> -					

Schedule D (Form 9	990) 2013	Friends of Shanghai American School Foundation		52-1957233	Page 5
Part XIII	Supple	mental Information (continued)			
					<del>-</del>
	• • • • • • • • • • • • • • • • • • • •		************************		
- <b></b>					
		•			
•••••					

#### **SCHEDULE O** (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.

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



Employer identification number Name of the organization Friends of Shanghai American School Foundation 52-1957233 Form 990, Part VI, Section B, Line 11a Copies of the Form 990 are sent to all board members for review before the Form 990 is submitted to the IRS Form 990, Part VI, Section B, Line 12C The corporate conflict of interest policy is reviewed annually and signed annually by all board members. Form 990, Part VI, Section C, Line 19 Corporate documents and tax forms are kept at 15 Roszel Road, Princeton, NJ 08540 and available to the public upon request

Name of the organization	Employer identification number
•	52-1957233
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