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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-0047

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

Α	For the	2014 ca	lendar year, or tax year t	eginning			, and	ending	_			
В	Check if a	applicable	C Name of organization	American So	hools of Al	exandria Fot	undation		D Employe	r identıfic:	ation number	
	Address of	change	Doing business as									
\equiv		_	Number and street (or P O	box if mail is not	delivered to s	treet address)	Room/suite		52-179258	4		
Ш	Name ch	ange	PO Box 5910						E Telephone	number		
П	Initial retu	ım	City or town			State	ZIP code	•	(000) 450 (000		
\equiv			Princeton			NJ	08543		(609) 452-0	990		
Ш	Final return	/term:nated	Foreign country name	Foreign	province/state	e/county	Foreign post	al code	1			
П	Amended	return							G Gross red	eipts \$	2,24	1,032
\equiv			E Name and address of annu			•		T				X No
ш	Application	n pending	F Name and address of princ	•	_			H(a) Is t	this a group return	for subordir	= =	==
			Tarek Fahmy 51 Schut	z Street, Alexa	andria, Egy	pt 21111		⊣ Н(Ь) А	re all subordinat	es include	d?Yes	No
1	Tax-exem	pt status	X 501(c)(3) 501(c)	() <	(insert no)	4947(a)(1) or 527	lf	"No," attach a li	st (see ins	structions)	
$\overline{\mathbf{J}}$	Wehsite	: ► Nor				- 		H/c) G	roup exemption	number Þ	•	
										1		
_		rganization	X Corporation Tr	ust Associa	ation O	ther ►	LYe	ar of form	nation 1992	M Sta	ite of legal domicile	DE
	art I	Su	mmary									
	1	Briefly d	lescribe the organization	's mission or	most signif	ficant activitie	s Pro	vide sta	iff and assist	ance for	the	
8		furthera	nce of education at the	Schutz Americ	can School	ın Alexandrı	a, a school f	or childi	ren Approxir	nately 2	87	
ם		students	served									
Activities & Governance	1 2		his box 🕨 📄 if the org	ronization die	continued	te operations	or dispose	d of mo	ro than 25%	of its no	t accate	
્રે	2						or dispose	J OI HIO	16 (IIaii 2576	1 _ 1	1 033013	4
O of	3		of voting members of the							3	·	
ŝ	4		of independent voting r		-	•				4		3
₹	5		mber of individuals emp	7	-	014 (Part V, I	line 2a)			5		33
숮	6		mber of volunteers (esti		• •					6		
ĕ	7a	Total un	related business revenu		7a		0					
	b	Net unre	elated business taxable	income from	Form 990-1	Γ, line 34				7b	·	0
		Prior Ye									Current Year	
Θ	8	Contribu	utions and grants (Part \	(III, line 1h)						0		0
Š	9	Program	n service revenue (Part '	VIII, line 2g)					1,89	9,573	2,20	6,885
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							2	2,427	3	4,147
ř	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								5,377		
	12		enue-add lines 8 through							7,377	2.24	1,032
	13		and similar amounts paid					1		4,217	*	7,722
	14		paid to or for members	-		•			· <u>-</u>	0		0
	1 4-		other compensation, emp	•		-	e 5_10\		1 77	7,945	1.61	0,069
Ses	460		,	•	•		3 0-10)	—	1,77	7,345	1,01	0,000
Expenses	16a		ional fundraising fees (P) ″. Þ≈.	With a service branch	ران دان نواکشنا در	THE RESERVE OF THE PERSON OF T	
봈	b	lotal fur	ndraising expenses (Par	IX, column		\ED		. ار				
ш	""	Other ex	xpenses (Part IX, colum	n (A)! lines 11	a=110, 111	-24e)				3,852		6,602
	18	Total ex	penses Add lines 13-17	(must equal	Part IX, co	lumn (A), Juni	e 25)			3,014		4,393
	19_	Revenu	e less expenses Subtra	ct line 18 from	nfline 923		<u></u> -	 	6	1,363		<u> 6,639</u>
Net Assets or	5					&		Begin	ning of Curren		End of Year	
198	20	Total as	sets (Part X, line 16)		OFFE			ļ	67	3,396	95	0,105
₹9	21	Total lial	bilities (Part X, line 26)	الم الم	GDEN	المعتاب المحاسة	>	<u> </u>		1,397		1,467
ž	22	Net ass	ets or fund balances Su	btract line 21	from line 2	.0			67	1,999	94	8,638
P	art II	Sig	nature Block									
			y, I declare that I have examine									
and	belief, it i	s true, corre	ect, and complete Declaration of	of prepared other	than officer) is	based on all inf	ormation of whi	ch prepare	er has any know	7. 7		
Si	gn		Devo	0 U	1 m	<u> </u>			1 4	115/0	2015	
	ere		Signature of officer		ر				Date/	/		
116	16		Deirdre A Simon				Tre	asurer				
			Type or print name and title									
		Prin	t/Type preparer's name		Preparer's si	gnature		Da	ite		PTIN	
Pa	id	1							1	heck	ıf	
	eparer	.							<u> </u>	elf-employ	yed	
	e Only	1	n's name						Firm's EIN ▶			
-		· I	n's address						Phone no			
NA-	v the IS		s this return with the pre	narer chown	above? /c/	ae inetriiotion	ic)		,		□ vaa 「	No
IVIC	ay tile II	10 modes	is and return with the pit	parer showin	2001c (26	こし けっぱいしいしけ	1 3 /				Yes	

	Afficial Schools of Alexandra Poundation	52-1792504 Page Z
Pa	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	
	Provide Financial and Other Support services to schools in the U.S. and abroad.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	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 service	ces, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 1,941,761 including grants of \$ 147,722) (Reve	enue \$2,206,885)
	Provide Staff & Assistance for the futherance of Education at the Schutz American School in	
	Alexandria, A school for children Approximately 311 students served	
4b	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$
4d	Other program services (Describe in Schedule O)	0.
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ Total program service expenses ► 1,941,761	0)
	IOIGI DIOUIGIII 3CI VICE EADEII3C3 F 1.341 / D 1	

Part IV	· Checklist o	f Required	Schedules
	CHECKIISE	, ixeaunea	Juliedales

			res	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
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
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			150
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		х
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		X
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		Х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	_X_	
Ŋ	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	х	
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	х	
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 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	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	18		X
19	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	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV . 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			
	domestic 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 or for domestic individuals 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	22		_^_
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l	
	employees? If "Yes," complete Schedule J	23		Х
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		<u>X</u>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ł	
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		ĺ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ļ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	İ	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	W-8.2 73	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)	4		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
С	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		Х
C	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		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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?			.,
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	İ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	100		
	III, or IV, and Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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		X
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			
20	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		ŢΙ	
	13. Note: All 1 offin 990 mers are required to complete schedule O	38 Sam	X 990 (2	2044
		rorm -	J J U (2	4U 14}

Form 9	American Schools of Alexandria Foundation 52-179	2584	P	age 5
Par			-	
	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 0			
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 reportable	<u></u>		<u> </u>
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 33			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 -	
4a	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			
L	account)?	4a	- 1-	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	1		- 3
	(FBAR).		47	
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		
C	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 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			\Box
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	į. Ties	* C.A.	1.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	E. E. K		
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	500054111 C	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		ž.,	·• [········
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		× Ny
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			165.44
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	, 23 , 360	12.75
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	a Aire	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	1. T. S.	٠.	- 35
а	Initiation fees and capital contributions included on Part VIII, line 12		, 1. 723	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		22	. ~ .
11	Section 501(c)(12) organizations. Enter	1 :	. Wells	
а	Gross income from members or shareholders	,		ار از در از از از از از از از از از از از از از
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	~ 7	
	against amounts due or received from them)		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b]		,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			4
b	Enter the amount of reserves the organization is required to maintain by the states in which	ľ		
	the organization is licensed to issue qualified health plans	ļ		
С	Enter the amount of reserves on hand	 		ļ ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u></u>	L X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check in Concedure C Contains a response of note to any line in the fact vi	•	• •	<u> </u>
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<i>(2)</i>	F-1264	
	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 prior 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		<u>X</u>
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		_X_
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	100000000000000000000000000000000000000	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	project.		
а	The governing body?	8a	X	
b	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	ĻШ	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Joae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		26	22.34
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	11100001
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	32 .4	35	7.3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			44
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	羅斯		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year? .	16a		Χ
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	27-23		
	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			
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	/)	
	available 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 pol	ıcy, an	ıd	
20	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records International Schools Services, Inc (609) 452-0990			
	International Schools Services, Inc. (609) 452-0990			

Form 990 (2014)	American Schools of Alexandria Fo	oundation								52-17925	584 Page 7
Part VII .	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	En	nplo	oyee	s, ł	lighest Comp	ensated	<u>-</u>
	Employees, and Independent C							_			
	Check if Schedule O contains a r	•									<u>· · </u>
Section A.	Officers, Directors, Trustees, Key E										
1a Complete ti organization's	nis table for all persons required to be tax year.	listed Report co	mper	isat	ion 1	for t	he ca	ien	dar year ending v	with or within the	•
of compensation	of the organization's current officers, di on. Enter -0- in columns (D), (E), and (F) if no compens	sation	wa	s pa	aid					unt
 List the who received r 	of the organization's current key emplor organization's five current highest con reportable compensation (Box 5 of For and any related organizations.	npensated empl	oyees	ot (ot	her	thai	n an c	offic	er, director, truste	ee, or key emplo	yee)
• List all o	of the organization's former officers, ke portable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's former directors on the organization of th										the
	the following order. individual trustees employees, and former such persons.	or directors, ins	stitutio	nal	trus	stee	s, offi	cers	s, key employees	s; highest	
Check this	box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an Reportation							(E) Reportable	(F) Estimated
	Name and Tide	hours per			<u>dad</u>	irecti	or/truste	ee)	Reportable compensation	compensation	amount 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)	other compensation from the organization and related organizations	
				8			ated				
(1) Tarek Fa	ahmy	5 00			l ,						
President (2) Deirdre	Simon	0 00 5 00	<u> </u>		Х	\vdash					
Treasurer	0111011	0 00	×		х						
(3) Roger H	ove	5 00									
Secretary		0 00	Х		Х						
	Walker	40 00	•						100 017		
Oirector		0 00	X	-		-			103,317		-
-75/											
(6)											
(7)											
(8)											
(9)											
10)											
11)											
12)											
13)											

P	section A. Officers, Directors, True	ustees, Key Em	ploye	es,	and	l Hi	ghes	t Co	ompensated Em	ployees (co	ontinu	ed)	
						C) sition							
	. (A) Name and title	(B) Average					than o		(D) Reportable	(E) Reportable		(F) Estima	
		hours per week (list any	office	er an	dad	irect	or/trust	ee)	compensation from	compensati from relate	on	amour	nt of
		hours for related	or div	nstitu	Officer	Key e	emple angle	Former	the organization	organization (W-2/1099-M	ns	compen	sation
		organizations	dual t	tlona	٦	employee	Highest compensated employee	٣	(W-2/1099-MISC)	(44-271055-141)	30)	organız	ation
		below dotted line)	Individual trustee or director	Institutional trustee		уее	mper					and ref organiza	
			Ď	ite e			satec						
(15)				-						<u>.,</u>			
(16)										_			
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total			•			•	•	103,317		0		
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .	•					•	0 103,317		0	•	
2	Total number of individuals (including but not lii	mited to those lis	ted a	bov	e) w	/ho	recei	ved		,000 of			
	reportable compensation from the organization	•			1								
3	Did the organization list any former officer, dire	ector, or trustee.	kev e	mpl	ove	e. o	r hiat	nest	compensated		(E)	Ye	s No
	employee on line 1a? If "Yes," complete Scheo				, .	-, -			, 2000			3	X
4	For any individual listed on line 1a, is the sum of												
	the organization and related organizations great individual	ater than \$150,00)0? If	"Ye	es, " (com	plete	Sci	hedule J for sucl	7	<u> </u>		X
5	Did any person listed on line 1a receive or acci	rue compensatio	n fror	n ar	ıy u	nrel	ated •	orga	anization or indiv	ridual		4	
	for services rendered to the organization? If "Y	es," complete Sc	hedu	le J	for	suc	h per	son			Щ.	5	<u> </u>
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compe	ensated independ	dent o	cont	ract	ors	that r	ece	ved more than \$	\$100,000 of			
	compensation from the organization Report co											X	
	(A) Name and business add	ress							(B) Description of serv	rices	Co	(C) empensation	on.
	Total number of independent contractors (inclu-	ding but not limite	ed to	tho	se li	ster	abo	ve)	who received		7* *	<u>₹ ' k 🍇</u> ·	<u> </u>
	more than \$100,000 of compensation from the		•				0	,			~		47/E

Part VIII	Statement of	Revenue
-----------	--------------	---------

		Check if Schedule O contains	a response	or r	iote to any line ii	n this Part VIII .		<u> </u>	<u>. </u>
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ά α	1a	Federated campaigns	[1a	0	1			
rant	b	Membership dues	[1b	0				
D, S	С	Fundraising events .	L	1c	0)			
ar /	d	Related organizations	[1d	0				
8 <u>F</u>	е	Government grants (contribution	s) [1e	Ō				
rtlor er S	f	All other contributions, gifts, grar	its, and			}			
트 을		similar amounts not included abo	ove [1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ines 1a-1f:	\$	0]		
	h	Total. Add lines 1a-1f .				0			
9					Business Code				
Program Service Revenue	2a	Educational Services			611710	2,206,885	2,206,885		
8	b					0			
20/2	С					0			
Ser	d					0		•	
	e					0			·
	f	All other program service revenue	е			0			
<u> </u>	g	Total. Add lines 2a-2f.			. ▶	2,206,885			
	3	Investment income (including div	idends, intere	est,	and				
		other similar amounts)	•	•	. ▶	34,147			34,147
	4	Income from investment of tax-e	kempt bond p	roc	eeds >	0			
	5	<u> </u>			<u> </u>	0		VAL. V 40,90 x 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***********
		_	(ı) Real		(н) Personal		15	SALLA	
	6a	Gross rents .				7 7 6 5 0			
	b	Less rental expenses .			_				
	C	Rental income or (loss)		0	0	\$2.00 To 100 To	### / ·	· · · · · · · · · · · · · · · · · · ·	, 4 646.00 May 12 V
	_d	Net rental income or (loss)			. •	0	***** ***** ~^		- 28686-46000
	7a	Gross amount from sales of	(i) Securities	_	(II) Other		-) a ?		
		assets other than inventory		0	0			* x * * *	
	b	Less cost or other basis		_	_			\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		and sales expenses .		0	0			* \$	
	C	Gain or (loss)		0	0	F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	d	Net gain or (loss)	•			0			
d)	0-	0				A TO STATE OF THE	¥√\$°		,
Ž	8a	Gross income from fundraising	0			, a-			
Š		events (not including \$	0						
Other Revenue		of contributions reported on line See Part IV, line 18	10)	_	0	•			
Ē	_	Less direct expenses	•	a	0				
₹		Net income or (loss) from fundral	sing ovente	ט	<u>U</u>	0			
	C 9a	Gross income from gaming activi							
	Ja	See Part IV, line 19	ues.	•	О				
	b	Less direct expenses	•	a b	0	<u> </u>			
	C	Net income or (loss) from gaming	activities	5		0			
		Gross sales of inventory, less	g acaviacs	1					
		returns and allowances		а	О				
	b	Less cost of goods sold	•	b	0				
	C	Net income or (loss) from sales of	f inventory	~		0			
		Miscellaneous Revenue	in in Contony		Business Code				
	11a					0			
	b					0			
	c					0			
	d	All other revenue				0			
	e	Total. Add lines 11a–11d		•	>	0			
	12	Total revenue. See instructions	•		•	2,241,032	2,206,885	0	34,147
				_					

	Statement of Functional Expenses		manimations	omplete selver /Al	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			omplete column (A)	
	· Check if Schedule O contains a response or note	to any line in this Pa	nrt IX	· · · · · · · · · · · · · · · · · · ·	<u>L_</u> _
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	147,722	147,722		V.1
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	103,317	103,317		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1 202 024	4 262 024		
7	Other salaries and wages Pension plan accruals and contributions (include	1,262,934	1,262,934		
8	•	ا			
9	section 401(k) and 403(b) employer contributions)	140,963	140,963		
10	Other employee benefits	102,855	102,855		
11	Fees for services (non-employees)	102,033	102,000		
a	Management				
b	Legal	309		309	· · · · ·
	Accounting	18,434		18,434	
d	Lobbying .	10,404		10,404	
e	Professional fundraising services. See Part IV, line 17	0		4. 沒有事	
f	Investment management fees	Ö			
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	l ol			
12	Advertising and promotion .	0			
13	Office expenses .	1,566	1,468	98	
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	186,293	182,502	3,791	· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered				The state of the s
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	A the second of	• .		
_	(A) amount, list line 24e expenses on Schedule O)	0			
a					
b		0			
d					· · · · · · · · · · · · · · · · · · ·
a e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,964,393	1,941,761	22,632	<u>-</u>
26	Joint costs. Complete this line only if the	1,55-,555	1,071,701	22,002	
	organization reported in column (B) joint costs				
	from a combined educational campaign and			!	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X , Balance Sheet

		Check if Schedule O contains a response or	r note to any	line in this Part	t X .		
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	-		671,876	2	948,585
	3	Pledges and grants receivable, net			0	3	_ 0
	4	Accounts receivable, net .		•	0	4	0
	5	Loans and other receivables from current and f	ormer office	rs, directors,			
		trustees, key employees, and highest compens	ated employ	/ees			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	ons (as define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
23		organizations (see instructions) Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net	,		0	7	0
Ą	8	Inventories for sale or use	•	•		8	
	9	Prepaid expenses and deferred charges		•	1,520	9	1,520
	10a	Land, buildings, and equipment cost or	i I		1,020		1,020
	IVa	other basis. Complete Part VI of Schedule D	10a		0		
	<u> </u>	Less: accumulated depreciation	10b		0 0	10c	0
	b 44	·	100		0 0	11	0
	11	Investments—publicly traded securities	. 44		0	12	0
	12	Investments—other securities See Part IV, line		•	0	13	
	13	Investments—program-related See Part IV, line	e II		0	14	0
	14	Intangible assets			0	15	0
	15	Other assets. See Part IV, line 11					
	16	Total assets. Add lines 1 through 15 (must equ	iai iine 34)		673,396	16 17	950,105
	17	Accounts payable and accrued expenses		•	1,397		1,467
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	 D-4 N/-£0		<u> </u>	20	
40	21	Escrow or custodial account liability Complete				21	3. 1
Liabilities	22	Loans and other payables to current and forme			7 A A	Á	, v
Ħ		trustees, key employees, highest compensated		, and			
<u> a</u>		disqualified persons Complete Part II of Sched				22	
_	23	Secured mortgages and notes payable to unrel	-		0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 17-24) Co	mplete			
		Part X of Schedule D		•	0	25	0
	26	Total liabilities. Add lines 17 through 25			1,397	26	1,467
G		Organizations that follow SFAS 117 (ASC 95	-	ere ► X and	d		:
ည		complete lines 27 through 29, and lines 33 a	nd 34.		-7-		16 A 12 A 12 A 12 A 12 A 12 A 12 A 12 A
<u>a</u>	27	Unrestricted net assets .	•		671,999	27	948,638
Ba	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here	► and			V V
ō		complete lines 30 through 34.					
इंड	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or e	aupment fu	nd		31	-
ťΑ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances	,		671,999	33	948,638
	34	Total liabilities and net assets/fund balances			673,396		950,105

. 0	American ochools of Alexandria Foundation	J.	2-1/92304	Page	: 12
Par	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		2,241,	032
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,964,	393
3	Revenue less expenses. Subtract line 2 from line 1	3		276,	639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		671,	999
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		948,	638
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII	•		. L	
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				1 3
	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				
	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				
	separate basis, 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		20		elysekille.
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c		1.1.17
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				u jiwa di
Ja	the Single Audit Act and OMB Circular A-133?		20		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. 3a	-+	<u>X</u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 _b		
	required dudit of dudite, explain why in concudic o and describe any steps taken to undergo such addits			990 (2	044
			rom a	J J U (2	U 14)

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

Open to Public Inspection

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. Name of the organization

Employer identification number

AIIIE	IICa	II Scribbis of Alexandria Founda	111011				52-17	92584	
Pai	tΙ	Reason for Public Char	r <mark>ity Status</mark> (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundate	•	•		,	,		
1	Ш	A church, convention of church	es, or association o	of churches described i	n section	170(b)(1)	(A)(i).		
2		A school described in section	170(b)(1)(A)(ii). (At	tach Schedule E)					
3	Ш	A hospital or a cooperative hos	pital service organiz	zation described in sec	ction 170(b)(1)(A)(ii	i).		
4	Ш	A medical research organization hospital's name, city, and state	•	inction with a hospital o	described	ın section	170(b)(1)(A)(iii). Er	nter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	ne benefit of a collect riplete Part II)	ge or university owned	or operate	ed by a go	vernmental unit des	cribed in	
6		A federal, state, or local govern	nment or governmer	ntal unit described in s	ection 170	D(b)(1)(A)	(v).		
7		An organization that normally r described in section 170(b)(1)			om a gove	rnmental (unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)				
9	X	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ted business taxable in	exception come (les	ns, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	ss
10	\square	An organization organized and	operated exclusive	ly to test for public safe	ety See s	ection 509	9(a)(4).		
11		An organization organized and of one or more publicly support Check the box in lines 11a thro	ted organizations de	escribed in section 509	9(a)(1) or	section 5	09(a)(2). See sectio	n 509(a)(3).
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	[Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organi	ization vested in the sa	on with its ame perso	supporte ns that co	d organization(s), by introl or manage the	having supporte	d
С	[Type III functionally integring its supported organization(s	ated. A supporting o	organization operated i	n connect	ion with, a	and functionally integ	rated with	٦,
d	[Type III non-functionally in	itegrated. A suppor	ting organization opera	ated in cor	nection w	ith its supported org		
	_	that is not functionally integr requirement (see instruction	s) You must comp	olete Part IV, Sections	A and D,	and Part	V.		SS
е	L	Check this box if the organize functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported	•						0
g		Provide the following information							
	(I) I	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	other su	mount of pport (see uctions)
				(See mod donons))	Yes	No			
Ά)									
B)									
C)									
D)		<u> </u>							 .
E)									
<u>-)</u>			-						
					1				

Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sec	tions 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	u. jugo z
	(Complete only if you check	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify ui	nder
<u> </u>	Part III. If the organization fa	ills to quality un	ider the tests li	sted below, ple	ase complete F	art III.)	
	ction A. Public Support endar year (or fiscal year beginning in)	(=) 2040	(h) 2044	(=) 0040	(4) 2042	(-) 0044	(D. T-1-1
_		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	•					ſ
2	Tax revenues levied for the organization's		· · · · -		<u> </u>		
-	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						
4	Total. Add lines 1 through 3	0	0	0	0	o	
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% of the amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4		-				0
	ction B. Total Support	<u> </u>				,,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,]	
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10	¥ 24. ¥. I	ي نم ڏه	60 g) _2.	± 4. 4. 3	<u> 2</u>	0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	is a section 501(c)((3)	
	organization, check this box and stop here						▶.
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2014 (line 6, c	olumn (f) divided b	y line 11, column (f))		14	0 00%
15	Public support percentage from 2013 Sched	ule A, Part II, line 1	4			15	0 00%
16a	33 1/3% support test—2014. If the organization qualifies as			and line 14 is 33	1/3% or more, che	ck this box	▶□
b	33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified				s 33 1/3% or more	, check this	▶ □
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization.	s the "facts-and-cir	cumstances" test,	check this box and	l stop here. Explai	ท เก	▶
b	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization means the "facts supported organization"	eets the "facts-and	-cırcumstances" te	st, check this box a	and stop here. Ex		▶□
18	Private foundation. If the organization did rinstructions	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		

Page 3

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 quali	v under the tests listed below	please complete Part II.)
ii the organization land to quan	, dilaci tile teete lietea belevi,	picaco compicto i ait ii.,

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	1,463,588	1,547,437	1,784,163	1,899,573	2,190,491	8,885,252
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 .						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 .	1,463,588	1,547,437	1,784,163	1,899,573	2,190,491	8,885,252
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		}				0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			•			0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						<u>.</u>
	line 6)						8,885,252
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,463,588	1,547,437	1,784,163	1,899,573	2,190,491	8,885,252
10a	Gross income from interest, dividends,						
	payments received on secunties loans,						
	rents, royalties and income from similar sources	37,006	1,379	37,165	22,427	38,500	136,477
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	j	1		•		
	acquired after June 30, 1975	1					0
С	Add lines 10a and 10b	37,006	1,379	37,165	22,427	38,500	136,477
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					İ	0
12	Other income Do not include gain or						· · · · · · · · · · · · · · · · · · ·
	loss from the sale of capital assets						
	(Explain in Part VI)	9,416	18,161	8,606	65,377		101,560
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,510,010	1,566,977	1,829,934	1,987,377	2,228,991	9,123,289
14	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a			
	organization, check this box and stop here						▶ []
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2014 (line 8, co			0)		15	97.39%
16	Public support percentage from 2013 Schedu		•			16	97 92%
	tion D. Computation of Investmen					•	
17	Investment income percentage for 2014 (line			olumn (f))		17	1 50%
18	Investment income percentage from 2013 Sc		-	.,,	ľ	18-	0.71%
	33 1/3% support tests—2014. If the organiz			4, and line 15 is mo	ا ore than 33 1/3%. a		
	not more than 33 1/3%, check this box and s			•	•		► X
b	33 1/3% support tests—2013. If the organiz	-			-	33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this i	box and stop here	. The organization	qualifies as a publ	icly supported orga	inization	▶ 🗌
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	í	▶ □

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number American Schools of Alexandria Foundation 52-1792584 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e g a program service, expenditures for region agents, and fundraising, program describe specific type of and investments independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) Middle East and North Program Services Staff & Assistance for (1) Africa furtherance of Education 0 33 1,794,638 (2) (3) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 0 3a Sub-total 33 1,794,638 **b** Total from continuation sheets to Part I

0

1,794,638

C Totals (add lines 3a and 3b)

52-1792584

American Schools of Alexandria Foundation

Schedule F (Form 990) 2014

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.

(i) Method of valuation (book, FMV, appraisal, other)																	
(h) Description of non-cash assistance																	
(g) Amount of non-cash assistance																	
(f) Manner of cash disbursement	WIRE				;												
(e) Amount of cash grant	147,722																
(d) Purpose of grant	Support K-12 Education								1 m				;				
(c) Region	Middle East and North Support K-12 Africa Education																
(b) IRS code section and EIN (if applicable)																	
(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

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 ~

Enter total number of other organizations or entitles က

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. Schedule F (Form 990) 2014

Part III Grants al

(a) Type of grant or assistance	rant or assistance (b) Region (c) Nu reci	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
(1)							other)
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)					-		
(15)							
(16)							
(17)							
(18)							
						Scher	Schedule F (Form 990) 2014

for Form 5713, do not file with Form 990)

CGICG	American Schools of Alexandria Poundation	32-1/8	2304	Page •
Part	IV Foreign Forms			
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No	
6	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			

SCHEDULE O (Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization	Employer identification number
American Schools of Alexandria Foundation	52-1792584
Form 990, Part VI, Section B, Line 11B. The Form 990 is sent to all Board of Directors to be	
reviewed prior to filing with the IRS	•
Form 990, Part VI, Section B, Line 12C The Standards of Business Conduct & Corporate	
Goverance Policies requires that all members sign an annual conflict of interest form	
Form 990, Part VI, Section C, Line 19 All Corporate documents are available to the public	
upon request. The Corporate Documents and Tax Filings are kept at 15 Roszel Road Princeton, N	J
and will be provided to the public upon request	
	•
•	