

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

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

Address change Name change Initial return Final return/terminated Armended return Application pending	THE USA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) 4518 NORTH 32ND STREET City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018 F Name and address of principal officer:BEN SCHAUB	suite E Telephone numbe	372579
change Name change Initial return Final return/ termin- ated Amended return Applica- tion pending	Doing business as Number and street (or P.O. box if mail is not delivered to street address) 4518 NORTH 32ND STREET City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018	Suite E Telephone numbe 602-	er 955- 477 0
change Initial return Final return/ termin- ated Amended return Applica- tion pending	Number and street (or P.O. box if mail is not delivered to street address) 4518 NORTH 32ND STREET City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018	Suite E Telephone numbe 602-	er 955- 477 0
return Final return/ termin- ated Amended return Applica- tion pending	4518 NORTH 32ND STREET City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018	G Gross receipts \$	955-4770
Teturn/ termin- ated Amended return Applica- tion pending	City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018	G Gross receipts \$	
Amended return Application pending	PHOENIX, AZ 85018		106,988
Applica- tion pending		H(a) Is this a group re	
pending	E Name and address of principal officer: REN SCHATTR		eturn
	r maine and address of principal officer. DEM SCHAOD	for subordinates	s? Yes XN
I Tay evemnt		H(b) Are all subordinates i	ncluded? Yes N
	t status: X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	527 If "No," attach a	list (see instructions)
J Website: ▶		H(c) Group exemption	
K Form of orga		Year of formation: 1989 i	State of legal domicile: ?
	ımmary		
g 1 Brief	fly describe the organization's mission or most significant activities THE MISS		MOTE AND
FA	CILITATE THE PRIVATIZATION OF PHILANTHROPY		
ou l	ck this box 🕨 🔲 if the organization discontinued its operations or disposed of	1	ssets I
§ 3 Num	nber of voting members of the governing body (Part VI, line 1a)	$\frac{3}{2}$	
∞ 5 4 Null	nber of independent voting members of the governing body (Part VI, line 16)	1	
7 a Tota	al number of individuals employed in calendar year 2014 (Part V, line 2a)	5	ļ
ige 6 Tota			6.01
7 a Tota	al unrelated business revenue from Part VIII, column (C), line 12	7a	6,91
b Net	unrelated business taxable income from Form 990-T, line \$4 utributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)	7b	
	[c] (c) (c)	Prior Year	Current Year
9 8 Con	atributions and grants (Part VIII, line 1h)	13,607.	
9 Prog		58,927.	
த் 10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)	17,139.	
1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<242,886.	
12 Tota	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<153,213.	
13 Gran	nts and similar amounts paid (Part IX, column (A), lines 1·3)	0.	
	efits paid to or for members (Part IX, column (A), line 4)	0.	
ဖွဲ့ 15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	
ျှေ la Prof	fessional fundraising fees (Part IX, column (A), line 11e)	0.	
	al fundraising expenses (Part IX, column (D), line 25) 34,125.	140.004	120 05
17 001	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,984.	138,27
	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	149,984.	138,27
19 Rev	enue less expenses. Subtract line 18 from line 12	<303,197.	
		Beginning of Current Year	End of Year
က်လို	al assets (Part X, line 16)	3,007,524.	
21 Tota	al liabilities (Part X, line 26)	668,868.	
C正 22 Net :		1 4,330,030.	4,310,43
론 22 Net Part II Si	assets or fund balances. Subtract line 21 from line 20 ignature. Block. of perjury, I declare that I have examined this return, including accompanying schedules and st	2,338,656.	2,310,4

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2014) THE USA FOUNDATION	14-63/25/9	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	MISSION STATEMENT		
	AS REFINED ON NOVEMBER 7, 2004		
	Dolah barana da		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	L Yes	LAJ NO
•	If "Yes," describe these new services on Schedule O	[]v	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	L tes	LA NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	magazirad by avacases	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	s, the total expenses, a	anu
4a	(Code) (Expenses \$ 34 , 125 . including grants of \$ 0 .) (Revenue	. 14	245.)
74		RIAL GAIN	<u>243.</u>)
	REPORTED AS REVENUE.	NIAD ONIN	
	RELOCIED IN REVENOUS		
			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			·
4c	(Code) (Expenses \$) (Revenue	·\$)
		 	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 34,125.		

Form **990** (2014)

Part IV Checklist of Required Schedules

			Yes	_No
1	ls 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?	2	Λ_	
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	,	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
4	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		х
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,		Ī	
	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? 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		X
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, 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,	44-	.	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10		
Ŭ	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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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, fundraising, business,	14a	<u> </u>	X
Ü	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	ļ	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		Х
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	17	<u> </u>	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	<u> </u>	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_	 -	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 -	X
<u>_</u> b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(004.4

Form 990 (2014) THE USA FOUNDATION

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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		!	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	x	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	_	X
U	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?	330	 	
50	If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
. ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/	 	+ A
₩	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1.010 2 2 India dia raganda ta bampiata dari badia d	1 30	43	—

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 account)? X 4a 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 (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 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? 5¢ 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? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a

14b

Х

74-6372579 THE USA FOUNDATION ²form 990 (2014) 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 Section 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 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. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **AZ** 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 Another's website X Upon request ___ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records THE USA FOUNDATION - 602-955-4770

85018

4518 N. 32ND STREET, PHOENIX, AZ

Form 990 (2014) THE USA	FOUNDAT	101	1						74-6372	579 Page 7
Part VII Compensation of Officers, I				es,	Ke	/ Ei	mpl	loyees, Highest C	ompensated	
Employees, and Independen										
Check if Schedule O contains a resp	onse or note to	an	y line	e in t	this	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd ŀ	ligh	est	Cor	npei	nsat	ted Employees		
1a Complete this table for all persons required to	be listed Rep	ort	com	pen	satı	on fo	or th	e calendar year ending	with or within the orga	nization's tax year
 List all of the organization's current officer: Enter -0- in columns (D), (E), and (F) if no compen List all of the organization's current key en 	sation was pai	d								compensation
◆ List the organization's five current highest cable compensation (Box 5 of Form W-2 and/or Box 5 of Form W-2 and Form 5 of Form W-2 and Form 5 of For	compensated e ox 7 of Form 10	mpl	oyee MIS	es (o C) o	ther f mo	tha re th	n an nan	officer, director, truster \$100,000 from the orga	e, or key employee) wh Inization and any relate	d organizations
 List all of the organization's former officers reportable compensation from the organization a 	ind any related	org	anız	atior	าร			. ,		•
• List all of the organization's former directo more than \$10,000 of reportable compensation f	rom the organi	zatıc	on a	nd a	ny r	elate	ed o	rganizations	_	
List persons in the following order: individual trus and former such persons								· · ·	-	d employees;
Check this box if neither the organization n	l '	orga	mza			npei	nsat			··
(A) Name and Title	(B)				C) ition	ı		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	box, unless person is both an officer and a director/trustee)						from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	l i	<u>ಜ</u>		ļ	ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	npens		(W-2/1099-MISC)		organization and related
	below	individual trustee or director	nstitutional trustee	_	Key employee	stco				organizations
	line)	Indiv	Instit	Officer	Key el	Highest compensated employee	Former			organizationio
(1) BENSON L. SCHAUB	1.00									
TRUSTEE	40.00	X						0.	239,123.	0.
(2) ADAM RIDING	1.00									
TRUSTEE	40.00	Х					L	0.	75,392.	0.
	 	ļ	<u> </u>		<u> </u>					
	ļ		_							
	<u> </u>									
			├-							
		 	-							
		ł		İ						
	 						-			~
				ļ				!		
.		 	1						-	
			<u> </u>							
	-	ĺ								
										
		_	L							
							<u> </u>			
	ļ			<u> </u>			<u> </u>			
										_

(A) (B) (C)								st C	(D)	(E)		(F)	
-	Name and title	Average hours per week (list any hours for related organizations below line)	box, unless officer and a number of quector and a number of quector and a number of quector and provided and a number of quector and quector and que		ss pe	k more than one acron is both a director/trustee Hubits and a pales and a pale		h an itee)	Reportable compensation from the organization (W-2/1099-MISC)	(W-2/1099-MISC)		Estimated amount of other compensation from the organization and related organizations		f ion on d
													_	
		-												
_														
						_								
	<u> </u>					_		-			-		_	
													-	
1b Sub-to	tal		<u></u>				•		0.	314,51	5.			0.
c Total fi	com continuation sheets to Part V add lines 1b and 1c) umber of individuals (including but			liete	ad al	hove	-) w	>	0.	314,51	0. 5.			0.
	nsation from the organization		1030	iiste	, G &			10 10		,,000 of reportable			'es	0 N o
	organization list any former officer			e, ke	y er	nplc	yee	, or	highest compensated e	mployee on			63	_
4 For any	? If "Yes," complete Schedule J for a rindividual listed on line 1a, is the s	um of reportab	le co							the organization		3		X
	ated organizations greater than \$15 person listed on line 1a receive or									dual for services	-	4	X	
	ed to the organization? If "Yes," con ndependent Contractors	nplete Schedul	e J 1	or s	uch	pers	son					5		X
	ete this table for your five highest co anization. Report compensation for										ensat	ion fro	m	
	(A) Name and business			ONI					(B) Description of s		Coi	(C) mpens		
														_
												_		
	umber of independent contractors		ot III	mıte	d to	tho	se li:	sted	above) who received in	nore than				
<u>\$100,0</u>	00 of compensation from the organ	ization					<u> </u>							

Form 990 (2014) THE USA FOUNDATION
Part VIII Statement of Revenue

	`	Check if Schedule O conta	ains a response	e or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ağ, (C	Fundraising events	1c					
를 al	d	Related organizations	1d					
S, E	е	Government grants (contribute	ions) 1e					
흔낎	f	All other contributions, gifts, grant	ts, and					
ള		similar amounts not included above	ve 1f	69,852.				
벌	g	Noncash contributions included in lines	1a-1f \$					
<u>8 5</u>	<u>h</u>	Total. Add lines 1a-1f		•	69,852.			
<u>s</u>	2 a	0000000000000000	00	Business Code 900099	14,245.	14,245.		
le er	b							
Program Service Revenue	С						···	
Re	d							
ξ	е							
۱ ۳	f	All other program service reve	nue		4.4.045			
	g			· · ·	14,245.			
Ŷ	3	Investment income (including	dividends, inte	rest, and	15 075			15 055
	_	other similar amounts)			15,975.			15,975.
	4	Income from investment of tax	x-exempt bond	proceeds	 -			
	5	Royalties	0.5					
	_	•	(i) Real	(II) Personal				
	6 a		17 020					
	b	•	17,039	•				
İ	C	Rental income or (loss)	<17,039	•P	.17 020			.17 020
		Net rental income or (loss)		() 011-	<17,039.	P		<17,039.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses				1		
		Gain or (loss)						
		Net gain or (loss)	a avanta (nat				· · · · · · · · · · · · · · · · · · ·	<u> </u>
Jue	ва	Gross income from fundraisin including \$	-					•
Ver		contributions reported on line						
8		Part IV, line 18	•					
Other Rever	h	Less: direct expenses		a de la composición della comp				
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac	_					
	<i>3</i> a	Part IV, line 19		a		ŀ		
Ì	h	Less direct expenses		b				
		Net income or (loss) from gam		-				
		Gross sales of inventory, less	-					
		and allowances		a				
	h	Less cost of goods sold		b				
}		Net income or (loss) from sale		•				
Ì		Miscellaneous Revenu		Business Code				
	11 a	PASS THRU NET I			6,916.		6,916.	
	b				- / V - V		- /	
	c					T		
ļ		All other revenue			_			
		Total. Add lines 11a-11d		•	6,916.			
	12	Total revenue. See instructions.		•	89,949.		6,916.	<1,064.
43200 11-07-	9					,		Form 990 (2014)

Form 990 (2014) THE USA FOUNDATION Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Secu	Chack of Schoolule O contains a response			ompiete column (A)	
Do	Check if Schedule O contains a respons	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u>-</u>			
11	Fees for services (non-employees)				
а	Management	25,677.		25,677.	
b	Legal	66,714.		66,714.	
С	Accounting	5,550.		5,550.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				<u>.</u>
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	3,255.		3,255.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	996.		996.	······································
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	30.		30.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	GIFT ANNUITY CONTRACTS	34,125.			34,125.
b	OTHER	971.		971.	01/1250
C	OTHER DEDUCTIONS FROM P	955.		955.	
d					
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	138,273.	0.	104,148.	34,125.
26	Joint costs Complete this line only if the organization				<u></u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				· <u> </u>

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 26,066. 42,890. Cash · non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 1,539,000. 1,553,781. 7 R Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 750,000. basis Complete Part VI of Schedule D 10a 204,456. 10b 562,582. 545,544. b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 289,602 287,532. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 590,274 15 Other assets See Part IV. line 11 15 591,375. 3,007,524 3,021,122. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 56,062. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 668,868. Schedule D 25 654,623. Total liabilities. Add lines 17 through 25 668,868. 26 26 710,685. X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,896,232. 27 Unrestricted net assets 27 1,872,685. 28 Temporarily restricted net assets 442,424. 437,752. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ____ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances <u>2,338,656.</u> 2,310,437. 33 3,007,524. 3,021,122. 34 Total liabilities and net assets/fund balances

Form	1990 (2014)THE USA FOUNDATION	<u>74-637</u>	72579	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,949.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,273.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,324.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,656.</u>
5	Net unrealized gains (losses) on investments	5	24	<u>,777.</u>
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	<4	,672.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,310	<u>,437.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			'	res No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ŀ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
			Form	990 (2014)

√ SCHEDULE A (Form 990 or 990-EZ)

,

Name of the organization

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

		USA FOUNDA					74	1-6372579
Part I	Reason for Public	Charity Status (A	All organizations must co	mplete the	s part) Se	e instructions.		
The orga	nization is not a private foun	dation because it is (For lines 1 through 11, c	heck only	one box)			<u> </u>
1 🖳	A church, convention of cl	hurches, or associatio	n of churches described	ın section	n 170(b)(1	I)(A)(i).		
2 🗀	A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E)					
з 🔲	A hospital or a cooperative	e hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).		
4	A medical research organi					-	ter t	he hospital's name,
	city, and state							
5 🔲	An organization operated	for the benefit of a co	llege or university owned	or operat	ed by a go	overnmental unit des	cribe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)						
6 🔲	A federal, state, or local go	overnment or governn	nental unit described in s	section 17	O(b)(1)(A)	(v).		
7 🔲	An organization that norm	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the gene	eral p	oublic described in
	section 170(b)(1)(A)(vi). (_		J		
8 🔲	A community trust describ	ed in section 170(b)	1)(A)(vi), (Complete Part	: 11.)				
9 🔲	An organization that norm				contributio	ons, membership fee	s. ar	nd gross receipts from
	activities related to its exe					·		-
	income and unrelated bus							
	See section 509(a)(2). (Co		,		•	, ,		,
10 🔲	An organization organized	and operated exclusi	vely to test for public sa	fety See s	section 50)9(a)(4).		
11 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform ti	he functio	ns of, or to carry out	the	purposes of one or
	more publicly supported o							
	lines 11a through 11d that						•	
a 🗓	Type I. A supporting org	janization operated, s	upervised, or controlled	by its supp	ported org	janization(s), typically	y by	giving
	the supported organizat	ion(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of th	ne su	pporting
	organization You must	complete Part IV, Se	ections A and B.					
ь 🗔	Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by	/ hav	ring
	control or management	of the supporting orga	anization vested in the sa	ame perso	ns that co	ontrol or manage the	supp	oorted
	organization(s) You mu	st complete Part IV,	Sections A and C.					
с 🗀	Type III functionally int	egrated. A supporting	g organization operated	ın connect	tion with, a	and functionally integ	rate	d with,
	its supported organization	on(s) (see instructions	You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III non-functional	ly integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported org	ganız	ation(s)
	that is not functionally in	ntegrated The organiz	ation generally must sat	isfy a distr	bution re	quirement and an att	entiv	/eness
	requirement (see instruc	tions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the org	janization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type	e III	
	functionally integrated, of	or Type III non-functio	nally integrated supporti	ng organiz	ation			
f Ent	er the number of supported	organizations						38
g Pro	vide the following information					<u> </u>		
	(i) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-9	iv) is the or) listed ir	rganization n vour	(v) Amount of moneta	iry	(vi) Amount of
	organization		above or IRC section	governing d		support (see Instructions)		other support (see Instructions)
			(see instructions))	Yes	No	instructions)		instructions)
	I CENTRAL							
COLLE	<u>GE</u>	36-2169157	9		X		0.	
	NDSHIP CLUB	68-0262000	9		X	_	0.	
) JEWISH							
CONGI		13-1790756	9		X	_	0.	
	CH OF JESUS							
	ST OF LDS	23-7300405	9		X		0.	
	CE OF THE		_				-	
VALLI	<u>Y</u>	94-2674084	LINE 9 ABOVE		X		0.	
Total				i l		I	n .l	0

_				
Schedule	A (Earm	മമറ പ	- 990.E71	2014

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support		· -		·						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
	Gifts, grants, contributions, and		1			107	(7 . 5 - 5				
	membership fees received. (Do not										
	include any "unusual grants ")										
2	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·						
	ızatıon's benefit and either paid to										
	or expended on its behalf				:						
3	The value of services or facilities		1				· · · · · · · · · · · · · · · · · · ·				
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
	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)										
6	Public support. Subtract line 5 from line 4										
Sec	ection B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
7	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources				ļ						
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI)										
	Total support. Add lines 7 through 10					-					
	Gross receipts from related activities,	•	•			12					
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	. —				
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage		 .		<u> </u>				
	Public support percentage for 2014 (I			oakuma (fl)		44					
	Public support percentage from 2013	, ,,	, ,	column (ij)		15	<u>%</u>				
	33 1/3% support test - 2014. If the o		-	on line 13 and line	14 is 33 1/3% or r						
	stop here. The organization qualifies				14 13 33 1/3/0 01 1	nore, check this be	∧ and				
b	33 1/3% support test - 2013. If the c		•		d line 15 is 33 1/3%	or more, check th	nis box				
_	and stop here. The organization qual					or more, erreek tr	▶ □				
17a	10% -facts-and-circumstances test		• • •		e 13, 16a, or 16h	and line 14 is 10%	or more.				
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"					ino organ					
b	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or				
-	more, and if the organization meets the										
	organization meets the "facts-and-circ						•				
18	Private foundation. If the organization						s F				

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)

Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not	1					
	include any "unusual grants ")	L					
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- ness under section 513	ı					
А	Tax revenues levied for the organ-			-			
-	ization's benefit and either paid to	1					
	or expended on its behalf	1					
5	The value of services or facilities					-	
	furnished by a governmental unit to	1					
	the organization without charge	1					
6	Total. Add lines 1 through 5	· <u>-</u>					
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			}			
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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			_			
Sec	tion B. Total Support			· 			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			<u></u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						· · · · · · · · · · · · · · · · · · ·
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		L	<u> </u>	<u></u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
<u></u>	check this box and stop here	Command Da				_	
	tion C. Computation of Publ		_			T- T	
	Public support percentage for 2014 (I			column (f))		15	%
	Public support percentage from 2013 etion D. Computation of Investigation					16	%
	·				·	T	
	Investment income percentage for 20	•	•	ne 13, column (t))		17	%
	Investment income percentage from 2 33 1/3% support tests - 2014. If the			on line 14, and ha	a 15 io mara th	22 1/29/ and log 1	<u>%</u>
159	more than 33 1/3%, check this box a						/ is not
h	33 1/3% support tests - 2013. If the				•		and .
	line 18 is not more than 33 1/3%, che	_					▶ □
20	Private foundation. If the organization			•	, , , ,	•	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1	X	
2		X
0-		v
3a		<u> X</u>
3b		
3c		
- 00		
4a		X
41-		
4b		
4c		
5a		x
	i	
5b 5c		
		X
6		
7		x
8		X
9a		x
9b_		<u>X</u>
9c		X
10a		<u> </u>
10b		

Sobo	edule A (Form 990 or 990 EZ) 2014 THE USA FOUNDATION 74	<u>-637257</u>	Q D	200 E
	rt IV Supporting Organizations (continued)	031231	<u> </u>	ige 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		X
h	A family member of a person described in (a) above?	11b	_	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	X
	etion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	x	
Sec	ction C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	- 111
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		Ì	ĺ
	the supported organization(s)	1		
Sec	ction D. Type III Supporting Organizations	·	·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (si	ee instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		L
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		ĺ
3	Parent of Supported Organizations Answer (a) and (b) below.			İ
a				
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Γ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_	<u> </u>	

	edule A (Form 990 or 990-EZ) 2014 THE USA FOUNDATION			<u>74-6372579 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		, and the second
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		<u> </u>	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	-	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	ganization (see
	instructions).	•		-

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 THE USA FOUNT			74-6372579 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4	in F. Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sec	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
a				
b				
c				
	Evenes from 2012			

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 THE USA FOUNDATION 74-6	6372579 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and	d Part III, line 12.
Also complete this part for any additional information. (See instructions)	
PART IV, SECTION A, LINE 1:	
THE USA FOUNDATION OPERATES NUMEROUS DONOR ADVISED FUNDS AS PART	r of its
FAMILY FOUNDATION PROGRAM. MANY OF THE SUPPORTED ORGANIZATIONS	ARE
RECOMMENDED BY DONORS OF THE PROGRAM. THE USA FOUNDATION HAS	
ESTABLSHED LONG LASTING, HISTORIC RELATIONSHIPS WITH THESE FAMIL	ĽY
FOUNDATION DONORS WHO MAKE RECOMMENDATIONS ON GRANTS TO QUALIFIE	ED
CHARITABLE ORGANIZATIONS. THE RELATIONSHIPS ESTABLISHED BY THE	USA
FOUNDATION ARE DESIGNED TO CONTINUE WITH THE DONORS AS WELL AS T	гне тне
GRANT RECOMENDATIONS TO THE CHARITIES THEY PREFER TO SUPPORT.	
PART IV SECTION B 2	
THE USA FOUNDATION TRUST SUPPORTS THE AMERICAN FOUNDATION INC.	THE
MISSION OF THE AMERICAN FOUNDATION, INC. IS TO CREATE MORE EFFE	CTIVE
PHILANTHROPY THROUGH ITS FAMILY FOUNDATION PROGRAM IN ADDITION	<u> </u>
ANNUAL GIVING. THE USA FOUNDATION CARRIES OUT AND SUPPORTS THE	MISSION
OF THE AMERICAN FOUNDATION THROUGH THE CREATION AND OPERATION OF	F FAMILY
FOUNDATION ACCOUNTS THAT MAKE GRANTS TO OTHER QUALIFIED ORGANIZA	ATIONS
	0892

Schedule A (Form 990 or 990-EZ) THE USA FOUNDATION 74-6372579 Page 8

Part VI Supplemental Information (Schedule A, Part I, Line 11g - Information regarding supported organizations (continuation)							
, (i) Name of supported	(ii) EIN	(III) Type o	of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization		\	d on lines 1-9	listed governing		support	other support
		above or	'IRC section)	Yes	No		
JEWISH HOME			· · · · · · · · · · · · · · · · · · ·				
FOUNDATION	22-2263845	LINE	9 ABOVE		x	0.	
AMITY FOUNDATION	22 2200010		7 12012				
INC	86-0721627	TTNE	9 ABOVE		х	0.	
ANGEL CHARITY FOR	00 0121021	21112	J MIDOVE				
CHILDREN	86-0472794	T.TNE	9 ABOVE		x	0.	
CHILDREN	00 04/2/54	DIME	J ADOVE		A	- 0.	· · · · · · · · · · · · · · · · · · ·
ARE CLINIC INC	86-0279798	T.TNF	9 ABOVE		x	0.	
ARIZONA EASTER	00 0213130	DIME	7 ADOVE		Δ		
	86-0096773	TTNIE	O A DOTTE		v		
SEALS	00-0090773	PING	9 ABOVE		X	0.	
ARIZONA SONARA	06 0111675		0 350				
DESERT MUSEUM	86-0111675	PTNE	9 ABOVE		X	0.	
		L			_		
AUGSBURG COLLEGE	41-0694721	LINE	9 ABOVE		X	0.	
BANNER HEALTH							
FOUNDATION	94-2545356	LINE	9 ABOVE		X	0.	
BELLEVUE HEIGHTS							
CHURCH	94-2769478	LINE	9 ABOVE		X	0.	
BLACKLEDGE MUSIC	30-0137866	LINE	9 ABOVE		X	0.	
BOYS AND GIRLS CLUB	3						
OF METRO PHOENIX	94-2876537	LINE	9 ABOVE		х	0.	
BOYS AND GIRLS				-0.			
CLUBS OF TEMPE	94-2815686	LINE	9 ABOVE		X	0.	
CHILDRENS HOME	06-0646920	LINE	9 ABOVE		х	0.	
GLENDALE AZ			<u> </u>				· · · · · · · · · · · · · · · · · · ·
HISTORICAL	94-2894991	LINE	9 ABOVE		X	0.	
	1 203232		, ,,,,,,,,			<u> </u>	
HOUSE EAR INSTITUTE	95-2127707	LINE	9 ABOVE		x	0.	
HUMANE SOCIETY OF	33 2127707		J MDOVE				
SOUTHERN AZ	86-0112798	T.TNE	Q ABOTTE		x	0.	
SOUTHERN AZ	00-0112790	DIME	3 ABOVE	<u> </u>		0.	
PRESCOTT COLLEGE	86-0294012	TIME	O ABOTTE		x	0.	
PURPLE MOUNTAIN	00-0294012	TIME	3 ABOVE			U •	
INSTITUTE	21 1722020	T TATE			37		
INSTITUTE	31-1733820	PINE	9 ABOVE		X	0.	
D1 T17D0W 1 GD7G	06 0006400						
RAINBOW ACRES	86-0286420	LINE	A ABOVE		Х	0.	
SOUTHERN NEVADA	06 0000000						
EASTER SEALS	86-0092773	LINE	9 ABOVE		X	0.	
SPALDING EDUCATION			_				
INSTITUTE	86-0545771	LINE	9 ABOVE		X	0.	
ST ANDREWS						Í	
PRESBYTERIAN CHURCH	<u> 186-0940166</u>	LINE	9 ABOVE		X	0.	
SUN ANGEL							
FOUNDATION	86-0138459	LINE_	9 ABOVE		X	0.	
TEE UP FOR TOTS	86-0967549	LINE	9 ABOVE		X	0.	
TUCSON INTERFAITH			_				
HIV/AIDS NETWORK	86-0819574	LINE	9 ABOVE		X	0.	
TUCSON MUSEUM OF				-			
ART	86-6006371	LINE	9 ABOVE		x	0.	
Continuation Totals							
		-			L		

*Schedule A (Form 990 or 990-EZ) THE USA FOUNDATION 74-6372579 Page 8 Part VI | Supplemental Information (Schedule A, Part I, Line 11g - Information regarding supported organizations (continuation) (iii) Type of organization (iv) Is the organization (v) Amount of monetary described on lines 1.9 listed in your support (ii) EIN (i) Name of supported (vi) Amount of organization support other support governing document? above or IRC section) Yes No UNIVERSITY OF ARIZONA FOUNDATION 86-6050388 LINE 9 ABOVE 0. X VERDE VALLEY 86-0100882LINE 9 ABOVE REGIONAL X 0. WESTMINSTER 13-4247700LINE 9 ABOVE PREBYTERIAN CHURCH Х 0. WETHERSFIELD PUBLIC SCHOOLS ESCROW 06-1208499LINE 9 ABOVE X 0. WHEATON ACADEMY 36-2388793LINE 9 ABOVE X 0. ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219LINE 9 ABOVE X 0. DRAKE UNIVERSITY 42-0680460LINE 9 ABOVE X 0. **Continuation Totals**

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Inspection

	THE USA FOUNDATION		74-6372579
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	9	7
2	Aggregate value of contributions to (during year)	69,852.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	739,795.	1,570,642.
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	
	impermissible private benefit?		X Yes No
Pa	t II Conservation Easements. Complete if the org.	anızatıon answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	•	_2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	_	
7	Amount of expenses incurred in monitoring, inspecting, and e	_	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	,
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
Б-	conservation easements	Art Historical Tracerras or Oth	- Cimilar Assats
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	····	
1a	If the organization elected, as permitted under SFAS 116 (ASC		·
	historical treasures, or other similar assets held for public exhi		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		•
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items		~ •
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	purpo, or other emiles access for five a	> >
2	If the organization received or held works of art, historical trea	-	ain, provide
	the following amounts required to be reported under SFAS 11	o (AOC 908) relating to these items.	▶ ♠
a	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
Ь	Assets included in Form 990, Part X		> >

		FOUNDATIO						<u>74-63</u>	72579	Pa	<u>ge 2</u>
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	it are a s	significai	nt use of its	collection	items	i
	(check all that apply)										
а	Public exhibition	C			hange progra	ams					
b	Scholarly research	€	· 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co								t XIII		
5	During the year, did the organization solicit o					er sımıla	ır assets	,	_		-
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to	Form 9	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	t include	ed	7	_	
	on Form 990, Part X?							_	」 Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able			_	1			
	_						-		Amount		
С	Beginning balance						10				
d	Additions during the year						_1d	1			
е	Distributions during the year						1 <u>e</u>				
f	Ending balance						1f	<u> </u>			
	Did the organization include an amount on Fo						ılıty?		」Yes	\vdash	No
Par	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete r							 .			
	Danis of the balance	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four	ears t)ack_
1a	Beginning of year balance										
b	Contributions				1			 -			
С.	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·			-						
d	Grants or scholarships						-				
е	Other expenditures for facilities				1						
	and programs						_				
	Administrative expenses								-		
g	End of year balance		L		<u></u>	ļ	_				
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	<u></u> %									
•	The percentages in lines 2a, 2b, and 2c should be a sh	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are neid a	ina aaministe	erea tor t	ine orga	nization	Г.		
	(i) unrelated organizations									Yes	No
	(i) unrelated organizations (ii) related organizations								3a(i)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required a	n Sabad	lulo D2		-			3a(ii)	_	
4	Describe in Part XIII the intended uses of the								3b		
Pai			winenti	unus.							—
L <u>:</u>	Complete if the organization answere		Part IV	line 11a S	See Form 990	Dart Y	line 10				
	Description of property	(a) Cost or o			t or other			atod	(d) Dook		
	bescription or property	basis (investr			(other)		ccumula	I	(d) Book	value	
12	Land					- 40	p. 301411				
	Buildings	750,	000				204,	456	545	5 /	1/
	Leasehold improvements	, 50,					<u> </u>	= 20 •	243	, , , , 4	<u> </u>
d	Equipment										
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X. colum	n (B) line i	10c)	-			545	5/	11
		4.2.2. / Cill. 000, / art	. 4 COIGH	_{[-], III}						، ر ،	

Schedule D (Form 990) 2014 THE USA FOU	NDATION		74-6372579 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) JORDANELLE 3RD MORGAGE			
(B) LLC	112,129		ET VALUE
(C) PEAK VIEW III LLC	15,309		ET VALUE
(D) MCCARTNEY 128 LENDER LLC	35,718	. END-OF-YEAR MARK	ET VALUE
(E) WIGGINS 21 LENDER LLC	32,478	. END-OF-YEAR MARK	ET VALUE
(F) JAMES 4 LENDER LLC	2,586	. END-OF-YEAR MARK	ET VALUE
(G) VAL VISTA CASA GRANDE LLC	5,925	. END-OF-YEAR MARK	ET VALUE
(H) TONAPAH 80 LENDER LLC	10,413		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	287,532		
Part VIII Investments - Program Related.	- · · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
	-,-		
(6)			
(8)	. 10		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
L	4- F 000 D-+ IV I	- 44 d O - 5 - 000 D - 1 V L - 45	
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	e 11d See Form 990, Part X, line 15	dia Producetico
	i-		(b) Book value
(1) NET REMAINDER VALUE SPLIT		USTS	437,752.
(2) ACCRUED INTEREST RECEIVAB	LE:	·	153,623.
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		<u>▶ 591,375.</u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25
1. (a) Description of liability		(b) Book value	-
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILTY		654,623.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 654,623.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014 THE USA FOUNDATION		
Part XI Reconciliation of Revenue per Audited Finance	cial Statements With Reven	ue per Return.
Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statem	nents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	
a Net unrealized gains (losses) on investments .	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part		
Part XII Reconciliation of Expenses per Audited Finan	•	nses per Return.
Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	_2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information.	rt I, line 18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		Part V, line 4, Part X, line 2; Part XI,

Schedule D (Form 990) 2014

432054 10-01-14 Schedule D.(Form 990)

THE USA FOUNDATION

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, II (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(g		
OPPERLEAF LENDER LLC	4,170.	FMV
AKE PLEASANT 40 LLC	43,722.	FMV
HORSESHOE TRAIL 1 LLC	25,082.	FMV

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE USA FOUNDATION

Employer identification number 74-6372579

Questions Regarding Compensation Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? X 5a Any related organization? X 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? X 6a Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

THE USA FOUNDATION Schedule J (Form 990) 2014 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	in column (B) reported as deferred in prior Form 990
(1) BENSON L. SCHAUB	(i)	0	0	0	0	0	0	0
TRUSTEE	: 🗉	0		239,123.		0.	239,123.	
	(3)							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(II)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(1)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	(i)							
	Ξ							
,	(ii)							
	(i)							
	(ii)							
	ε							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2014

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 7:
BENSON L. SCHAUB IS THE SOLE MEMBER OF FOUNDATION SERVICES OF AMERICA, LLC.
THIS ENTITY HAS CONTRACTS TO PROVIDE SERVICES TO ORGANIZATIONS RELATED TO
THIS ENTITY. THE NET INCOME FROM THIS LLC WAS \$239,123 FOR THE YEAR 2014.
THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, OF FORM 990, AS BENSON L.
SCHAUB'S COMPENSATION FROM RELATED ORGANIZATIONS.
ADAM RIDING IS AN EMPLOYEE OF FOUNDATION SERVICES OF AMERICA LLC AND WAS
PAID COMPENSATION OF \$75,392 FOR THE YEAR 2014.

Schedule J (Form 990) 2014

SCHEDULE L

Transactions With Interested Persons

OMB No 1545-0047

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization							Emp	loyer	identi	ficati	on nu	mber
		FOUNDATIO							725	79		
Part I Excess Ben	nefit Transac	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organization	ns only)			_	
Complete if the	organization an	swered "Yes" on	Form	990, Pa	art IV, line 25a or 25l	o, or Form 990-EZ, P	art <u>V,</u> li	ne 40	b.			
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b	Relationship bet	ween	disqua	lified	\D				(d)	Corre	cted?
(a) Name of disqualified	person	person and o	rganız	ation	(6	c) Description of tran	sactio	n		Y	es	No
										1		
						·						
										\top		
2 Enter the amount of tax	x incurred by the	organization mar	nagers	or disc	gualified persons du	ring the year under				1		
section 4958					4	ge year arres.	1	s				
3 Enter the amount of tax	x if any on line 2	above reimburs	sed by	the or	ganization		ï	\$				
C Enter the amount of the	x, ii airy, orr iirio i	e, abovo, romban	oou by	1110 01	gamzanom		•	Ψ				
Part II Loans to ar	nd/or From I	nterested Per	sons	· ·								
	organization an	swered "Yes" on	Form	990.F7	Part Viline 38a or I	Form 990, Part IV, Iır	ne 26 d	or if th	o oraș	nızatı	on	
·	=	90, Part X, line 5,			., , , , , , , , , , , , , , , , , , ,	01111 000, 1 411 14, 111	10 20, 0	,	ic orga		011	
(a) Name of	(b) Relationshi			oan to or	(e) Original	(f) Balance due	(g)	In	(h) App	proved	(i) V	/ritten
interested person	with organization			m the ization?	principal amount	(1) Daila 100 dao	defa	ult?	by boo	ard or	agree	ment?
			To	From			Yes	No	Yes	No	Yes	No
			1.0	1			163	110	103	140	163	140
				 							 	
												
				1							 	
				1								
			1									\vdash
		-	+			·					 	
				1								
												
			+	1								├ ─
T-A-I		<u> </u>		<u> </u>	<u> </u>	l	\vdash					
Total Part III Grants or A	ssistance R	enefiting Inte	reste	d Pe	rsons		l				<u> </u>	
		_										
		swered "Yes" on			T	(4) Tuna						
(a) Name of interested	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan) Purp assist	ose o ance	т
		the organiz	ation									
		,										
								\neg				
				-								
			••					$\neg \uparrow$				

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.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE USA FOUNDATION

Employer identification number 71-6372570

111E USA FOUNDATION 74-0372379
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISSION STATEMENT
OUR MISSION IS TO PROMOTE AND FACILITATE THE PRIVATIZATION OF
PHILANTHROPY, AND HELP CHARITIES BECOME MORE EFFECTIVE AND SUCCESSFUL.
1.WHAT WE MEAN BY PRIVATIZATION OF PHILANTHROPY. PRIVATIZATION OF
PHILANTHROPY MEANS CREATING ENDOWMENTS OR FAMILY FOUNDATIONS WHERE
THERE IS ONGOING DONOR (OR DONOR FAMILY) INVOLVEMENT AND DIRECTION OVER
CHARITABLE GRANT MAKING.
2.ACHIEVING OUR MISSION. WE ACHIEVE OUR MISSION BY CREATING
INDIVIDUAL, FAMILY, AND CORPORATE FOUNDATIONS, MOSTLY IN THE MORE
ADVANTAGEOUS PUBLIC CHARITY SETTING, WHERE INDIVIDUALS, FAMILY MEMBERS,
AND CORPORATE EXECUTIVES RETAIN THE ONGOING DIRECTION OVER CHARITABLE
DISTRIBUTIONS.
3.RESULTS OF OUR MISSION. OUR MISSION AND EFFORTS WILL RESULT IN THE
CREATION OF VAST AMOUNTS OF NEW AND MORE EFFECTIVE PHILANTHROPY.
WE ARE DEVELOPING NEW CHARITABLE PROGRAMS DESIGNED TO HELP CHARITIES
IMPROVE THEIR GOVERNANCE STRUCTURE, HUMAN RESOURCES
FORM 990, PART VI, SECTION A, LINE 2:
ADAM RIDING IS THE NEPHEW OF BENSON L. SCHAUB.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization THE USA FOUNDATION	Employer identification number 74-6372579
FOUNDATION SERVICES OF AMERICA LLC PROVIDES MANAGEMENT S	ERVICES TO THE
FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE AMERICAN FOUNDATION INC. APPOINTS THE TRUSTEES FOR TH	IS ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:	
THE FOUNDATION'S TAX RETURN IS REVIEWED BY SENIOR ACCOUNT	ING STAFF PRIOR TO
FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN REMAINDER VALUE OF SPLIT INTEREST TRUSTS	-4,672.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014

OMB No 1545-0047

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

THE USA FOUNDATION

Open to Public , Inspection

Employer Identification number 74-6372579

Direct controlling Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income **©** Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) controlled ŝ × × × entity? Yes Direct controlling entity OUNDATION INC OUNDATION INC OUNDATION INC $\boldsymbol{\varepsilon}$ MERICAN MERICAN AMERICAN status (if section Public charity 501(c)(3)) 609(A)(3) 509(A)(2) TYPE 1 Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) ፱ Legal domicile (state or foreign country) ARIZONA RIZONA ARIZONA CHARITABLE ORGANIZATIONS CHARITABLE ORGANIZATIONS ASSIST CHARITABLE ORG IN PROMOTION OF CHARITABLE FINANCIAL SUPPORT OF FINANCIAL SUPPORT OF THE PRIVATIZATION & Primary activity <u>e</u> 94-2832530, 4518 NORTH 32ND STREET, PHOENIX, AMERICAN FOUNDATION FOR CHARITABLE SUPPORT INC. - 86-0857725, 4518 NORTH 32ND STREET AMERICAN FOUNDATION INC - 86-0897284 AMERICAN SUPPORT FOUNDATION TRUST Name, address, and EIN of related organization 4518 NORTH 32ND STREET PHOENIX AZ 85018 PHOENIX, AZ 85018 85018

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

432161 08-14-14 LHA

74-6372579

Page 2

Schedule R (Form 990) 2014 THE USA FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a)	(Q)	9	(p)	(e)		3	(6)	ε	0	8	(3)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Cod 20 of 8 K-1 (Fo	General or managing partner?	Perc
									l		
		-									
				. <u> </u>							
								· · · ·			
part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	janizations Taxable poration or trust dur	as a Corpo	ration or Trust Colear	mplete if the	organization ar	swered "Yes"	on Form 990,	Part IV, line	34 because it ha	id one or mo	re related
(a)			(p)	(O)	(Q)	(e)		(£)	(6)	£)	Θ
Name, address, and EIN of related organization	∑ .c	Prima	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
FOUNDATION PLANNERS OF AMERICA 86-0712261 A518 N 32ND CUBET	INC										
	, , , , , , , , , , , , , , , , , , ,	MANAGEMENT	r SERVICES	AZ	N/A	C CORP	Z	N/A	N/A	N/A	×
											

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Nets Complete inc 1 if any control is listed in Darte II III or IV of this school is				<u>></u>	V00	, 4
Note: Compare line in any entity is listed in raits in, or you this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II:IV?		—	ام
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	ò		1 a	×	ا م
b Gift, grant, or capital contribution to related organization(s)				£	×	ام
c Gift, grant, or capital contribution from related organization(s)				2	×	اب
d Loans or loan guarantees to or for related organization(s)				1d	×	انرا
e Loans or loan guarantees by related organization(s)				-1e	×	اب
f Dividends from related organization(s)				16	X	, a
g Sale of assets to related organization(s)				19	×	
h Purchase of assets from related organization(s)				1h	×	امع ا
i Exchange of assets with related organization(s)				-	×	ارا
j Lease of facilities, equipment, or other assets to related organization(s)				1	×	اما
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	.
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ما
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			£	×	ما
o Sharing of paid employees with related organization(s)				9	×	ام
						!
p Reimbursement paid to related organization(s) for expenses				1	×	اب
 Reimbursement paid by related organization(s) for expenses 				1	×	ار
 Other transfer of cash or property to related organization(s) 				1	×	ار
s Other transfer of cash or property from related organization(s)				18	×	ار
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
						1
(3)						
75						
						l
(5)						1
(9)						
432183 08-14-14			Schedul	Schedule R (Form 990) 2014	90) 2014	4

74-6372579 Page 4

Schedule R (Form 990) 2014 THE USA FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(q)	(0)	e) (p)	(c)	(6)	(F)	Θ	0	3
Name, address, and EIN of entity	Primary activity	micile oreign rv)	Predominant income parines sec (related, unrelated, 501(6)(3) excluded from tax under parines 510-510.	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage blonds amount in box 20 managing amount in box 20 managing ownership of Schedule K-I partner?	General of managing partner?	Percentage ownership
			ON Sea / LIG SIG SIGNOS			Les Ko	(2001 1110 1)	Tes NO	
								·-·-	
	·								
					-				
	_								
	,								
			-						
						-			
						_			
							Schedule	R (For	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 THE USA FOUNDATION	74-63725 <u>79</u> Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
- Tovida deditional matter for responded to questions on concedure in face instructions/	
DADM IT IDENMIETCAMION OF DELAMED MAY EVENDE ODCANIZAMIONO	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	· • · · · · · · · · · · · · · · · · · ·
NAME OF RELATED ORGANIZATION:	
AMERICAN FOUNDATION INC	
AMERICAN FOUNDATION INC	
PRIMARY ACTIVITY: ASSIST CHARITABLE ORG IN THE PRIVATIZATIO	N & PROMOTION
OF CHARITABLE GIVING	

Schedule R (Form 990) 2014

432165 08-14-14