Form **990-EZ**

** PUBLIC DISCLOSURE COPY ** Short Form

Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

Name change

Initial return

Terminated

Check if applicable:

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Inspection and ending For the 2013 calendar year, or tax year beginning C Name of organization D Employer identification number AMERICAN SOCIETY FOR INTERNATIONAL Address change 20-1490817 SHANTI (ASIS) E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 125 GILBERT STREET 415-861-2964

City or town, state or province, country, and ZIP or foreign postal code F Group Exemption SAN FRANCISCO, CA Number >

Accounting Method: Cash X Accrual Other (specify) H Check ▶ Lif the organization is **not** Website: ► WWW.OPERATION-SHANTI.ORG required to attach Schedule B

Tax-exempt status (check only one) - \times 501(c)(3) - 501(c) () \blacktriangleleft (insert no.) - 4947(a)(1) or -(Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust ____ Association

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 137,478. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 137,142 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a **b** Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c

49,500. Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 4,750. 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 10,148. 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 64,398.

Other revenue (describe in Schedule 0) SEE SCHEDULE O

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

73,080. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 340,915. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O 70,383. 20 484,378. Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

137,478.

8

9

Revenue

Page 2

Pa	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	oond to any quest				X
				(A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		316,298	• 22		389,378.
23		and buildings			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE O		24,617	• 24		95,000.
25		assets	-	340,915			484,378.
26	Total	liabilities (describe in Schedule O)		0.			0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		340,915			484,378.
	art III	Statement of Program Service Accomplishmen	nts (see the instru			 	(penses
		Check if the organization used Schedule O to resp	`	•	Х	(Required	for section
Wha	it is the i	organization's primary exempt purpose? SEE SCHEDULE O		ion in this rare in			and 501(c)(4) ons and section
		rganization's program service accomplishments for each of its three largest program		annes In a class and consise) trusts; optional
		rganization's program service accomplishments for each of its three largest program is the services provided, the number of persons benefited, and other relevant inform		erises. In a clear and concise		for others.	
		SCHEDULE O					
20		Benebolle o					
		40 500 Valle 11 4 4					53,550.
00	(Grants	49,500.) If this amount includes foreign g	grants, check here	>		28a	33,330.
29							
					_		
	(Grants	s \$) If this amount includes foreign g	grants, check here	>		29a	
30							
					_		
	(Grants	s \$) If this amount includes foreign g	grants, check here	>		30a	
31	Other	program services (describe in Schedule O)					
	(Grants	s \$) If this amount includes foreign g	grants, check here	>		31a	
32	Total p	orogram service expenses (add lines 28a through 31a)			🕨	32	53,550.
Pa	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each o	ne even if not compensated - s	see the	instructions f	or Part IV)
		Check if the organization used Schedule O to resp	oond to any quest	ion in this Part IV			
			(b) Average hours	(-)	(d) не	ealth benefits,	(e) Estimated
		(a) Name and title	per week devoted to		empl	ributions to oyee benefit	amount of other
		• •	position	(if not paid, enter -0-)		and deferred	compensation
JA	MES	EDISON					
$\overline{\mathtt{DI}}$	REC	ror .	2.00	0.		0.	0.
		KUNICHIKA					
		DENT, DIRECTOR	9.00	0.		0.	0.
		LORD	7,00				
	REC		2.00	0.		0.	0.
		NNE OEST	2.00			· ·	· ·
		FINANCIAL OFFICER	5.00	0.		0.	0.
		A JAYUBO	3.00	0.		0.	0.
			- ^^			0	
<u>CO</u>	RPOI	RATE SECRETARY	5.00	0.		0.	0.
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_			1				
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			1				

Page 3

Pa	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Sch. O to respond to any question in this P					
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0	33		x		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			l <u>. </u>		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05-		x		
h	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	_		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	335	11/	-		
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"					
	complete applicable parts of Schedule N	36		X		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
	Did the organization file Form 1120-POL for this year?	37b		X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			,,		
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L. Part II and enter the total amount involved 386 N/A	38a		X		
		-				
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A					
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1				
	section 4911 ►					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the					
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers					
	or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the					
	organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed AR, CA, CT, FL, MA, NH, NY, OK, OR, PA, WA, CO, NJ	40e				
41 42 a	The organization	7011	200	_		
42 a	Located at					
b	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		Yes	No		
	account)?	42b	X			
	If "Yes," enter the name of the foreign country: INDIA					
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x		
U	If "Yes," enter the name of the foreign country:	420				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•			
		N/A				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead					
	of Form 990-EZ	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
	in Schedule O	44d	v	_		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X			
45 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45b	X			
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		90-EZ	(2013		

## Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedulic Oto respond to any question in this Part VI 7 bid the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes,' complete Sch. C, Part II 47 X X 48 is the organization engage in lobbying activities or have a section 501(n) (1) (A)(n) or II Yes, complete Schedulic E 48 X 49 bid the organization wake any translates to an exempt non-charitative related organization? 49 X 49 bid the organization wake any translates to an exempt one-charitative related organization? 49 X 49 bid Tryes, 'was the related organization ascellor 527 organization? 49 X 49 bid Tryes, 'was the related organization ascellor 527 organization? 49 X 40 bid the organization and the organization in the related organization organization organization organization in the related organization in the related organization organization in the related organization in the related organization organization in the related organization organization in the related organization organization. If there is none, enter Viole. (a) Name and business address of each independent contractors who such received more than \$100,000 of compensation from the organization. If there is none, enter Viole. (b) Type of service (c) Compensation from the organization from the organization. If there is none, enter Viole. (c) Compensation from the organization from the organization from the organization from the organization. If there is none, enter Viole. (d) Name and business address of each independent contractors who such received more than \$100,000 of compensation from the organization from the organization from the organization from the organization from the	40	Distale	and the state of t	Data a Carana a Carana a saturbata a	b -b -l f - f					65	INO
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part W. Yes No To lit the organization according to according the section 70(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the organization as section 350(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the organization as accinic section 170(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the organization as accinic section 170(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the organization as accinic section 170(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the organization as accinic section 170(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the resided organization as accinic section 170(b)(1)(A)(9)(P1*Yes, complete Schedule E. All is the resided organization as accinic section 270 organization. (a) Name and title of each employee (b) Average hours per work devoted to provide devoted to the p	46						·		40		v
All section 501(c)(3) organization should answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbying activities or how a section 501(h) (section in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X 48 Is the organization engage in lobbying activities or how a section 501(h) (section in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X 48 Is the organization rate as described in section 170(h)(1)(A)(ii)? If "Yes," complete Schedule E 48 IX 48 IX 48 IS the organization rate in section 201 (angulation or section 527 (angulation)? 50 Complete this table for the organization is the highest complexed employees (offer than afficially section). (a) Name and title of each employee (b) NoNE (c) Noverage hours previous feed evidence for position (c) NoNE (c) Noverage hours previous feed evidence for position (c) NoNE (c) Noverage hours previous feed evidence for position (c) NoNE (c) None, enter "None." None enter "Non	Da								40		
Check if the organization used Schedule O to respond to any question in this Part VI Vest No 10 bill the organization engage in lobbying achieves or have a section 501(f) decion in effect during the tax year? If "Yes", complete Sch. C, Part II 17	Га				40b and 50 an	d complet	a tha tables for lin	oo 50 and 51			
27 Did the organization engage in looblying activities or have a section 50 (ht) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X				' - '		· · · · · · · · · · · · · · · · · · ·					
47 Did the organization engage in lobbying activities or have a section 501(h) electrion in effect during the tax year? If "Yes," complete Sch. C, Part II 7			orieck if the organization used conclude	O to respond to any	question in this	31 ait VI					No
## Is the organization as choiced searched in section 170(b)(1)(4)(4)(7) If "res", complete Schedule E ## X ## A	47	Did the or	ganization engage in lobbying activities or hav	ve a section 501(h) elect	ion in effect duri	ng the tax ye	ear? If "Yes," comple	te Sch. C, Part II			
49a Ib the organization make any transfers to an exempt non-charitable related organization? 49b If Yes," was the related organization as section \$22 organization? (a) Name and title of each emptyoes (b) Average hours per week devoted to position NONE (b) Average hours per week devoted to position (c) Name and title of each emptyoes paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (g) Type of service (h) T	48			, ,					48		Х
b If Yes, was the related organization a section S27 organization? Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'	49 a								49a		X
90 Complete this table for the organization is the injection from the organization. If there is none, enter 'None.' (a) Name and title of each employee (b) Average hours per week denoted to possible in the prevent of the organization of the organization. If there is none, enter 'None.' (c) Pacceptable (c) Proposition (c) (c) Pacceptable per week denoted to possible in the prevent of the organization of the organization of the organization. If there is none, enter 'None.' 1 Total number of other employees paid over \$100,000 1 Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (b) Type of service (e) Compensation (e) Compensation (f) Average hours (c) (in the organization of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Pacceptable (c) (c) (c) Estimated employees organized independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (e) Compensation (b) Type of service (c) Compensation (e) Compensation (e) Compensation (f) Type of service (e) Compensation (f) Pacceptable (f) P									49b		
(a) Name and title of each employee private devoted to position (b) Average hours per week devoted to position (c) Average hours per week devoted to position (d) Average hours per week devoted (ach recei	ived n	nore
NONE per week devoted to position per week devoted to position positio		than \$100	0,000 of compensation from the organization.	If there is none, enter "N	one."						
NONE Per week devoted to position Properties sended Properties sended Properties sended Properties Propertie			(a) Name and title of each employee		()		(C) Reportable		' '		
f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 built the organization complete Schedule A? Note. All section \$01(c)(3) organizations and 4947(a)(1) nonexempt character of the through the complete Schedule A? Note. All section \$01(c)(3) organizations and 4947(a)(1) nonexempt character of the through the complete Schedule A? REGINA JAYUBO , CORPORATE SECRETARY Type or pentir rame and the "Pepater in the any knowledge." Paid Pippater Signature or officer) is based on all information of which preparer lines any knowledge. Paid Pippater Signature or Officer) is based on all information of the complete signature of the complete signature or Officer is the complete signature of Officer is the complete signature of Officer is the organization of the complete signature of Officer is the Officer is the Complete Signature of Officer is the Officer is								employee benefit	· I		
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No			NON	ΙE	positio)[]		compensation	, com	pensa	HIOH
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No											
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No											
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Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No											
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No											
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 b 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note the section 501(c)(3) organizations and statements, and to the best of my knowledge and belief it is true; correct, and complete. Sign Paid Paid Preparer Preparer Schaffer MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER MICHABL STEPHEN SCHAFFER Firm's andress ▶ 600 CALIFORNIA STREET, SUITE 600 Phone no. (415) 421–5757 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No											
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Date Print/Type preparer's name Preparer Use Only Prim's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions Note. (3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No			<u> </u>			(b)	Type of service	(c)	Compens	satior	1
Date Print/Type preparer's name Preparer Use Only Prim's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions Note. (3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No No No Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No											
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Charitable trusts must attach a completed Schedule A Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Here REGINA JAYUBO , CORPORATE SECRETARY Type or print name and title Print/Type preparer's name MICHAEL STEPHEN SCHAFFER Firm's name ▶ BURR PILGER MAYER, INC. Firm's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes	d	Total num	ber of other independent contractors each re	ceiving over \$100,000			🕨				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Sign	52	Did the or	ganization complete Schedule A? Note. All se	ction 501(c)(3) organiza	ations and 4947(a)(1) nonex	empt	_			
Sign Here Sign REGINA JAYUBO , CORPORATE SECRETARY Date								🕨 🖸	X Yes		No
REGINA JAYUBO , CORPORATE SECRETARY Print/Type preparer's name	Under Decla	r penaities of ration of prep	parer (other than officer) is based on all information of	which preparer has any know	ules and statements vledge.	s, and to the b	est of my knowledge an	a belier, it is true, co	rect, and	compi	ете.
REGINA JAYUBO , CORPORATE SECRETARY Print/Type preparer's name											
Paid Preparer Use Only MICHAEL STEPHEN SCHAFFER D0/28/14 Firm's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions Self- employed P00210063 Firm's EIN ▶ 26-3839190 Phone no. (415) 421-5757 SAN FRANCISCO, CA 94108	Sig Her	n re	REGINA JAYUBO , COR	PORATE SEC	RETARY			Date			
Paid Preparer Use Only MICHAEL STEPHEN SCHAFFER D00210063 Firm's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions Self- employed P00210063 Phone no. (415) 421-5757 SAN FRANCISCO, CA 94108		I	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Preparer Use Only SCHAFFER Firm's name ▶ BURR PILGER MAYER, INC. Firm's address ▶ 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions 10/28/14 P00210063 Firm's EIN ▶ 26-3839190 Phone no. (415) 421-5757 SAN FRANCISCO, CA 94108	.	.1	1								
Firm's name BURR PILGER MAYER, INC. Firm's address 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions X Yes No						10/28		, I	2100	63	
Firm's address 600 CALIFORNIA STREET, SUITE 600 SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions X Yes No		-		MAYER TNC	•	120,20		II			
SAN FRANCISCO, CA 94108 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No	Use	e Only				600					57
May the IRS discuss this return with the preparer shown above? See instructions					•	500	Li none no	, (- 15)		<u> </u>	-
	Mav	the IRS dis	·	-				• 1	X Yes		No
	iviay	ano into dia	saco ano rotarn mar are proparer enown abo	Ooo mod dodono							

SCHEDULE A

(Form 990 or 990-EZ)

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 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.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN SOCIETY FOR INTERNATIONAL Employer identification number SHANTI (ASIS) 20-1490817

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. organization in col. in col. (i) listed in your (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	77,348.	93,138.	97,393.	97,840.	137,142.	502,861.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	77,348.	93,138.	97,393.	97,840.	137,142.	502,861.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						159,161.
6	Public support. Subtract line 5 from line 4.						343,700.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010 93,138.	(c) 2011 97, 393.	(d) 2012 97,840.	(e) 2013 137,142.	(f) Total
7	Amounts from line 4	77,348.	93,138.	97,393.	97,840.	137,142.	502,861.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,747.	2,458.	521.	2,361.	336.	7,423.
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 IV.)						
11	Total support. Add lines 7 through 10						510,284.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					<u></u>
_	ction C. Computation of Publ						60.25
	Public support percentage for 2013 (14	67.35 %
	Public support percentage from 2012					15	73.49 %
16a	33 1/3% support test - 2013. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						. \square
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

AMERICAN SOCIETY FOR INTERNATIONAL

Schedule A	(Form 990 or 990-EZ) 2013 SHANTI	(ASIS)	20-1490817 Page 4
Part IV	Supplemental Information. Prov	ride the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III. line 12.
	Also complete this part for any additiona	I information. (See instructions).	,
	The complete the part for any additional	a mornadon. (eco moractiono).	_

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.

OMB No. 1545-0047
2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

AMERICAN SOCIETY FOR INTERNATIONAL Emplo

Employer identification number 20-1490817

SHANTI (ASIS)	20-1	L490817
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST INCOME		336.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
OFFICE EXPENSE		94.
INSURANCE		3,325.
EDUCATION AND ACTIVITIES		1,013.
FOOD COSTS		598.
MEDICAL COSTS		518.
OTHER PROGRAM		1,921.
BANK FEES		2,679.
TOTAL TO FORM 990-EZ, LINE 16		10,148.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSE	ETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
PRIOR PERIOD ADJUSTMENT		70,383.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN INDIA SUBSIDIARY	24,617.	95,000.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - A	AMERICAN SOCIE	TY FOR
INTERNATIONAL SHANTI (ASIS) IS A NOT-FOR-PROFIT B	FOR THE PURPOSI	E OF
HELPING THE POOREST AND NEEDIEST CHILDREN AND ELI LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		m 990 or 990-E7\ /2012\
332211 09-04-13	Schedule O (For	m 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

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

AMERICAN SOCIETY FOR INTERNATIONAL Emplo Name of the organization

SHANTI

Employer identification number 20-1490817 (ASIS)

3115

(Rev. December 2009)

Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1545-0152

Internal Revenue Service							
Name of filer (name of parent corporation if a consolidated	d group) (see instructions)	Identification number (see instructions)					
American Society for International Shanti		20-1490817					
		Principal business activity code number (s	see instructions)				
Number, street, and room or suite no. If a P.O. box, see the	e instructions.	Tax year of change begins (MM/DD/YYYY	y) 01/01/13				
125 Gilbert Street #3		Tax year of change ends (MM/DD/YYYY)					
City or town, state, and ZIP code		Name of contact person (see instructions)					
San Francisco, CA 94103		Regina Jayubo					
Name of applicant(s) (if different than filer) and identification	on number(s) (see instructions)	Contact pe	erson's telephone number				
		4	15-722-3290				
If the applicant is a member of a consolidated		<u> </u>	▶ □				
If Form 2848, Power of Attorney and Declara							
required), check this box			· · · · · · · · · · · · · · · · · · ·				
Individual	Cooperative (Sec. 1381)	Check the appropriate box to ind of accounting method change be					
Corporation	Partnership	(see instructions)	mig roquootoui				
Controlled foreign corporation	S corporation	Depreciation or Amortization					
(Sec. 957)	Insurance co. (Sec. 816(a))	☐ Financial Products and/or Finar	ncial Activities of				
☐ 10/50 corporation (Sec. 904(d)(2)(E)) ☐] Insurance co. (Sec. 831)	Financial Institutions					
Qualified personal service	Other (specify) ►	✓ Other (specify) ► Change in	overall accounting				
corporation (Sec. 448(d)(2))		method					
Exempt organization. Enter Code section							
Caution. To be eligible for approval of the requested or to the taxpayer's requested change in method of act well as any other information that is not specificate. The taxpayer must attach all applicable supports the support of th	counting. This includes all informationally requested.	on requested on this Form 3115 (including					
Part I Information For Automatic Ch	nange Request						
1 Enter the applicable designated automat only one designated automatic accounti IRS. If the requested change has no desi both a description of the change and cita	ing method change number, exc ignated automatic accounting mation of the IRS guidance providing	cept as provided for in guidance publislethod change number, check "Other," a	hed by the nd provide				
	o) Other ☐ Description ► _	Drag 2000 F2 cours automotic cons	ant to be				
2 Do any of the scope limitations described unavailable for the applicant's request			Sent to be				
Note. Complete Part II below and then Part I							
Part Information For All Requests	,	. , , ,	Yes No				
3 Did or will the applicant cease to er	ngage in the trade or busines	ss to which the requested change r					
terminate its existence, in the tax year	of change (see instructions)?						
If "Yes," the applicant is not eligible to	· ·	5 , ,					
4a Does the applicant (or any present or			_				
applicable tax year(s)) have any Federal If "No," go to line 5.	al income tax return(s) under e	examination (see instructions)?					
b Is the method of accounting the applicant any present or former consolidated graph.	roup in which the applicant wa	as a member during the applicable ta	ax year(s))				
either (i) under consideration or (ii) place							
	Signature (see instruc	, , , , , , , , , , , , , , , , , , ,					
Under penalties of perjury, I declare that I have examined the application contains all the relevant facts relating to the information of which preparer has any knowledge. Filer	this application, including accompanying application, and it is true, correct, a	ing schedules and statements, and to the best of and complete. Declaration of preparer (other the preparer (other than filer/a)					
- 11-5-			r iry				
Signature and date		Signature of individual preparing the	lication and data				
· · · · · · · · · · · · · · · · · · ·	Mich	Signature of individual preparing the application and date Michael S. Schaffer, CPA					
Regina Jayubo, Corporate Sectretary Name and title (print or type)	IVIICI	Name of individual preparing the application (print or type)					
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.	BUR	R PILGER MAYER, INC.	· · ·				
		Name of firm preparing the application					

Form 3115 (Rev. 12-2009)

Page 2

Part	Information For All Requ	ests (continue	ed)		Yes	No	
4c				ue pending (with respect to either the			
				it was a member during the applicable		√	
	tax year(s)) for any tax year under examination (see instructions)?						
d				rocedures requiring that the operating		1	
	If "Yes," attach the consent state					·	
e	Is the request to change the met			day or 120-day window period?		1	
Ū			= =	uired statement (see instructions).			
		Date examination		(
f	If you answered "Yes" to line 4a,	enter the name	and telephone number of th	ne examining agent and the tax			
	year(s) under examination.						
	Name ►	_	elephone number	Tax year(s) ▶			
g				ed on line 4f?			
5a				ne applicant was a member during the		✓	
	applicable tax year(s)) have any F	-ederal income t	ax return(s) before Appeals Appeals officer and/or	and/or a Federal court?			
	telephone number, and the tax y						
	Name ▶		elephone number	Tax year(s) ▶			
b			· ———	counsel for the government identified			
	on line 5a?						
С				under consideration by Appeals and/or			
				ed group in which the applicant was a			
		plicant was a m	ember) (see instructions)?			√	
6	If "Yes," attach an explanation.	to line /a and/	or 5a with respect to any r	oresent or former consolidated group,			
6				identification number, (c) address,			
				examination, before an Appeals office,			
	and/or before a Federal court.						
7	If, for federal income tax purpose	es, the applicant	is either an entity (including	g a limited liability company) treated as			
				d of accounting that is an issue under			
				, with respect to a Federal income tax			
	·		-				
0_	If "Yes," the applicant is not elig	-	_	sent) state that the applicant does not			
8a	receive audit protection for the re					1	
b	If "Yes," attach an explanation.		5 (555 mondonomo)				
			ed party requested or mad	e (under either an automatic change			
				of accounting within the past 5 years			
	(including the year of the request					✓	
b				sted change in method of accounting			
	(including the tax year of change	•					
С				Agreement granting a change was not the requested year of change, attach			
	an explanation.	Ji lile change W	as not made of not made in	ine requested year of change, attach			
10a		essor, or a rel	ated party currently have	pending any request (including any			
				counting, or technical advice?		1	
b	If "Yes," for each request attach	n a statement pr	roviding the name(s) of the	taxpayer, identification number(s), the			
	type of request (private letter ruli			nnical advice), and the specific issue(s)			
	in the request(s).					√	
11							
	If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.						
		_	<u></u>				
	Present method:	✓ Cash	☐ Accrual	☐ Hybrid (attach description)			
	Proposed method:	☐ Cash	✓ Accrual	☐ Hybrid (attach description)			

Form 3115 (Rev. 12-2009) Page 3 **Information For All Requests** (continued) Part II Yes No If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: a The item(s) being changed. **b** The applicant's present method for the item(s) being changed. The applicant's proposed method for the item(s) being changed. The applicant's present overall method of accounting (cash, accrual, or hybrid). Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business 13 activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If "No," attach an explanation. 15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any 1 b If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application. 1 Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? 16 17 If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of 1st preceding 2nd preceding 3rd preceding 2010 12 year ended: mo. year ended: mo. 100,201 97,914 95,595 Part III **Information For Advance Consent Request** Yes No Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures. Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a 19 detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists. 20 Attach a copy of all documents related to the proposed change (see instructions). 21 Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation. 23a Enter the amount of user fee attached to this application (see instructions). > \$ **b** If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions). Part IV Section 481(a) Adjustment Yes No Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? / If "Yes," do not complete lines 25, 26, and 27 below. 25 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in **0.00** Attach a summary of the computation and an explanation of the methodology income. ► \$ used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.

Form 3115 (Rev. 12-2009) Page 4 Section 481(a) Adjustment (continued) Part IV Yes No If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the 27 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation. Schedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) Change in Overall Method (see instructions) Part I Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g. None Income received or reported before it was earned (such as advanced payments). Attach a description of None None Prepaid expenses previously deducted None Supplies on hand previously deducted and/or not previously reported None None Inventory on hand previously deducted and/or not previously reported. Complete Schedule D. Part II Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶ None Net section 481(a) adjustment (Combine lines 1a-1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, None **V** No 2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

explaining the differences.

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
- **b** If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- **d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Form 3115 (Rev. 12-2009) Page **5**

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

Part I General LIFO Information

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

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

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Form 3115 (Rev. 12-2009) Page 6 Schedule D-Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.) To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income

	and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested						
	change. If the applicant is a construction contractor, attach a detailed description of its construction activities.						
2a	Are the applicant's contracts long-term contracts as defined in section 46		∐ Yes	∐ No			
b	If "Yes," do all the contracts qualify for the exception under section 460(e)	?	∐ Yes	☐ No			
	If line 2b is "No," attach an explanation.						
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-co		_				
	cost under Regulations section 1.460-4(b)?			∐ Yes	☐ No		
d	If line 2c is "No," is the applicant requesting to use the exempt-conmethod under Regulations section 1.460-4(c)(2)?			☐ Yes	□ No		
	If line 2d is "Yes," attach an explanation of what cost comparison the a contract's completion factor.	pplicant will use	to determine a				
	If line 2d is "No," attach an explanation of what method the applicant is us	ing and the autho	ority for its use.				
3a	Does the applicant have long-term manufacturing contracts as defined in	section 460(f)(2)?		☐ Yes	☐ No		
b	If "Yes," attach an explanation of the applicant's present and proposed meterm manufacturing contracts.	ethod(s) of accou	inting for long-				
С	Attach a description of the applicant's manufacturing activities, including ar	y required installa	ition of manufactu	red good	ls.		
4	To determine a contract's completion factor using the percentage-of-com	pletion method:					
а	Will the applicant use the cost-to-cost method in Regulations section 1.46	60-4(b)?		☐ Yes	\square No		
b	If line 4a is "No," is the applicant electing the simplified cost-to-cost me Regulations section 1.460-5(c))?			□ Yes	□ No		
5	Attach a statement indicating whether any of the applicant's contracts						
	contracts or Federal long-term contracts.	are cities edet	orde long term				
Par		nges (Also com	olete Part III on p	ages 7 a	nd 8.)		
1	Attach a description of the inventory goods being changed.						
2	Attach a description of the inventory goods (if any) NOT being changed.						
3a	Is the applicant subject to section 263A? If "No," go to line 4a			☐ Yes	□No		
b	Is the applicant's present inventory valuation method in compliance with a lf "No," attach a detailed explanation			☐ Yes	□ No		
					tory Not		
4a	Check the appropriate boxes below.	inventory Be	ing Changed		Changed		
	Identification methods:	Present method	Proposed method	Presen	t method		
	Specific identification						
	FIFO						
	LIFO						
	Other (attach explanation)						
	Valuation methods:						
	Cost						
	Cost or market, whichever is lower						
	Retail cost						
	Retail, lower of cost or market						
	Other (attach explanation)						
b	Enter the value at the end of the tax year preceding the year of change						
5	If the applicant is changing from the LIFO inventory method to a non-instructions).	LIFO method, at	tach the followin	g informa	ation (see		
а	Copies of Form(s) 970 filed to adopt or expand the use of the method.						
b	Only for applicants requesting advance consent. A statement describ	ing whether the	annlicant is chanc	nina to th	e method		
D	required by Regulations section 1.472-6(a) or (b), or whether the applicant			jing to th	io memou		
_	Only for applicants requesting an automatic change. The statement			Annend	ix of Rev		

Proc. 2008-52 (or its successor).

Form 3115 (Rev. 12-2009) Page

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

Section A-Allocation and Capitalization Methods

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

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

Section B-Direct and Indirect Costs Required To Be Allocated

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

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

Form 3115 (Rev. 12-2009) Page 8 Method of Cost Allocation (see instructions) (continued) Section C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.) Present method Proposed method 1 2 Research and experimental expenses not included in Section B, line 26 . . . 3 Bidding expenses not included in Section B, line 22 4 General and administrative costs not included in Section B 5 Income taxes 6 7 8 9 10 Depreciation, amortization, and cost recovery allowance not included in Section B. Other costs (Attach a list of these costs.) 11 Schedule E—Change in Depreciation or Amortization (see instructions) Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested. Note. See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions). Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes No If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii). 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section Yes No If "Yes," enter the applicable section ▶ Has a depreciation, amortization, or expense election been made for the property (e.g., the election under 3 No ☐ Yes If "Yes," state the election made ► To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity. If the property is residential rental property, did the applicant live in the property before renting it? . . . ☐ Yes No ■ No 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.). If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property. If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following 7 information for both the present (if applicable) and proposed methods: The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)). The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant. The facts to support the asset class for the proposed method. The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)). The useful life, recovery period, or amortization period of the property. The applicable convention of the property. A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section

168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation

as to why no special depreciation allowance was or will be claimed.

AMERICAN SOCIETY FOR INTERNATIONAL SHANTI FEIN: 20-1490817 Form 3115 Attachment

Description of the Taxpayer's Business:

American Society for International Shanti is a not-for-profit entity organized for the purpose of helping the poorest and neediest children and elderly, and the forgotten destitute, with the basic human needs: food, shelter, medical services and educational assistance.

Accounting Method Used When Preparing the Prior Year Balance Sheet:

American Society for International Shanti prepared its Balance Sheet, for the year ended December 31, 2012, on the cash basis.