

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan  AUSTRALIAN UNITES STATES SVC IN EDUCATION INC         13 SOUTH BAYLES AVE PORT WASHINGTON, NY 11050	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>	<b>1c</b> Effective date of plan <u>01/01/2002</u>	
	<b>2b</b> Employer Identification Number (EIN) <u>13-3762096</u>	<b>2c</b> Sponsor's telephone number   <b>2d</b> Business code (see instructions)	
	<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)  AUSSIE INC   13 SOUTH BAYLES AVE PORT WASHINGTON, NY 11050		
	13 SOUTH BAYLES AVE PORT WASHINGTON, NY 11050		

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") <b>A U S S I E I N C</b>  <b>13 SOUTH BAYLES AVE</b> <b>PORT WASHINGTON, NY 11050</b>	<b>3b</b> Administrator's EIN <b>13-3762096</b>
	<b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b>
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information) <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> <b>(1)</b> <input type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information) <b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

Final Return

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210-0110  
1210-0089

**2006**

This Form Is Open to  
Public Inspection.

### Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☒ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here. ☐
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). ☒

### Part II Basic Plan Information — enter all requested information.

<b>1a</b> Name of plan AUSTRALIAN UNITED STATES SVC IN EDUCATION, INC.	<b>1b</b> Three-digit plan number (PN) ... 001
	<b>1c</b> Effective date of plan (mo, day, year) 01/01/2002
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) A.U.S.S.I.E., INC.  13 SOUTH BAYLES AVE  PORT WASHINGTON NY 11050	<b>2b</b> Employer Identification Number (EIN) 13-3762096
	<b>2c</b> Sponsor's telephone number 516-944-5222
	<b>2d</b> Business code (see instructions) 611000

COPY

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN  
HERE

**ATTACHMENT**

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

SIGN  
HERE

Signature of employer/plan sponsor/DFE

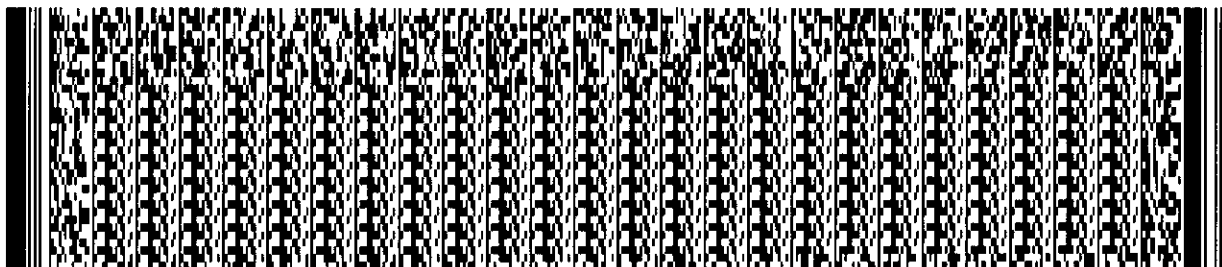
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v9.1

Form **5500** (2006)



0 2 0 6 2 1 0 1 0 C



**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**b** EIN

**a** Sponsor's name

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address  
GRUBER PALUMBERI RAFFAELE, P.C.

**b** EIN

13-2696850

SEVEN PENN PLAZA SUITE 310

**c** Telephone number

NEW YORK NY 10001

212-532-8261

<b>6</b> Total number of participants at the beginning of the plan year.....	<b>6</b>	3
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>7a</b> , <b>7b</b> , <b>7c</b> , and <b>7d</b> )		
<b>a</b> Active participants.....	<b>7a</b>	3
<b>b</b> Retired or separated participants receiving benefits.....	<b>7b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>7c</b>	
<b>d</b> Subtotal. Add lines <b>7a</b> , <b>7b</b> , and <b>7c</b> .....	<b>7d</b>	3
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>7e</b>	
<b>f</b> Total. Add lines <b>7d</b> and <b>7e</b> .....	<b>7f</b>	3
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>7g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>7h</b>	
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500).....	<b>7i</b>	

**8** Benefits provided under the plan (complete **8a** and **8b**, as applicable)

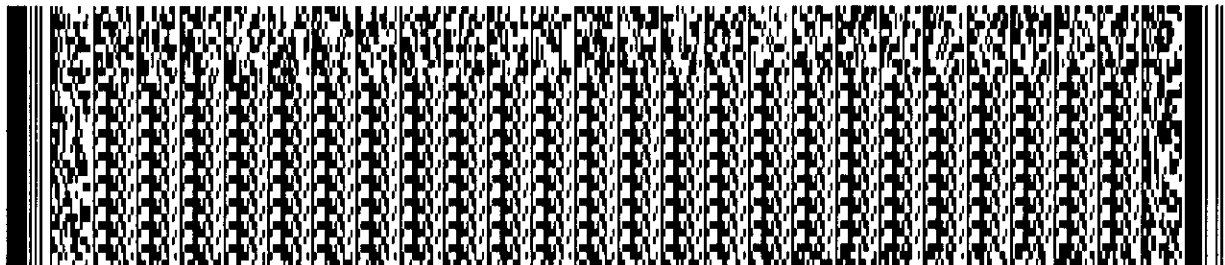
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instrs): ☐ 2E ☐ 3E ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Code section 412(i) insurance contracts  
(3) ☐ Trust  
(4) ☒ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Code section 412(i) insurance contracts  
(3) ☐ Trust  
(4) ☒ General assets of the sponsor



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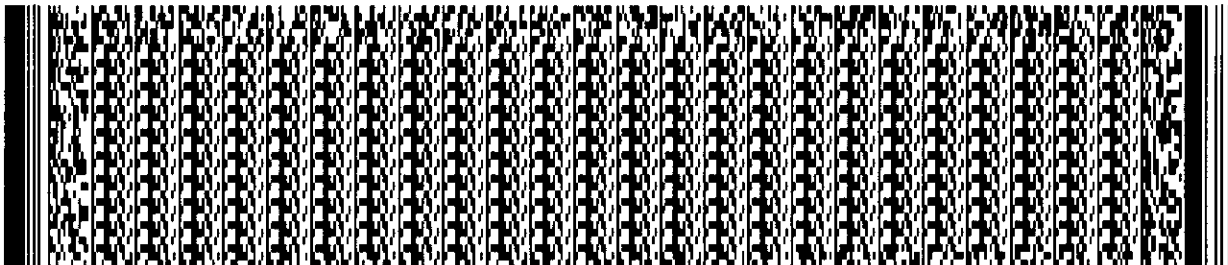
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- |     |                          |            |  |
|-----|--------------------------|------------|--|
| (1) | <input type="checkbox"/> | <b>R</b>   | (Retirement Plan Information)              |
| (2) | <input type="checkbox"/> | <b>B</b>   | (Actuarial Information)                    |
| (3) | <input type="checkbox"/> | <b>E</b>   | (ESOP Annual Information)                  |
| (4) | <input type="checkbox"/> | <b>SSA</b> | (Separated Vested Participant Information) |

**b Financial Schedules**

- |     |                                     |          |                                      |
|-----|-------------------------------------|----------|--------------------------------------|
| (1) | <input type="checkbox"/>            | <b>H</b> | (Financial Information)              |
| (2) | <input checked="" type="checkbox"/> | <b>I</b> | (Financial Information – Small Plan) |
| (3) | <input type="checkbox"/>            | <b>A</b> | (Insurance Information)              |
| (4) | <input type="checkbox"/>            | <b>C</b> | (Service Provider Information)       |
| (5) | <input type="checkbox"/>            | <b>D</b> | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/>            | <b>G</b> | (Financial Transaction Schedules)    |



0 2 0 6 2 1 0 3 0 E



**Schedule I  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information – Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2006****This Form is Open to  
Public Inspection.**For calendar year 2006 or fiscal plan year beginning 01/01/2006, and ending 12/31/2006

<b>A</b> Name of plan <b>AUSTRALIAN UNITED STATES SVC IN EDUCATION, INC.</b>	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>A.U.S.S.I.E., INC.</b>	<b>D</b> Employer Identification Number 13-3762096

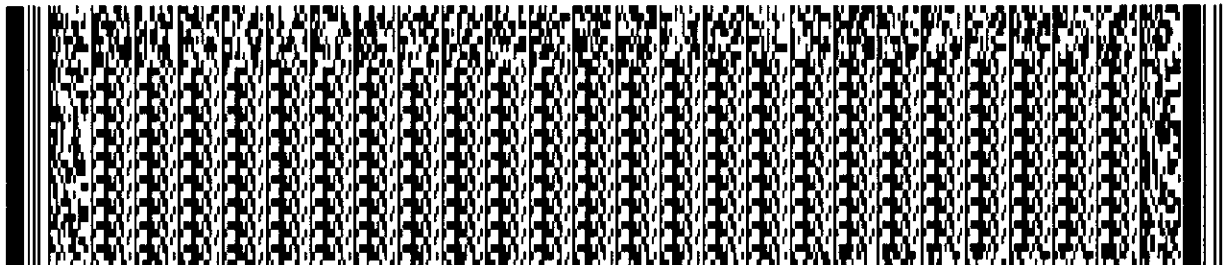
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

	(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>		
a Total plan assets.....	1a 257545	
b Total plan liabilities.....	1b	
c Net plan assets (subtract line 1b from line 1a).....	1c 257545	
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>	(a) Amount	(b) Total
a Contributions received or receivable		
(1) Employers.....	2a(1)	
(2) Participants.....	2a(2)	
(3) Others (including rollovers).....	2a(3)	
b Noncash contributions.....	2b	
c Other income..... See Statement 2.....	2c 6053	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d	6053
e Benefits paid (including direct rollovers).....	2e 263350	
f Corrective distributions (see instructions).....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Other expenses..... See Statement 3.....	2h 248	
i Total expenses (add lines 2e, 2f, 2g, and 2h).....	2i	263598
j Net income (loss) (subtract line 2i from line 2d).....	2j	-257545
k Transfers to (from) the plan (see instructions).....	2k	

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check 'Yes' and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests.....	3a	X	
b Employer real property.....	3b	X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 **Schedule I (Form 5500) (2006)**

200621010C



	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) .....		X	
<b>3d</b> Employer securities .....		X	
<b>3e</b> Participant loans .....		X	
<b>3f</b> Loans (other than to participants) .....		X	
<b>3g</b> Tangible personal property .....		X	

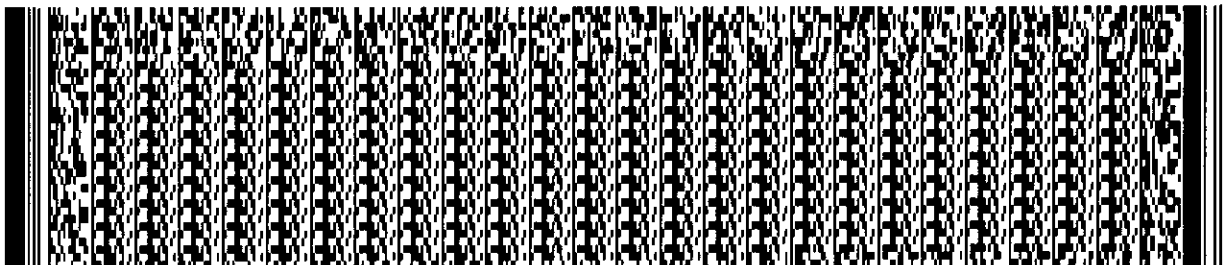
**Part III Transactions During Plan Year**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance .....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a) .....		X	
<b>e</b> Was the plan covered by a fidelity bond? .....		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount** \_\_\_\_\_

**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____



2 0 0 6 2 1 0 2 0 D



**2006****Federal Statements****Page 1****Client 1010****A.U.S.S.I.E., INC.****13-3762096****Plan No. 001**

1/28/11

10:36AM

**Statement 1  
Form 5500, Page 1, Line D  
DFVC Filing**

Form 5500 is being filed under the DFVC Program.

**Statement 2  
Schedule I, Page 1, Line 2c  
Other Income**

Dividends.....	\$	1,998.
Net Gain (Loss) On Sale Of Assets.....		4,055.
Total	\$	<u>6,053.</u>

**Statement 3  
Schedule I, Page 1, Line 2h  
Other Expenses**

Administrative Expense.....	\$	248.
Total	\$	<u>248.</u>



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July 14, 2011 LTR 2696C 0  
13-3762096 200612 74 001 R  
Input Op: 0423404751 00017470

AUSTRALIAN UNITED STATES SERVICE IN  
EDUCATION  
352 7TH AVE FL 12A  
NEW YORK NY 10001-5012



003989

### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

  
\_\_\_\_\_  
Signature of officer or trustee

7/25/11  
\_\_\_\_\_  
Date

General Manager  
\_\_\_\_\_  
Title