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0436559514 FEB 28

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning AUG 1, 2006 and ending JUL 31, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Please use IRS label or pinnt or type See Specific Instructions	C Name of organization <u>TIS, LTD</u>	D Employer identification number <u>98-0399712</u>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <u>7110 TASHKENT PL</u>	E Telephone number <u>998 71 291 9670</u>
		City or town, state or country, and ZIP + 4 <u>DULLES, VA 20189-7110</u>	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.TASHSCHOOL.ORG

J Organization type (check only one) 501(c) (4) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates N/A
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number N/A

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,793,246.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	<u>40,000.</u>	
	e Total (add lines 1a through 1d) (cash \$ <u>40,000.</u> noncash \$ _____)	1e		<u>40,000.</u>
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>2,723,820.</u>
	3 Membership dues and assessments	3		
	4 Interest on savings and investments and cash investments	4		<u>22,137.</u>
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a	<u>7,289.</u>	
	b Less rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a	6c		<u>7,289.</u>	
7 Other investment income or loss	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		<u>2,793,246.</u>	
Expenses	13 Program services (from line 44, column (B))	13	<u>2,510,449.</u>	
	14 Management and general (from line 44, column (C))	14	<u>177,437.</u>	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 13 and 14, column (A)	17		<u>2,687,886.</u>
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18	<u>105,360.</u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>-828,086.</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>0.</u>	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		<u>-722,726.</u>

832001 01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

90-10

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>1,115,600</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/> 22b	1,115,600.	1,115,600.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule) STATEMENT 4 23	103,800.	103,800.		
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A 25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26				
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28				
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32	139,385.		139,385.	
33 Supplies 33	9,250.		9,250.	
34 Telephone 34				
35 Postage and shipping 35				
36 Occupancy 36				
37 Equipment rental and maintenance 37	19,730.	19,730.		
38 Printing and publications 38	5,418.	5,418.		
39 Travel 39				
40 Conferences, conventions, and meetings 40	3,653.		3,653.	
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42				
43 Other expenses not covered above (itemize). a 43a b 43b c 43c d 43d e 43e f 43f g SEE STATEMENT 2 43g	1,291,050.	1,265,901.	25,149.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,687,886.	2,510,449.	177,437.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A ,
 (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a THE ORGANIZATION'S EXEMPT PURPOSE IS TO PROVIDE SUPPORT AND ASSIST TASHKENT INTERNATIONAL HEALTH AND EDUCATION SERVICES IN THE OPERATION OF TASHKENT INTERNATIONAL SCHOOL WHICH PROVIDES A WORLD CLASS EDUCATION FOR CHILDREN OF EMBASSY PERSONNEL AND EXPATRIATE AND LOCAL FAMILIES IN TASHKENT, UZBEKISTAN.	
(Grants and allocations \$ <u>1,219,400.</u>) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	<u>2,510,449.</u>
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>2,510,449.</u>

Form 990 (2006)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	758,770.	45	1,211,900.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 44,829.			
	b Less: allowance for doubtful accounts	47b	29,101.	47c 44,829.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		17,205.	53 22,275.	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less accumulated depreciation	55b		55c	
	56 Investments - other		0.	56 0.	
	57 a Land, buildings, and equipment: basis	57a			
b Less accumulated depreciation	57b		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		805,076.	59	1,279,004.	
Liabilities	60 Accounts payable and accrued expenses		32,341.	60 34,848.	
	61 Grants payable			61	
	62 Deferred revenue		198,828.	62 755,104.	
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable STMT 6		1,401,993.	64b 1,211,778.	
	65 Other liabilities (describe <input type="checkbox"/>)			65 0.	
66 Total liabilities. Add lines 60 through 65		1,633,162.	66	2,001,730.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		-828,086.	67 -722,726.	
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		-828,086.	73	-722,726.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		805,076.	74	1,279,004.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN THOMAS 975 EAST LOBSTER TRAP LANE TEMPE, AZ 10001	DIRECTOR 0.00	0.	0.	0.
EPHRAIM FRENCH 7110 TASHKENT PL DULLES, VA 20189	DIRECTOR 0.00	0.	0.	0.
KEVIN RASTEGAR 7110 TASHKENT PL DULLES, VA 20189	DIRECTOR 0.00	0.	0.	0.
KEVIN JOSEPH GLASS 7110 TASHKENT PL DULLES, VA 20189	CEO 40.00	77,000.	0.	37,760.

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>			
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>NONE</u>			
b	Number of employees employed in the pay period that includes March 12, 2006	90b	16	
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>998 71 291 967</u> Located at <u>7110 TASHKENT PL, DULLES, VA</u> ZIP + 4 <u>20189-7110</u>			
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 account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c X

If "Yes," enter the name of the foreign country ► UZBEKISTAN

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

►

and enter the amount of tax-exempt interest received or accrued during the tax year

► 92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION FEES					2,706,099.
b AFTER SCHOOL ACTIVITIE					10,303.
c BOOK FAIR PROCEEDS					7,418.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	22,137.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	7,289.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		29,426.	2,723,820.
105 Total (add line 104, columns (B), (D), and (E))					2,753,246.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TUITION RECIEVED TO SUPPORT EXEMPT PURPOSE.
93B	OTHER INCOME GENERATED IN CONNECTION WITH AFTER SCHOOL ACTIVITIES
93C	BOOK FAIR PROCEEDS GENERATED TO SUPPORT EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here
 Signature of officer: *[Signature]* Date: 01/05/12
 Type or print name and title: Geoffrey de Vaclarenant Business Manager

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 1/17/12 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP, 9515 DEERECO RD - SUITE 500, TIMONIUM, MD 21093-2184
 EIN: Phone no: (410) 453-0900

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL PROPERTY		1	7,289.
TOTAL TO FORM 990, PART I, LINE 6A			7,289.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
SCHOOL TO SCHOOL PROGRAM	22.		22.		
INSURANCE	20,950.		20,950.		
TEACHING MATERIALS EDUCATION SERVICES & TRAINING	171,684.	171,684.			
SOCIAL ACTIVITY FEES	54,141.	53,911.	230.		
RECRUITING AGENCY SERVICE FEES	40,171.	40,171.			
SUBSCRIPTION	15,171.	15,171.			
ACCREDITATION AND MEMBERSHIP FEES ETC EXPENSES	5,115.	5,115.			
REGISTRATION & ENROLLMENT FEES	31,068.	31,068.			
BOOK FAIR EXPENSES	3,947.		3,947.		
IRC 3401(D)(2) SALARIES & WAGES	1,305.	1,305.			
COMPENSATION PAID TO NON-US WORKERS	7,365.	7,365.			
TOTAL TO FM 990, LN 43	444,403.	444,403.	25,149.		
	495,708.	495,708.			
	1,291,050.	1,265,901.	25,149.		

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITABLE/EDUCATIONAL TASHKENT INTERNATIONAL SCHOOL 38 SARAKULSKAYA STREET TASHKENT, UZ, 100005	1,115,600.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,115,600.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	4
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DESCRIPTION	AMOUNT
SCHOLARSHIPS	103,800.
TOTAL TO FORM 990, PART II, LINE 23	103,800.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

THE ORGANIZATION'S EXEMPT PURPOSE IS TO PROVIDE SUPPORT AND ASSIST TASHKENT INTERNATIONAL HEALTH AND EDUCATION SERVICES IN THE OPERATION OF TASHKENT INTERNATIONAL SCHOOL WHICH PROVIDES A WORLD CLASS EDUCATION FOR CHILDREN OF EMBASSY PERSONNEL AND EXPATRIATE AND LOCAL FAMILIES IN TASHKENT, UZBEKISTAN.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAMETERMS OF REPAYMENTOVERSEAS PRIVATE
INVESTMENT CORPORATION17 EQUAL INSTALLMENTS -
THE 15TH DAY OF EACH
APRIL & OCTOBERDATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

06/28/04

10/15/13

1,600,000.

8.22%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOANMORTGAGE ON PROPERTY IN
UZBEKISTAN

SCHOOL BUILDING REMODELING

RELATIONSHIP OF LENDER

N/A

DESCRIPTION OF CONSIDERATIONFMV OF
CONSIDERATIONBALANCE DUE

N/A

0.

1,211,778.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

1,211,778.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 7

NAME OF ORGANIZATIONEXEMPTNONEXEMPTTASHKENT INTERNATIONAL HEALTH AND EDUCATION
SERVICES

X