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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	2008 calendar year, or tax year beginning JUL 1, 2008 and end	aing <u>JU</u>	M 30, 40	09							
В	Check if applicable	Please C Name of organization	0	Employer ide	entification number							
	applicabl	use IRS ECOLE INTERNATIONALE DE BOSTON/										
Г	Addre:	SS label or TAMEDNAMIONAL COUCOL OF POSMON INC										
F	Name	tyne		0.4	-2385120							
F	lchang lnitial		om/suite E	Telephone nu								
<u> </u>	return Termir		Jii/Suite E	· · · · · · · · · · · · · · · · · · ·	17) 499-1451							
늗	ation Amend	Instruc-										
Ļ	jreturn	City or town, state or country, and zir + 4		Gross receipts \$	11,512,495.							
L	Applic tion pendir		٢	H(a) Is this a gro								
	pendi	F Name and address of principal officer NORMAND SAUCTER		for affiliates								
		45 MATIGNON ROAD, CAMBRIDGE, MA 02140	١	H(b) Are all affiliate	es included? Yes No							
1	Tax-exe	empt status: X 501(c) (3		If "No," atta	ch a list (see instructions)							
	_	te: ► WWW.ISBOS.ORG		H(c) Group exem	nption number							
		organization: X Corporation			4 M State of legal domicile: MA							
	art I	Summary			<u> </u>							
			E BIL	INCIIAL E	DIICATION FROM							
ė,	1 Briefly describe the organization's mission or most significant activities. PROVIDE BILINGUAL EDUCATION F PRESCHOOL TO GRADE TWELVE.											
Governance												
	2		or more tr	nan 25% or its a								
Ó	3	Number of voting members of the governing body (Part VI, line 1a)			3 12							
*	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 12							
es	5	Total number of employees (Part V, line 2a)			5 216							
Activities &	6	Total number of volunteers (estimate if necessary)			6 140							
Ċ.	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)			7a 0.							
•	ь	Net unrelated business taxable income from Form 990-T, line 34			7b <20,315.>							
				Prior Year	Current Year							
02 2010 Bevenue	8	Contributions and grants (Part VIII, line 1h)		352,96	9. 336,533.							
	9	Program service revenue (Part VIII, line 2g)		9,689,03								
~ §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		93,42								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<31,65								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	0,103,78								
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		506,04								
—J				300,01	1,1,350.							
ω		Benefits paid to or for members (Part IX, column (A)) me 4 C U Salaries, other compensation, employee benefits (Part IX, column (A)) res 5-10)		6,394,20	7,992,491.							
SCANNEC	15			0,334,40	7,552,4510							
Z	16a	Professional fundraising fees (Part IX, common (A) vine 11e) 2010 0238,563	,									
	ь		'•	2 002 61	3,027,861.							
3	1 17	Other expenses (Part IX, column (A), Ines 11a.11d, 11f.24f)		3,083,61								
W)	18	Total expenses Add lines 13-17 (must equal fact to be lighting (A) The 25)		<u>9,983,86</u>								
_	13	Revenue less expenses Subtract line 18 from line 12		119,92								
Net Assets or	<u> </u>			eginning of Yea								
set	[명 20	Total assets (Part X, line 16)	1	<u>.0,434,69</u>								
t As	21	Total liabilities (Part X, line 26)		7,559,72								
<u>8</u>	22 _	Net assets or fund balances Subtract line 21 from line 20		2,874,97	72. 2,885,362.							
P	art II	Signature Block										
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki	atements, and	d to the best of my kn	owledge and belief, it is true, correct,							
		Tario complete Declaration of prepare (other than officer) is based on all another in mich propare has any mi										
Sig	an	IF YOU.		3.27	.10							
He		Signature of officer		Date								
		NORMAND SAUCIER, CFO										
		Type or print name and title										
		Preparer's Date	Chec	k if	Preparer's identifying number							
Pa	id	signature Matth 1- 1/2 03/20/	'10 self-		(see instructions)							
Pro	eparer's	Firm's name (or STONE & COMPANY LLC	<u> </u>	EIN ►								
Us	e Only	self-employed). 57 BEDFORD ST., STE 225										
		address, and ZIP + 4 LEXINGTON, MA 02420-4443		Phone no	► (781) 863-6300							
<u> </u>			-	17 HOHE HU.	. X Yes No							
		RS discuss this return with the preparer shown above? (see instructions)	roto inch	uetions	Form 990 (2008)							
832	2001 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	1115tT	นบนบทร.	FUILL 330 (2000)							

	1990 (2008) INTERNATIONAL SCHOOL OF BUSTON, INC. 04-238	5140	Page Z
	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION		
	THE INTERNATIONAL SCHOOL OF BOSTON (ISB) OFFERS A DISTINCTIVE		
	BILINGUAL EDUCATION ROOTED IN THE BEST OF FRENCH AND AMERICAN		MIC_
	TRADITIONS. OUR SCHOOL DRAWS ON THE DIVERSITY OF ITS INTERNATI		
	STUDENT BODY AND STAFF TO PROVIDE STUDENTS WITH CURRICULAR AND		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes", describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes", describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 8,609,724. including grants of \$ 474,398.) (Revenue \$)
	OPERATION OF A BILINGUAL (ENGLISH/FRENCH) ELEMENTARY AND SECON	DARY	
	SCHOOL (PRESCHOOL THROUGH TWELFTH GRADE) FOR APPROXIMATELY 575)	
	STUDENTS. PARTIAL SCHOLARSHIPS ARE AWARDED TO STUDENTS.		
			
4b	(Code) (Expenses \$ 282,054. including grants of \$ 0.) (Revenue \$)
		EXTEN	DED_
	DAY/AFTERSCHOOL PROGRAM AND SUMMER PROGRAM.		
		_	
			
_	/O-d		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other program convices (Deceribe in Schedule O.)		
4d	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ▶\$ 8,891,778. (Must equal Part IX, Line 25, column (B))		00 (0000
		Form 95	90 (2008)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	<u> X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X_
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	_X_	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	<u>14a</u>	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	15		x
46	located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		x_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		i	
	prior year? If "Yes," complete Schedule L, Part I	25b	ļ	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
		Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?		1	
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		ļ	
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R. Part VI	37		X

Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns: Enter Or in ottapplicable Be Enter the number of Forms W20 included in the 1a Enter Or in ottapplicable Distriction comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the catendar year anding with or within the year covered by this return. If it all east one is reported on line 2a, did the organization fleel all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rise this return (see instructions) Bit of less and 2a is greater than 250, you may be required to e-rise this return (see instructions) Bit of less an it field a Form 990-T for this year? If No. *provide an explanation in Schedule 0 Bit ("Yes," has it field a Form 990-T for this year? If No. *provide an explanation in Schedule 0 Bit ("Yes," and a fine of employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rise this return (see instructions) Bit ("Yes," and it field a form 990-T for this year? If No. *provide an explanation in Schedule 0 Bit ("Yes," and it is a form 990-T for this year? If No. *provide an explanation in Schedule 0 Bit ("Yes," and it is a form 990-T for this year? If No. *provide an explanation in Schedule 0 Bit ("Yes," an apparation of the foregon country," PERANCE Was the organization on provide year of the foregon country." PERANCE Bit ("Yes," and question fair of Sh. did the organization the form 88647, Declouver by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Cit ("Yes," organization sheld that year year year year year year year year	•				ſ
U.S. Information Returns Enter-0- in ont applicable be Enter the number of Forms W2G included in line 1a. Enter-0- if not applicable clied the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) wrinings to prize winners? 25 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 26 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rike this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, "has it field a Form 990-T for this year? # /* "No", provide an explanation in Schedulio O 4d At any time during the calendary 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) 5 If Yes, "has it field a Form 990-T for this year? # /* "No", provide an explanation in Schedulio O 4d At any time during the calendary 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) 5 If Yes, "has it filed a Form 990-T for this year? # /* * * * * * * * * * * * * * * * * *		5		Yes	No
b Enter the number of Forms W2G included in line 1a Enter-0- if not applicable of the organization comply with backup withholding interfor protable payments to vendors and reportable gaming (gambling) within making with withholding interfor protable payments to vendors and reportable gaming (gambling) within gambling with making the payments of the payments to vendors and reportable gaming (gambling) within gambling within within the year covered by this return. In the form of eacherdar year end and 2as greater than 250, you may be required to e-fifth this return (see instructions). In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? Note, if the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1a and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1as and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1as and 2as greater than 250, you may be required to e-fifth this return? In the sum of lines 1as and 2as greater than 250, you may be required to a significant or other sum of the sum of the segment of the segment of the sum of the sum of the segment of the s	1a	·			
c Dd the organization comply with backup withholding fules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 5 If I we have not been also and 2s is greater than 250, you may be required to e-rife this return (see instructions). 8 Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 8 If Yes, "has it field a Form 990-1 for this year? If "No, provide an explanation in 8 dening the year covered by this return." 8 If Yes, "has it field a Form 990-1 for this year? If "No, provide an explanation in Schedule O and a financial account; a financial account in a foreign country, (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country, when year is a bank account, securities account, or other financial accountly over, a financial account in a foreign country, when year is a bank account, securities account, or other financial accountly over, a financial account in a foreign country, by FRANCE. 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Dd any taxable party notify the organization fiel Form 88861, Decideure by Tax-Exempt Entity Regarding Prohibited Tax. Shelter Transaction? 10 Dd the organization solicit any contributions that were not tax deductible? 10 Organizations that may receive deductible contributions under section 170(c). 11 Dd the organization solicit any contributions under section 170(c). 12 Dd the organization shell any receive deductible contributions under section 170(c). 13 Dd the organization shell we organize any exemption of the value of the goods or services provided? 14 Dd the organization shell any receive deductible contributions under section 170(c). 15 Dd the organization shell		- International Enternation			
Seamble(g) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return 3b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5b If "Yea," sat filed a Form 990 of Tor this year? If "No." provide an explanation in Schedule 0 5b If "Yea," shart if the a Form 990 of Tor this year? If "No." provide an explanation in Schedule 0 5c If "Yea," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uif any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Unit the organization shelt and the value of the Form 8886-T, Oscilosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Unit the organization shelt amay receive deductible contributions under section 170(c). 5c Unit the organization shelt may receive deductible contributions under section 170(c). 5c Under the organization shelt may receive deductible contributions under section 170(c). 5c Under the organization shelt may receive deductible contributions under section 170(c). 5c Under the organization shelt mumber of Forms 8282 filed during the year. 5c Under the organization shelt in number of Forms 8282 filed during the year. 5c Under the organization shelt in number of Forms 8282 filed during the year. 5c Under the organization shelt in unber of Granis 8282 filed during the ye					
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2 2 21.6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file this return (see instructions) 3a Dd the organization have unrelated businesse gross income of \$1,000 or more during the year covered by this return? b If "Yes," has if filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have en interestin, or a signature or other authority over, a financial account in a foreign country (such as a brain account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. ► FRANCE See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization select any contributions that was or is a party to a prohibited tax shelter transaction? 6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did the organization select any contributions that were not tax deductible? 6c Did the organization select any contributions that were not tax deductible? 6c Did the organization provide goods or services in exchange for any quid pro quid contribution of more than \$75? 7a X To Yes," indicate that number of Forms 8282 filed during the year 6c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 X To Yes," indicate the number of Forms 8282 filed during the year excess business holdings at any time during the year for all contributions of cars, beck, and pile personal property for which it was required? 7a Did the organization, during the year, rece	C		10		v
tiled for the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes", has 1 filed a Form 990 To for this year? If "No," provide en explanation in Schedule O. b If "Yes," sha 1 filed a Form 990 To for this year? b If Yes," enter the name of the foreign country. PRANCE See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial account in a foreign country. PRANCE See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts b If "Yes," enter the name of the foreign country. PRANCE See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts b If "Yes," did the organization is possible that it was or is a party to a prohibited tax shelter transaction? b If "Yes," did the organization of the diversity of the organization is possible that it was or is a party to a prohibited tax shelter transaction? c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c If "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," did the organization on orify the donor of the value of the goods or services provided? b If "Yes," did the organization of the provided tax of the goods	20				
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a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7		were not tax deductible?	6b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			4.	}	
			12a	 	
	b	ir "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	Eorm	gan	(2000)

Form 990 (2008)

Form 990 (2008) INTERNATIONAL SCHOOL OF BOSTON, INC. 04-2385120 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management		 ,	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			l
	processes, or changes in Schedule O See instructions.			l
1a	Enter the number of voting members of the governing body 12 13			į
b	Enter the number of voting members that are independent 1b 12	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			I
	governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			İ
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			ĺ
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	L
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		ĺ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			l
	to conflicts?	12b	_X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	<u> </u>
Í	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b_		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
. –	public inspection. Indicate how you make these available Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ancial	
.0	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	>	
ZV	THE ORGANIZATION - 617 499-1451			
	45 MATTICNON ROAD CAMBRIDGE MA 02140			

INTERNATIONAL SCHOOL OF BOSTON,

04-2385120

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average			(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	institutional trustee	c all 1		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
BARRY MORRIS CHAIR, BOARD OF TRUSTEES	8.00	х						0.	0.	0.		
SYLVIE GREGOIRE TREASURER	4.00	x	<u> </u>					0.	0.	0.		
PATRICK HAMILTON CHAIR, COMMITTEE ON TRUS	4.00	x						0.	0.	0.		
MARTY LILLIS TRUSTEE	2.00	x						0.	0.	0.		
ROB BLOEMKER TRUSTEE	2.00	х						0.	0.	0.		
FREDERIC CHARTIER TRUSTEE	2.00	x						0.	0.	0.		
LESLIE DUNTON-DOWNER TRUSTEE	2.00	х						0.	0.	0.		
CYNTHIA FERRIS TRUSTEE	2.00	x						0.	0.	0.		
FRANCOIS GAUTHIER TRUSTEE	2.00	x				_		0.	0.	0.		
ROBERT KEANE TRUSTEE	2.00	x						0.	0.	0.		
LOUIS PLAMONDON TRUSTEE	2.00	x						0.	0.	0.		
NATHALIE WALLACE TRUSTEE	2.00	x			_			0.	0.	0.		
ALEXANDRA EPEE-BOUNYA TRUSTEE	2.00	x						0.	0.	0.		
NORMAND SAUCIER CFO	40.00			x				66,845.	0.	24,223.		
DAVID WATSON INTERIM HEAD OF SCHOOL	40.00			х				0.	0.	0.		
JOHN F. LARNER FORMER HEAD OF SCHOOL	40.00						x	185,941.	0.	25,932.		
										- 000 (000)		

04-2385120 Page 8

(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable			(F) mate	d
name and title	hours					app	ly)	compensation	compensatio	ก	amo	mate ount o ther	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	comp fro orga and		e on ed
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		-								\dashv			
		-											
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	-	<u> </u>			_		_		-				
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	+											_	
1b Total		<u></u>		L		▶	L	252,786.		0.	50	,1!	55.
2 Total number of individuals (including the compensation from the organization	ose in 1a) who re	elv-	ed n	nore	tha	n \$1	00,0	000 in reportable	· -				1
3 Did the organization list any former office			e, ke	y em	olqr	yee,	or h	nighest compensated er	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the			omp	ensa	atior	n and	d ot	her compensation from	the organization		3	X	
and related organizations greater than \$Did any person listed on line 1a receive of			-						ugos rondorod to	_	4	Х	
the organization? If "Yes," complete Sch					any	y um	eiai				5		х
Section B. Independent Contractors 1 Complete this table for your five highest								that recoved more than	\$100,000 of som		non fr		
Complete this table for your five highest the organization NONE	Compensated in	uepe	enae	in C		racio		mat received more than	#100,000 of coll	репза			
(A) Name and busine	ss address							(B) Description of s	services	Со	(C) mpen	sation	1
	<u></u>												
										. <u></u>			
								 					
							\dashv					_	
Total number of independent contractors from the organization	s (including thos	e in	1) wl	no re	ecei	ved	mor	re than \$100,000 in com	npensation	•			
				_						F	orm 9	90 (2	2008)

ECOLE INTERNATIONALE DE BOSTON/ INTERNATIONAL SCHOOL OF BOSTON, INC

orm 99 Part \				PCHOON	OF BOSTON,	INC.	04-2385	120 Page
			····		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
<u>합</u> 1		Federated campaigns	1a					
<u>, </u>		Membership dues	1b					
a		Fundraising events	1c					
<u>iā</u>		Related organizations	1d					
. <u>E</u>		Government grants (contribut						
and other similar amounts		All other contributions, gifts, gran similar amounts not included about		36,533.				
밀	-	Noncash contributions included in lines	1a-1f \$		226 522			
-	<u>h</u>	Total. Add lines 1a-1f			336,533.			
				Business Code				
2		TUITION & FEES		611710	10200608.	10200608.		,
en		EXTRA-CURRICULA	R PROGR	611710	443,937.	443,937.		
en		LUNCH PROGRAM		611710	253,763.	253,763.		
Revenue	d	OTHER INCOME		611710	227,996.	227,996.		
	е							
	f	All other program service reve	enue		_			
	g	Total. Add lines 2a-2f			11126304.			
3		Investment income (including	dividends, intere	est, and				
		other similar amounts)	·	•	51,274.			51,27
4		Income from investment of ta	x-exempt bond o	roceeds				
5		Royalties		•				
-		,	(ı) Real	(II) Personal			• • • • • • • • • • • • • • • • • • • •	
6		Gross Rents	(y riear	(ii) i ersonai				
"		Less rental expenses						
		·						
		Rental income or (loss)						
_		Net rental income or (loss)		() 00				
7	_	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
		Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<u> </u>				
8 and a second		Gross income from fundraisin including \$	-	.				
٥		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а					
[b	Less: direct expenses	b					
1	С	Net income or (loss) from fund	draising events					
9		Gross income from gaming ad	_					
		Part IV, line 19	а					
		Less direct expenses	b]			
		Net income or (loss) from gan	_					
10		Gross sales of inventory, less	-					
'0		and allowances	a					
		Less cost of goods sold	a b					
		-	-					
-	С	Net income or (loss) from sale		Disputation Cont				_
-		Miscellaneous Revenu		Business Code	ا موم و			
11		GAIN/(LOSS) ON		611710	<1,616.	>		<1,61
	b							<u> </u>
	С							
	d	All other revenue	·					
1	е	Total. Add lines 11a-11d		>	<1,616.			
- 1					11512495.	11126304.	0.	49,658

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must comp	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses_	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	,	_		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	474,398.	474,398.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,499.		73,499.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,699,430.	5,234,337.	1,324,925.	140,168.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	754,456.	472,901.	275,356.	6,199.
10	Payroll taxes	465,106.	365,320.	89,437.	10,349
11	Fees for services (non-employees)	19072000	300,020	00,100	
'' a	Management	382,621.	345,169.	37,452.	
b	Legal	2,416.		2,416.	
c	Accounting	27,320.		27,320.	
d	Lobbying			•	
e	Professional fundraising services. See Part IV, line 17	,			
f	Investment management fees				<u>-11-11-1</u>
g g	Other				
12	Advertising and promotion	34,120.		34,120.	
13	Office expenses	559,047.	358,683.	200,364.	
14	Information technology				
15	Royalties				
16	Occupancy	334,102.	334,102.		
17	Travel	239,079.	178,842.	60,237.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	257,823.	257,823.	<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	317,980.	<u>317,980.</u>		
23	Insurance	44,619.		44,619.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	TIBIOU DDOODAM	236,833.	236,833.		<u>-</u>
a	DEDATED C MATAMENIANOE	198,137.	198,137.		
b	RECRUITMENT & IMMIGRATI	89,291.	250/2010	89,291.	
d	TAICHDIICHT ON OHUED	72,385.	72,385.		
_	DINIDDATOTAG DADRAM MEA	51,187.			51,187
e f	All other expenses	180,901.	44,868.	_105,373.	30,660
25	Total functional expenses. Add lines 1 through 24f	11,494,750.	8,891,778.	2,364,409.	238,563
<u>25</u> 26	Joint Costs. Check here If following	,,,			
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			į	
	educational campaign and fundraising solicitation				

04-2385120 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				.
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	474,398.	474,398.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24 252		21 252	
	trustees, and key employees	91,068.		91,068.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	5 504 100	5 024 225	1 200 604	140 160
7	Other salaries and wages	6,684,199.	5,234,337.	1,309,694.	140,168.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	750 440	470.001	252 010	C 100
9	Other employee benefits	752,118.	472,901.	273,018.	6,199.
10	Payroll taxes	465,106.	365,320.	89,437.	10,349.
11	Fees for services (non-employees)	202 601	245 160	27 450	
а	Management	382,621.	345,169.	37,452.	
b	Legal	2,416.		2,416.	
С	Accounting	27,320.		27,320.	- .
d	Lobbying		 		
е	Professional fundraising services. See Part IV, line 17			*	\ \
f	Investment management fees				
g	Other	24 120		24 120	
12	Advertising and promotion	34,120.	250 602	34,120.	
13	Office expenses	559,047.	358,683.	200,364.	
14	Information technology				
15	Royalties	224 102	334,102.		
16	Occupancy .	334,102.	178,842.	60,237.	·
17	Travel	239,079.	1/0,044.	60,231.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	257,823.	257,823.		
20	Interest	451,043.	451,043.		
21	Payments to affiliates	317,980.	317,980.		
22	Depreciation, depletion, and amortization	44,619.	311,300.	44,619.	
23	Insurance	44,019.		44,013.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	LUNCH PROGRAM	236,833.	236,833.		
b	REPAIRS & MAINTENANCE	198,137.	198,137.		
c	RECRUITMENT & IMMIGRATI	89,291.		89,291.	
d	INSTRUCTION, OTHER	72,385.	72,385.		
e	FUNDRAISING, PARENT TEA	51,187.			51,187.
f	All other expenses	180,901.	44,868.	105,373.	30,660.
25	Total functional expenses. Add lines 1 through 24f	11,494,750.	8,891,778.	2,364,409.	238,563.
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	n 10 19 09	·			Form 990 (2008)

04-2385120 Page 11 INTERNATIONAL SCHOOL OF BOSTON, INC. Form 990 (2008) Part X Balance Sheet (A) Beginning of year End of year Cash - non-interest-bearing 1 1 1,473,577 2,894,336. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 25,<u>116.</u> 14,350. 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key 5 employees, or other related parties. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 4,938. 21,489. 7 Notes and loans receivable, net 8 Inventories for sale or use 8 10,895. 63,250. 9 Prepaid expenses and deferred charges 10,977,735. 10a 10a Land, buildings, and equipment cost basis b Less accumulated depreciation. Complete 8,838,275. 9,459,934. 1,517,801. 10c 10b Part VI of Schedule D Investments - publicly traded securities 11 11 27,402. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 148,000. 65,260. 15 15 Other assets. See Part IV, line 11 10,434,697. 12,612,125. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,223,779. 1,035,388. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 3,357,198. 1,779,006. 19 Deferred revenue 19 4,364,903. 3,507,600. 20 20 Tax-exempt bond liabilities Escrow account liability Complete Part IV of Schedule D 21 21 iabilities. Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 1,049,340. 969,274. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable 24 24 25 25 Other liabilities Complete Part X of Schedule D 9,726,763. 7.559.725. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,769,393. 2,660,410. 27 Unrestricted net assets 27 221,952. 102,579. 28 Temporarily restricted net assets 28 3,000. 3,000. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,874,972. 2,885,362. 33 Total net assets or fund balances 33 12,612,125. 10,434,697. 34 Total liabilities and net assets/fund balances Part XI | Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2c review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits?

Form **990** (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

ECOLE INTERNATIONALE DE BOSTON/ INTERNATIONAL SCHOOL OF BOSTON, Employer identification number 04-2385120

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 (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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) 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 the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 c Type III - Functionally integrated d Type III - Other __ Type I **b** Type II 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 No the governing body of the supported organization? 11g(i) 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? 11g(iii) h Provide the following information about the organizations the organization supports (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes No Yes No (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

LPa	(Complete only if you checke	•			אנס)(ז)(A)(IV) an	a 1/U(D)(1)(A)(\	/1)
Se	ction A. Public Support	G trie DOX OIT lifte	o, r, or o or Fait I)				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(b) 2003	(6) 2000	(4) 2001	(e) 2008	(I) IOIai
'	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			-	 	 	
_	zation'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 - 3						
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,				1		
	column (f)						
_6	Public Support. Subtract line 5 from line 4	·					
Se	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·	1	_	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				ļ		
	and income from similar sources				1		
9	Net income from unrelated business				1		
	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	L			<u> </u>		
12	•	•	•			12	
13	First five years. If the Form 990 is fo		's first, second, thi	ra, tourth, or titth	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ		ercentage	<u> </u>			
	Public support percentage for 2008 (column (fl)		14	%
15			•	Column (i))	•	15	%
	33 1/3% support test - 2008. If the	•		on line 13, and line	14 is 33 1/3% or i	· · · · · · · · · · · · · · · · · · ·	
102	stop here. The organization qualifies	=			. 14 13 00 17070 01 1	more, encon une be	» and
ŀ	33 1/3% support test - 2007. If the				d line 15 is 33 1/39	6 or more, check th	nis box
•	and stop here. The organization qua				G 11110 10 10 00 1707	5 67 more, ericent a	>
17:	10% -facts-and-circumstances tes	, ,			ne 13 16a or 16b	and line 14 is 10%	or more.
1116	and if the organization meets the "fac	`	•				
	meets the "facts-and-circumstances"			· · · · · · · · · · · · · · · · · · ·			•
L	10% -facts-and-circumstances tes	_	•		-		10% or
	more, and if the organization meets to		•				
	organization meets the "facts-and-cir-						▶ □
18	Private foundation. If the organization						s 🕨
		2.2 o o o				edule A (Form 990	

Part III Support Schedule for C Section A. Public Support	7 gamzations	Described in	occion oosta	//-/ (Complete only	ıı you	cnecked the bo	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(4) 2007	l	(a) 2009	(6) Total
	(a) 2004	(b) 2005	(c) 2006	(d) 2007	1	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received (Do not					ŀ		
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				ŀ			,
organization's tax-exempt purpose				ļ <u> </u>	┼		
3 Gross receipts from activities that				İ			
are not an unrelated trade or bus-					1		
iness under section 513					<u> </u>		_
4 Tax revenues levied for the organ-							
ization's benefit and either paid to				-			
or expended on its behalf					<u> </u>		
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 · 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons		İ					
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that							
exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						i	
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6)					1		
Section B. Total Support	,	'	·	<u> </u>	1		
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	1	(e) 2008	(f) Total
9 Amounts from line 6	(4) 2004	(6) 2000	(0) 2000	<u>Juj 2007</u>	1	(6) 2000	117 1014
10a Gross income from interest,					1		
dividends, payments received on							
securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income					1		
(less section 511 taxes) from businesses							
· ,					1		
acquired after June 30, 1975					-		
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)					 		
13 Total support (Add lines 9, 10c, 11, and 12)]		
14 First five years. If the Form 990 is for	the organization	's first, second, thu	d, fourth, or fifth t	ax year as a section	on 50°	1(c)(3) organız	ation,
check this box and stop here							
Section C. Computation of Publ	ic Support Pe	ercentage					
15 Public support percentage for 2008 (I	ine 8, column (f) o	divided by line 13,	column (f))		15		9
16 Public support percentage from 2007	Schedule A, Par	t IV-A, line 27g			16		9
Section D. Computation of Inves							
17 Investment income percentage for 20					17		9
18 Investment income percentage from 2	•	•			18		
19a 33 1/3% support tests - 2008. If the				a 15 is more than '		3% and line 1	
more than 33 1/3%, check this box a	=						
	•	-	•				and .
b 33 1/3% support tests - 2007. If the							
line 18 is not more than 33 1/3%, che		-		-		=	
20 Private foundation. If the organization	ri ala not check a	1 DOX ON line 14, 19	a, or 190, check t	nis dox and see in	struc	LIONS _	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• 9	ection 501(c)(4), (5), or (6) organiza	itions: Complete Part III			
		NTERNATIONALE DE	BOSTON/	Emple	oyer identification number
	INTERNA	TIONAL SCHOOL OF	BOSTON, IN	NC.	04-2385120
Pa	t I-A To be completed b	y all organizations exem	pt under section	n 501(c) and section 52	27 organizations.
	See the instructions for S	Schedule C for details			
1	Provide a description of the organi	zation's direct and indirect politi	cal campaign activities	s in Part IV	
2	Political expenditures			.▶\$	
3	Volunteer hours				
				<u> </u>	
Pa	t I-B To be completed b	y all organizations exem	npt under section	n 501(c)(3).	
	See the instructions for S	Schedule C for details.			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	jers under section 495	5 5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		
4a	Was a correction made?				L Yes L No
	If "Yes," describe in Part IV			F04/a\	- 504(-)(0)
Ра	t I-C To be completed b	y all organizations exem	ipt under section	1 501(c), except sectio	n 501(c)(3).
	See the instructions for S				
	Enter the amount directly expende		•		
2	Enter the amount of the filing orgar	nization's funds contributed to o	ther organizations for		
	exempt function activities				
3	Total of direct and indirect exempt	function expenditures. Add line	s 1 and 2 and enter he	ere and on	
	Form 1120-POL, line 17b	_		. ▶\$	Yes No
	Did the filing organization file Form				
5	State the names, addresses and e	· ·	•	-	
	Enter the amount paid and indicate				
	promptly and directly delivered to a If additional space is needed, prov	· · · · · · · · · · · · · · · · · · ·	such as a separate se	egregated lund of a political a	ction committee (PAC)
		T			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				Tarido: Il Tiono, omor o .	delivered to a separate
					political organization If none, enter -0-
		· · · · · · · · · · · · · · · · · · ·		 	in none, enter o
					<u> </u>
					
					
				1	1
				- 	

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Schedule C (Form 990 or 990-EZ) 2008	INTERNATIO	NAL SCHOOL	OF BOSTON,	INC. 04-	2385120 Page 2
Part II-A To be completed by				t filed Form 576	i8
(election under sec			hedule C for details		
. —	tion belongs to an affi				
B Check ► if the filing organiza	tion checked box A ar	nd "limited control" pi	rovisions apply		T
	ts on Lobbying Expe ditures" means amou		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			_	
d Other exempt purpose expenditure	es .				
e Total exempt purpose expenditure	•		ļ		
f Lobbying nontaxable amount Ente	er the amount from the	e following table in bo	oth columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
- Crassingto postavella amount (on	tor 25% of line 1ft				+
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a Enter					
i Subtract line 1f from line 1c. Enter	•		Ì		
j If there is an amount other than ze			ں zatıon file Form 4720		
reporting section 4911 tax for this	_				Yes No
		eraging Period Unde	r Section 501(h)		
	ns below. See the ins	structions for lines 2	on do not have to comp a through 2f of the ins		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount			_		
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
Talallakha					
c Total lobbying expenditures			+		
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	<u> </u>				<u> </u>
f Grassroots lobbying expenditures					<u></u>

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 INTERNATIONAL SCHOOL OF BOSTON, INC. 04-2385120 P

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

(election under section 501(b)) Contraction 501(c) 04-2385120 Page 3

local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X A Wallings to members, legislators, or the public? A Wallings to members, legislators, or the public? A Wallings to members, legislators, or the public? A Wallings to members, legislators, or published or broadcast statements? C Forants to other organizations for lobbying purposes? D Frect contact with legislators, their staffs, government officials, or a legislative body? A Nallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? A Valuables, demonstrations, seminars, conventions, speeches, lectures, or any other means? A Valuables, demonstrations, seminars, conventions, speeches, lectures, or any other means? A Valuable of C through 11 A Differ activities in line 1 cause the organization to be not described in section 501(c)(3)? B If "Yes," enter the amount of any tax incurred under section 4912 C If "Yes," enter the amount of any tax incurred by organization managers under section 4912 C If "Yes," enter the amount of any tax incurred by organization managers under section 4912 C If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Were substantially all (90% or more) diues received nondeductable by members? D bd the organization make only in house lobbying expenditures of \$2,000 or less? D bd the organization make only in house lobbying expenditures from the prior year? art III-B) To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BDTH part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 2 bc Carryover from last yea		(a)		(b)
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a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media adventsements? d Mainings to members, legislators, or the public? e Publications, or published or broadcast statements? S X S g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, semmars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV J Total lines 1c through 1 a Did the activities? If "Yes," describe in Part IV J Total lines 1c through 1 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, duit filing Form 4720 for this year? If III-A T to be completed by all organizations exempt under section 501(c)(4), section 501(c)(6), or section 501(c)(6). See the instructions for Schedule C for details. Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? art III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members c Section 162(e) on-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(f) (A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (tine 2c total minus 3 and 4) Aggregate amount reported in	local legislation, including any attempt to influence public opinion on a legislative matter				
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ECOLE INTERNATIONALE DE BOSTON/

INTERNATIONAL SCHOOL OF BOSTON, INC

Employer identification number 04-2385120

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	-	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	sed funds
Ŭ	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor ad	_	e used only
Ŭ	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	· —	fied historic structure
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a-2d if the organization held a qualified consi	envetion contribution in the form of a co	nservation easement on the last day
2		ervation contribution in the form of a co	instruction observations on the last day
	of the tax year.		Held at the End of the Year
_	Total number of conservation easements		2a
a 			2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	icture included in (a)	2c
ب د	Number of conservation easements included in (c) acquired a		2d
d	Number of conservation easements modified, transferred, rel		
3	_	eased, extinguished, or terminated by the	to organization during the taxable
	year ▶ Number of states where property subject to conservation eas	cament is located	
4	Does the organization have a written policy regarding the per		and
5	enforcement of the conservation easements it holds?	logic monitoring, inspection, violations,	Yes No
	Staff or volunteer hours devoted to monitoring, inspecting, ar	and enforcing essements during the year	
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abov		
8		e satisfy the requirements of section 17	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation	on agramants in its revenue and expens	• — • • • — • • •
9	include, if applicable, the text of the footnote to the organization		
	, ,,	ion s imanciai statements that describe	the organization's accounting to
Pa	conservation easements rt III Organizations Maintaining Collections of	Art Historical Treasures, or	Other Similar Assets.
. u	Complete if the organization answered "Yes" to Form		
	Complete it the organization and the test to it of the		
4-	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	halance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, ec		
			ubile service, provide, in rail xiv, the text of
	the footnote to its financial statements that describes these if the organization elected, as permitted under SFAS 116, to		unce sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education, o		
		r research in turtilerance of public service	ce, provide the following amounts relating to
	these items:		~ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating and a second sec		iai gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	. •
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X	•	▶ \$

	dule D (Form 990) 2008 INTERNA t III Organizations Maintaining C	TIONAL SCH						04-23 ar Asse			
3	Using the organization's accession and othe										
	that apply)		,		ŭ				•		
а	Public exhibition	c		Loan or excl	hange prog	rams					
b	Scholarly research		\Box	Other	0.0						
c	Preservation for future generations				_						
4	Provide a description of the organization's co	ollections and explain	n how th	nev further th	he organiza	tion's exe	mpt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit o	•		-	-						
-	to be sold to raise funds rather than to be ma								Yes	[No
Pai	t IV Trust, Escrow and Custodial					vered "Ye	s" to Forn	n 990, Par		9, or	
	reported an amount on Form 990, Par	_	•	ŭ							
	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not	included				
	on Form 990, Part X?		,						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table							
_		-							Amount	t T	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fi	orm 990. Part X. line	21?						Yes	\top	No
	If "Yes," explain the arrangement in Part XIV	· · · · · · · · · · · · · · · · · · ·									
Pai		f organization answe	ered "Ye	s" to Form 9	990, Part IV	line 10					
		(a) Current year	1	Prior year	(c) Two ye		(d) Three	years back	(e) Four	vears	back
1a	Beginning of year balance	(=)			1-7			,	, ,		
b	Contributions							•			_
c	Investment earnings or losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs								<u> </u>		
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the year	r and halance held :	28								
a	Board designated or quasi-endowment	. Cha balanco nola l	% %								
b	Permanent endowment	%	—′°								
c											
	Are there endowment funds not in the posse		ation th	at are held a	adminis	tered for t	he organi	zation			
Ja	by.	osion or the organiz		at aro mora a			ino organi	241,511	[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	nn Sche	dule B?					3b		
4	Describe in Part XIV the intended uses of the	· · ·			•						
_	t VI Investments - Land, Building				. Part X. line	e 10.					
<u> </u>	Description of investment	(a) Cost or o			or other		Depreciation	on I	(d) Bool	k valu	e
	boothplion of invocations	basis (investi		, , ,	(other)	(0, -	ор. ос.а		(4) - 55		-
10	Land	`			5,474		•		1,82	5.4	74.
	Buildings				0,084		482,6	01.			83.
b	Leasehold improvements				7,560		307,6		$\frac{1}{2}, 31$		
ن	Equipment				9,518		443,5				40.
d	Other				5,099		283,9				73.
	I. Add lines 1a-1e. (Column (d) should equal Fo	orm 990. Part X. coli	umn (R)		,	*1		D	9,45		

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 INTERNATION	NAL SCHOOL OF	BOSTON,	INC.	04-2385120 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1:	2		
(a) Description of security or category (including name of security)	(b) Book value			od of valuation: of-year market value
Financial derivatives and other financial products			-	
Closely-held equity interests			•	
	-			
Other		-		····
	 	 		
	 	-		
	 	 		
	_	<u> </u>		
		1		_ · · · · ·
				·
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990 Part X line	13		
		ij	(c) Meth	nod of valuation
(a) Description of investment type	(b) Book value			of-year market value
		-		

		<u> </u>		
			1 - 1 - 1 - 1	
·			· · · · · · · · · · · · · · · · · · ·	
,, <u></u>	***			
Fotal. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, lin	n 15			
) Description			(b) Book value
(4	/ Boodinpilott			
		 	 -	
				
	- <u>-</u>			
		-		
				-
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15)			
Part X Other Liabilities. See Form 990, Part X				
(a) Description of liability	, iiile 25.	(b) Amount	•	
Federal income taxes				
·····				
 			——	
	1		1	
Total. (Column (b) should equal Form 990, Part X, col (B)				

832053 12-23-08

under FIN 48.

· Schedule D (Form 990) 2008 INTERNATIONAL SCHOOL OF BOSTON, 04-2385120 Page 4 INC. Part XI | Reconciliation of Change in Net Assets from Form 990 to Financial Statements 11,512,495. Total revenue (Form 990, Part VIII, column (A), line 12) 1 11,494,750. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 17.745. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 Prior period adjustments 7 <7,355.> 8 Other (Describe in Part XIV) 8 <7.355.> Total adjustments (net). Add lines 4-8 9 9 10,390 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 11,030,742. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: <7,355 2a a Net unrealized gains on investments <u>2b</u> Donated services and use of facilities b Recoveries of prior year grants 2c 2d Other (Describe in Part XIV) <7,355.> e Add lines 2a through 2d 2e 038,097. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 474,398 b Other (Describe in Part XIV) 4b 474,398. Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 11 5 512,495. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 020 352. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Losses reported on Form 990, Part IX, line 25 2c Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 11,020, 352. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 474,398 4b b Other (Describe in Part XIV) 474.398. c Add lines 4a and 4b 4c 494,750. Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lin X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART XI, LINE 8 - OTHER ADJUSTMENTS: UNREALIZED LOSS: -7355. PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS/FINANCIAL AID: 474398. PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ECOLE INTERNATIONALE DE BOSTON/

832054 12-23-08

, Sahadula D (Farm 000) 2008	ECOLE	INTERNA	TIONALE	DE	BOSTON/	TNC	04-2385120 Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental Inforr	nation (co	ntinued)	ВСПООН	<u> </u>	DOSTON,	1110.	0
SCHOLARSHIPS/FINANC			8 .				
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SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

ECOLE INTERNATIONALE DE BOSTON/ INTERNATIONAL SCHOOL OF BOSTON, INC Employer identification number 04-2385120

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes X the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain 3 SEE STATEMENT Does the organization maintain the following? X a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a 5b Admissions policies? h Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? 5d Educational policies? 5e e Use of facilities? 5f 5g Athletic programs? 5h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a 6b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation

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

Schedule E (Form 990 or 990-EZ) 2008

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Internal Revenue Service	raitiv, mies i	7, 10, 01 15, and by organizations that	enter in	VIE LIIA	iii \$13,000 Oii FOIIII 93	U-EZ, IIIIE UA.	Inspection
Name of the organization	ECOLE I	NTERNATIONALE DE	BOSI	'ON/		Employer	identification number
		TIONAL SCHOOL OF					85120
Part I Fundraisin	g Activities	Complete if the organization answ	ered "	Yes" to	o Form 990, Part IV,	line 17	
	-	sed funds through any of the follow	-				
a Mail solicitation b Email solicitation				-	overnment grants rnment grants		
c Phone solicitat		g Specia		_	=		
d In-person solic		у ореста	i luliuli	aisiriy	events		
•		or oral agreement with any individua	ıl (ınclu	dına o	fficers, directors, true	stees or	
•		Part VII) or entity in connection with		_			Yes No
b If "Yes," list the ten h	nighest paid ind	ividuals or entities (fundraisers) pur	suant t	o agre	ements under which	the fundraiser is	s to be
compensated at leas	st \$5,000 by the	e organization. Form 990-EZ filers ar	e not re	equire	d to complete this tal	ble.	
						(v) Amount pa	ud .
(i) Name of Indiv		(ii) Activity	fund	Did raiser	(iv) Gross receipts	to (or retained l	by) (vi) Amount paid to (or retained by)
or entity (fundra	user)		or cor	ustody ntrol of outlons?	from activity	fundraiser listed in col (organization
			Yes			`	<u> </u>
			165	No	1		
			 				
				<u> </u>			
				-			
· · · · · · · · · · · · · · · · · · ·							
						`	
Total							
	the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	empt from regis	tration or licensing
						-	
					 		
					· · · · · ·		
							
					·		
LHA For Privacy Act and	Paperwork Re	eduction Act Notice, see the Instr	uctions	s for F	orm 990.	Schedule G (For	rm 990 or 990-EZ) 2008

INTERNATIONAL SCHOOL OF BOSTON, INC. 04-2385120 Page 2 Schedule G (Form 990 or 990-EZ) 2008 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other Events (a) Event #1 (d) Total Events NONE (Add col. (a) through GALA DINNER col. (c)) (event type) (total number) (event type) 88,604. 88,604 Gross receipts 2 Less: Charitable contributions 88,604 88,604. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 21,204 21,204. Other direct expenses 21,204.) Direct expense summary. Add lines 4 through 7 in column (d) 67,400. Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor Nο Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain. Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 INTERNATIONAL SCHOOL OF BOSTON, INC.	<u> </u>	<u>512</u>	<u>U</u> Pa	age 3
	1		Yes	No
13 Indicate the percentage of gaming activity operated in:			:	
a The organization's facility		. ;		
b An outside facility . 13b				
14 Provide the name and address of the person who prepares the organization's gaming/special events books and	d records			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address:				
Name >		!		
Address ▶				
16 Gaming manager information:				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in	ı the			
organization's own exempt activities during the tax year > \$		L		Ь

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE 1 (Form 990)	E :			Grants and	Grants and Other Assistance to Organizations,	e to Organizations	ń		N BWO	OMB No 1545-0047
				Govern	Governments, and Individuals in the U.S.	tuals in the U.S.				
Department o Internal Rever	Department of the Treasury Internal Revenue Service		▲ Сошр	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	on answered "Yes," on F ▶ Attach to Form 990.	," on Form 990, Pa m 990.	art IV, lines 21 or 22.		Open	Open to Public Inspection
Name of the	Name of the organization ECOLE	1 2	INTERNATIONALE	LE DE BOSTON, OI, OF BOSTON	· ·			ш	Employer identification number $04-2385120$	tentification number 04-2385120
Part	General Information on Grants and Assistance	n Grants and	A Assistance		1	ì				
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	un records to	substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		[
crite	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	ants or assista	ance? edures for monit	oring the use of grant	of grant funds in the United States	d States		•	X Yes	&
ΙË	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	istance to Go	overnments and	Organizations in th	e United States.	complete if the ords	anization answered "Y	es" on Form 990, Part	V, line 21, for any	
	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	more than \$5	,000 Check this	box if no one recipier	nt received more th	ian \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if additiona	I space is needed	
1 (a) h	1 (a) Name and address of organization or government	anization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ince
				_						
,										
	Enter total number of section 501(c)(3) and government organizations	1 501(c)(3) and	government or	ganizations					A	
_	Enter total number of other organizations	rganizations	And Albertan	ordinated order	401 Earth 000				P Cohodula I (E)	0000
LHA FO	For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	WOLK DEGUCE	ION ACT INCLICE,	see me manacions	TOF FUFIE SOU.				schedule I (Form 990) ZUUS	OLUI SAN) ZVVO

04 - 2385120

INTERNATIONAL SCHOOL OF BOSTON, Schedule I (Form 990) 2008

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: FINANCIAL AID / SCHOLARSHIPS AWARDED ON A Ö (d) Amount of non-cash assistance 474,398, (c) Amount of cash grant DISCLOSURE WOULD VIOLATE (b) Number of recipients FINANCIAL AID AND SCHOLARSHIPS BASED ON (a) Type of grant or assistance NONDISCRIMINATORY BASIS. DEMONSTRATED FINANCIAL NEED. FAMILY PRIVACY ACT

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ECOLE INTERNATIONALE DE BOSTON/

INTERNATIONAL SCHOOL OF BOSTON, INC.

Employer identification number 04-2385120

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
_	of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
	and the deep executive process, regarding the north execution in the first section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			
	Compensation committee Written employment contract	ł		
	Independent compensation consultant X Compensation survey or study	}		
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	_6a_		X
b	Any related organization?	6b		<u> X</u>
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53,4958-4(a)(3)? If "Yes." describe in Part III	8]	X

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

Schedule J (Form 990) 2008

INTERNATIONAL SCHOOL OF BOSTON, INC.

Schedule J (Form 990) 2008

04-2385120

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)·(D)	reported in prior Form 990 or Form 990-EZ
JOHN F. LARNER	8	185,941.	00	00	000	25,932.	211,873.	00
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 IN

rmation.												Schedule J (Form 990) 200
required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.	SCHOOL HAD A HOUSING ALLOWANCE OF \$1,000	FROM JULY 2006 THROUGH JUNE 2009.										Schedule J
ation, explanation, or descriptions requir	THE FORMER HEAD OF SCHO	CONTRACT PERIOD FRO	l									
Complete this part to provide the information, explanation, or descriptions	PART I, LINE 1A: THE	PER MONTH DURING HIS CONTRACT PERIOD										

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a Provide descriptions, explanations, and any additional information on Schedule O (Form 990). Supplemental Information on Tax-Exempt Bonds ECOLE INTERNATIONALE DE BOSTON/ Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

OMB No 1545-0047 Open to Public Inspection

Schedule K (Form 990) 2008 (h) On behalf ž **Employer identification number** × × ŝ N٥ Yes 04 - 2385120(g) Defeased Yes Yes ž × × Yes ŝ 윈 FINANCE PURCHASE OF 11/21/05 3,700,000. THE CAMBRIDGE CAMP 11/25/08 1,200,000.RENOVATIONS OF THE Ω ۵ (f) Description of purpose Yes Yes FINANCE THE ŝ ŝ ပ CONTINUATIONS Yes Yes (e) Issne buce ŝ ŝ Ω (d) Date issued 832121 12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for F여제 990. (년) Yes Yes INC. O FOR COLUMN ŝ ŝ INTERNATIONAL SCHOOL OF BOSTON (c) CUSIP # NONE NONE Yes Yes SEE SCHEDULE (b) Issuer EIN Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Were the bonds issued as part of a current refunding issue? Does the organization maintain adequate books and records of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding property which may result in private business use? 11 Has the final allocation of proceeds been made? Part III Private Business Use (Optional for 2008) AGEN B DEVELOPMENT FINANCE AGEN Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? Bond Issues (Required for 2008) A DEVELOPMENT FINANCE Capital expenditures from proceeds 2008 MASSACHUSETTS 2005 MASSACHUSETTS Proceeds (Optional for 2008) Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Other unspent proceeds Total proceeds of issue Part II Part I 6 ις. က 4 9 2 7 4 ပ ۵

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ECOLE INTERNATIONALE DE BOSTON/
INTERNATIONAL SCHOOL OF BOSTON, INC.

Employer identification number 04-2385120

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXTRA-CURRICULAR EXPERIENCES THAT PREPARE THEM FOR SUCCESS AND
FULFILLMENT IN A GLOBAL WORLD. ISB VIEWS EACH STUDENT AS A UNIQUE
PERSON, AND STRIVES FOR ALL OF ITS STUDENTS TO ACHIEVE THEIR HIGHEST
POTENTIAL LEVEL OF ACADEMIC EXCELLENCE.
FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 IS PROVIDED TO
THE BOARD OF TRUSTEES AND IS THOROUGHLY REVIEWED BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED AND UPDATED
BY THE BOARD ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES DETERMINES
THE COMPENSATION FOR THE HEAD OF SCHOOL AND CFO. BOTH EMPLOYEES HAVE
WRITTEN CONTRACTS. BOTH OF THEIR SALARIES ARE REVIEWED BY THE BOARD ON AN
ANNUAL BASIS, AND INCREASES OR ADJUSTMENTS, IF ANY, SHALL BE IN THE SOLE
DISCRETION OF THE BOARD. ALL OTHER PERSONNEL SALARIES ARE DETERMINED BY
THE HEAD OF SCHOOL WITH INPUT FROM THE CFO.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S TAX FILINGS ARE
AVAILABLE ONLINE FOR VIEWING AT WWW.GUIDESTAR.ORG, A WEBSITE USED TO RATE
NON-PROFITS FOR POTENTIAL DONORS. THE TAX FILINGS ARE ALSO AVAILABLE AT
THE MASSACHUSETTS ATTORNEY GENERAL'S DIVISION FOR PUBLIC CHARITIES WEBSITE
AND AT THE SCHOOL.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ECOLE INTERNATIONALE DE BOSTON/
INTERNATIONAL SCHOOL OF BOSTON, INC.

Employer identification number 04-2385120

STATEMENTS ARE AVAILABLE ONLINE FOR VIEWING AT WWW.GUIDESTAR.ORG, A WEBSITE
USED TO RATE NON-PROFITS FOR POTENTIAL DONORS. THE FINANCIAL STATEMENTS
ARE ALSO AVAILABLE AT THE MASSACHUSETTS ATTORNEY GENERAL'S DIVISION FOR
PUBLIC CHARITIES WEBSITE AND AT THE SCHOOL.
THE ORGANIZATIONS FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT
ACCOUNTANT SELECTED BY THE BOARD OF TRUSTEES OF THE SCHOOL. THIS
PROCESS HAS REMAINED UNCHANGED FROM PRIOR YEARS.
SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME:
2005 MASSACHUSETTS DEVELOPMENT FINANCE AGENCY 5.2% TAX EXEMPT BONDS
(F) DESCRIPTION OF PURPOSE:
FINANCE PURCHASE OF THE CAMBRIDGE CAMPUS.
(A) ISSUER NAME:
2008 MASSACHUSETTS DEVELOPMENT FINANCE AGENCY 5.2% TAX EXEMPT BONDS
(F) DESCRIPTION OF PURPOSE:
FINANCE THE RENOVATIONS OF THE CAMBRIDGE CAMPUS.
FORM 990, PART VI, SECTION B, LINE 14:
THE BOARD OF TRUSTEES IS IN THE PROCESS OF DEVELOPING A WRITTEN
RETENTION AND DESTRUCTION POLICY.

1

SCHEDULE E

SCHOOLS - LINE 3

STATEMENT

THE SCHOOL'S RACIALLY NON-DISCRIMINATORY POLICY IS PRINTED ON ITS STATIONARY AND BROCHURES; IT IS ALSO THE POLICY OF THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND, OF WHICH THE SCHOOL IS A MEMBER, AND IS PUBLISHED BY THE ASSOCIATION EACH FALL IN THE BOSTON GLOBE.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corn	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nolete		
Part	·	,p.oto		$\triangleright [X]$
	•		over of time	
to file i	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ncome tax returns.			
noted (not au you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron stomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or courst submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic firms gov/efile and click on e-file for Chanties & Nonprofits.	ically if nsolida	(1) you want to ated Form 990	the additional I-T. Instead,
Type o		Empl	oyer identific	ation number
print	ECOLE INTERNATIONALE DE BOSTON/			
p	INTERNATIONAL SCHOOL OF BOSTON, INC.	0	4-23851	20
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions 45 MATTGNON ROAD			
return S instruction	90			
Check	type of return to be filed (file a separate application for each return).			
	Form 990 X Form 990-T (corporation) Form 4			
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5			
_	Form 990-EZ Form 990-T (trust other than above) Form 6			
	Form 990-PF Form 1041-A Form 8	370		
	THE ORGANIZATION books are in the care of \blacktriangleright 45 MATIGNON ROAD - CAMBRIDGE, MA 02140 sphone No. \blacktriangleright 617 499-1451 FAX No \blacktriangleright 617 499-1454	<u> </u>		
	e organization does not have an office or place of business in the United States, check this box			
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	ıs ıs fo	r the whole ar	oup, check this
box >				
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniform MAY 15, 2010, to file the exempt organization return for the organization named as some form of the organization return for the organization named as some form of the organization of time uniform of the organization named as some form of the organizat		The extension	1
2	f this tax year is for less than 12 months, check reason.		Change in acc	counting period
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	T		
	ax payments made Include any prior year overpayment allowed as a credit.	3b	\$	0.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			
	See instructions.	3с	\$	0.
		. 0070		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions



Form 8868 (Rev. 4-2009)



Form 8868 (Rev. 4-2009)				Page	e 2				
If you are filing for an Addition	onal (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×		▶ X	_				
Note. Only complete Part II if yo	ou have already been granted an automatic 3-month extension on a previously filed	Form :	8868						
 If you are filing for an Autom 	natic 3-Month Extension, complete only Part I (on page 1).								
Part II Additional (N	Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	needed)						
print 1	Organization RNATIONALE DE BOSTON/ NAL SCHOOL OF BOSTON, INC.		loyer identi 4-2385	ification numbe	er				
File by the extended due date for filing the Number, street, and 45 MATIGNON	nd room or suite no If a P O box, see instructions		RS use only		_				
CAMBRIDGE,									
Check type of return to be file X Form 990 For	ed (File a separate application for each return) orm 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A orm 990-PF Form 990-T (trust other than above) Form 4720	= ' '	orm 5227 orm 6069	Form 88	70				
STOP! Do not complete Part I	Il if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 88	68.	_				
 The books are in the care of Telephone No ► 617 	THE ORGANIZATION f ► 45 MATIGNON ROAD - CAMBRIDGE, MA 02140 499-1451 FAX No. ► 617 499-1454								
· · · · · · · · · · · · · · · · · · ·	have an office or place of business in the United States, check this box								
· ·	, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	r tha whala	group, shook th	210				
	f the group, check this box and attach a list with the names and EINs of all			• •	115				
4 request an additional 3-month extension of time until MAY 15, 2010 .									
5 For calendar year or other tax year beginning JUL 1, 2008 and ending JUN 30, 2009									
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period									
7 State in detail why you ne	eed the extension		-						
BOOKS AND REC	CORDS NECESSARY TO PREPARE A COMPLETE AND	ACC	URATE	RETURN					
ARE NOT YET A	AVAILABLE.								
8a If this application is for Fo	orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits Se	ee instructions.	8a	\$						
b If this application is for Fo	orm 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax payments made. Inclu	lude any prior year overpayment allowed as a credit and any amount paid		ı						
previously with Form 886	68	8b	\$						
c Balance Due. Subtract li	ine 8b from line 8a Include your payment with this form, or, if required, deposit			_					
with FTD coupon or, if rec	equired, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	N/A					
Under penalties of perjury, I declare	Signature and Verification e that I have examined this form, including accompanying schedules and statements, and to the	best o	f my knowled	dge and belief,					
Signature Market Signature	d that land authorized to prepare this form. Title ► CPA	Date	•						

Form **8868** (Rev. 4-2009)

