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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Denartment of the Treasury Internal Revenue Service

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

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

For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009 Α Please C Name of organization Check if applicable Istanbul International Community School D Employer Identification number use IRS Address change Doing Business As 13-3321837 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return P.O. Box 5910 (609) 452-0990 Specific Termination City or town, state or country, and ZIP + 4 Instruc Princeton | 11,957,028 Amended return 08543 G Gross receipts \$ Application pending Yes X Name and address of principal officer H(a) Is this a group return for affiliates? Franz Koller Mimar Sinan cad. 117 Kemer Cpountry Faz 2, Kemerburgaz, H(b) Are all affiliates included? If "No," attach a list. (see instructions) Tax-exempt status: | X 501(c) (3) **◄** (insert no) 4947(a)(1) or J Website: ► None H(c) Group exemption number ▶ X Corporation K Type of organization: Trust Association Other > L Year of formation 1987 M State of legal domicile: NJ Part I **Summary** Briefly describe the organization's mission or most significant activities: The primary purpose is to provide teachers and administrators as well as facilities and equipment, including dormitories, faculty and administrative services for a primary and secondary school in Istanbul, Turkey. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 2 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 9 5 23 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h)...... 0 Revenue 9 8.963.965 11.539.237 395,891 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 417,791 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 239,186 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,957,028 9.599.042 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 Benefits paid to pr for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising fees (Part IX, column (A), line 11e) 105.286 72.997 Total fundraising expenses (Part IX, column (D), line 25) :Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 9,311,465 11,197,139 fotaliexpenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 9,416,751 11,270,136 19 Revenue less expenses. Subtract line 18 from line 12 182,291 686,892 **Beginning of Year** End of Year Total assets (Part X, line 16) 20 14,009,506 15,441,142 21 9,910,291 10,655,035 22 Net assets or fund balances. Subtract line 21 from line 20. 4.099.215 4.786.107 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Check if Preparer's identifying number Preparer's signature (see instructions) Paid 12/15/2009 employed Preparer's Firm's name (or yours International Schools Services, Inc. EIN Use Only if self-employed), 15 Roszel Road, Princeton, NJ 08540 address, and ZIP + 4 **►** (609) 452-0990 X Yes

Fa	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	
	The primary purpose is to provide teachers and administrators as well as facilities and equipment, including dormitories,	
	faculty and administrative services for a primary and secondary school in Istanbul, Turkey.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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	
		X No
	If "Yes," describe these changes on Schedule O.	٠٠٠ س
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 are	nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	iu
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 8,972,109 including grants of \$ 0) (Revenue \$	0)
-	Operation of a primary and secondary school for international community of Istanbul, Turkey.	
	The school provides teachers and administration as well as facilities.	
	Approximately 520 students served.	
		-
		
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
		
	***************************************	• • • • • • • • • • • • • • • • • • • •
	**	
	. 	
•	·	
4d	Other program services. (Describe in Schedule O.)	
74	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e		
	progression and the appealance of the contract of the	

Par	t IV Checklist of Required Schedules			
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	<u> </u>		 -^
•	Part II	4	l	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	 		 ^
J	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			\vdash
U	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,	-		-
7		١,		,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8_	ļ	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		l	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		į	
	complete Schedule D, Part IV	9	ļ	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, VII, IX, or X as applicable	11	<u>X</u>	Ļ
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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	├ —
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X	<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		Ì	1
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	<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			l
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	!	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	١
	to individuals 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		<u> </u>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	 	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	1		1
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	Ì	1
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		1
	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			1
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	 	X
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	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	ļ		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X

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		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
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	Х	
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
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		Х
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		Х

Form 990 (2008)

. Par	t V Statements Regarding Other IRS Filings and Tax Compliance			ugo o
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,		
	U.S. Information Returns. Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ļ
	gaming (gambling) winnings to prize winners?	1c		ļ,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>'</u>		j
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 23			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	İ		ĺ
•	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
L	this return?	3a	 -	X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Vos " enter the name of the foreign country:	4a	 	, ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			, 25
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			- ·
L	\$75?	7a 7b		X
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		-
C	required to file Form 8282?	7c		×
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?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1	ŀ	1
	required?	7h	ļ	<u>X</u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	<u> </u>		
	organization, have excess business holdings at any time during the year?	8	├─-	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		X
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	├─	x
10	Section 501(c)(7) organizations. Enter:	35	 	 ^
а	Initiation fees and capital contributions included on Part VIII, line 12	}	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	1
11	Section 501(c)(12) organizations. Enter:	1		1
а	Gross income from members or shareholders	j	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	1
	against amounts due or received from them.)	<u> </u>	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	!
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	i	Į.	ł

Form 990 (2008) Istanbul International Community School 13-3321837 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section 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, processes, or changes in Schedule O. See instructions. 12 1a 9 b 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . 4 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: b 8b Х Х 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? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Х Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at 11 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies No Χ 12a Does the organization have a written conflict of interest policy? If "No," go to line 13.......... 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Х Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Χ X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a Х $\overline{\mathsf{X}}$ 15b Describe the process in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 for public inspection. Indicate how you make these available. Check all that apply. Own website 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, and financial 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

organization: ► International Schools Services, Inc. (609) 452-0990

15 Roszel Road, Princeton, NJ 08540

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.
- 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Positio	on (c	hec	k all	that app	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
Franz Koller	5.	Х		X				0		0
Chairperson Ishraq Neergaard	5.						_	0	0	0
Vice Chairperson	5.	Х		X				0	0	0
Murat Ozkan Director	5.	Х						0	0	0
Jeremy Lewis Headmaster	40.	×			x			72,997	0	58,500
Omer Kipmen Director	5.	Х						- 0	0	
Natalie Harwood	5.	X								
Director Melis Alaluf		_^_			Н			0	0	0
<u>Director</u>	5.	_X_					_	0	0	0
Marianne Schroeter Secretary	5.	х		х				0	. 0	0
Mithat Ozbek Director	5.	х						o	0	0
Theresa Brunner Director	5.	Х						0	0	0
Ralph Jahr President	5.	Х		х				0		
Daniel Scinto	5.	X								
Director			T					0		
	0.		 	-				0	0	0
	0.		-	-	\vdash		-	0	0	0
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Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	Hig	hes	t Co	mpensated Em	ployees (contin	ued)	
(A) (B) (C) (D) (E) Name and title Average Position (check all that apply) Reportable Report						(E)	(F)				
	. Name and title	Average	Po	sition	(chec	k all ti	hat ap	ply)	Reportable	Reportable	Estim	ated
		hours per week	악	insi	Officer	Key	em E	Former	compensation from	compensation from related	amou oth	
			Individual trustee or director	nstitutional trustee	ह	Key employee	Highest co] Ber	the	organizations	compen	sation
			학교	200		탕	ြို့ ရှိ	Į	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz	
			l ste	Ę		8	g		1		and re organiz	
			Õ	tee			Highest compensated employee				Organiz	000113
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1b	Total	<u> </u>		Ь	<u>. </u>	<u> </u>	1	├	72,997			58,500
2	Total number of individuals (including those	in 1a) who rece	eived	mor	e tha	an \$	100.0	000 i				00,000
	organization ► 1					•						
											Yes	No
3	Did the organization list any former officer,											
	employee on line 1a? If "Yes," complete Sc.	hedule J for suc	h ind	divid	ual.	•					3	X
4	For any individual listed on line 1a, is the su										1	
	the organization and related organizations g	greater than \$15	00,00	0? //	f " Ye	s, " c	ompi	lete :	Schedule J for s	-		<u> </u>
	indıvidual		•					•			4	X
5	Did any person listed on line 1a receive or a											<u> </u>
	services rendered to the organization? If "Y	es," complete S	chec	lule .	J for	suci	n per	son	· · · · · ·		5	X
1	tion B. Independent Contractors Complete this table for your five highest cor	mponested inde	none	lont	cont		re th	at ra	soived more the	s \$100,000 of	_	
•	compensation from the organization.	npensateu mue	penc	ent	conu	acto	715 UI	atre	ceiveu more ina	111 \$ 100,000 01		
	(A)							1	(B)		(C)	
	Name and business a	address						ļ	Description of ser	vices	Compensate	on
												0
												0
												0
								\vdash				0
_								<u></u>				0
2	Total number of independent contractors (in	=	-	MO	recei	ved	more	e tha	n \$100,000 in	1		
	compensation from the organization	0										
											Form 9 9	J U (2008)

Part	VIII	Statement of Revenue						
					(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> </u>	1a	Federated campaigns	1a	0				
ᆲ			1b					4
grants	b	Membership dues	-	0				á
ts, an	С	Fundraising events	1c	0				į į
ons, gifts, grants similar amounts	d	Related organizations	1d	0				``
ž, E	е	Government grants (contributions)	<u>1e</u>	0	V 54 , , ,	e ,		
<u> </u>	f	All other contributions, gifts, grants, and						
ig gr		similar amounts not included above	1f	0				
<u> </u>	q	Noncash contributions included in lines 1	45.6					े व
Contributions, gifts, and other similar and	h	Total. Add lines 1a–1f			0			1
	- '' -	Total. Add lines ta-11	<u> </u>	Business Code	U.			
Program Service Revenue								لـــــــــــــــــــــــــــــــــــــ
ž.	2a	Student tuition and fees		611600	11,539,237	11,539,237		
æ	b				0			
ž	С				0			
Še	ď				0			
Ē	е				0			
g.	f	All other program service revenue			0			
P.	a	Total. Add lines 2a-2f			11,539,237			
					11,000,207			
	3	Investment income (including dividends,					,	
	١.	other similar amounts)			417,791			417,791
	4	Income from investment of tax-exempt be	-		0			
	5	Royalties	<u> </u>	<u> </u>	0			
			(ı) Real	(II) Personal	· 5,		•	
	6a	Gross Rents						. (
	b	Less: rental expenses				^ , #	٠	
	С	Rental income or (loss)		0 0	•			
	d	Net rental income or (loss)		<u> </u>	0	**************************************		
	7a		Securities	(II) Other			······	
	١ "	assets other than inventory		0 0				,
		Less: cost or other basis		<u> </u>	٠,	• :	•	٠ ' م
							ŕ	
				0 0	- '*	•		ž! **
	C	Gain or (loss)		91 0				
	d	Net gain or (loss)		. <u></u>	0			
Φ	8a	Gross income from fundraising		,				
5		events (not including \$	0		,	14		
Ş	ŀ	of contributions reported on line 1c).			, , , , , , , , , , , , , , , , , , ,			
8		See Part IV, line 18	:	a 0	,			3
Other Revenue	Ь	Less: direct expenses				*		
돌	L	Net income or (loss) from fundraising ev			0			
O	1	Gross income from gaming activities.		·				
	""	See Part IV, line 19		م ا				
	١.				· '			٠,٠
		Less: direct expenses			ļ.——— <u> </u>			
		Net income or (loss) from gaming activiti	es	. <u></u>	0			ļ,
	10a	Gross sales of inventory, less		-		•		
		returns and allowances		a0				<i>-</i>
	b	Less: cost of goods sold	1	b0				
	_ c	Net income or (loss) from sales of invent	ory	>	0			
		Miscellaneous Revenue		Business Code				
	11a				0			l
	Ь				0			
	C				0		 	
		All other revenue						
	d			<u> </u>	0			
	e	Total. Add lines 11a–11d			0	<u> </u>		ļ
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5					i	1
		9c, 10c, and 11e	<u> </u>	<u> </u>	11,957,028	11,539,237	0	417,791

Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), aı	nd (D)
	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			gonorar capaneou	CAPCHICCO
	organizations in the U.S. See Part IV, line 21	o	İ		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	ol	ļ	Į.	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				j
	U.S. See Part IV, lines 15 and 16	o		·	
4	Benefits paid to or for members	0			1
5	Compensation of current officers, directors,				
	trustees, and key employees	72,997	72,997	ŀ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol		l	
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
C	Accounting	406,563		406,563	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	132,500	132,500		
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			·
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21 22	Payments to affiliates	0	0	0	0
22	Insurance		100.400	<u> </u>	0
23 24	Other expenses. Itemize expenses not	190,490	190,490		
£**	covered above. (Expenses grouped together			•	
	and labeled miscellaneous may not exceed	}			
	5% of total expenses shown on line 25 below.)			1	ļ
а	Instruction	6,663,517	6,663,517		· · · · · · · · · · · · · · · · · · ·
b	Cuppert and hydrogen effice	907,183	0,000,017	907,183	
c	NA-laka	1,912,605	1,912,605	307,103	
ď	Other expense	25,428		25,428	
e	Currency Translation Loss	958,853		958,853	
f	All other expenses	930,033		550,055	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	11,270,136	8,972,109	2,298,027	0
26	Joint Costs. Check here ▶ if following	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,572,105	2,200,021	
20	SOP 98-2. Complete this line only if the organization			ĺ	
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising				
	solicitation				

Form 990 (2008)

	III A	Datance Street			(A) Beginning of year	-		(E End o		
	1	Cash-non-interest-bearing				1			,	
	2	Savings and temporary cash investments		- -	3,033,627	2	 		4 56	6,849
	3	Pledges and grants receivable, net			0,000,021	3			4,50	0,043
	4	Accounts receivable, net			65,237	4	├ ──-			1,202
	5	Receivables from current and former officers,			03,237	4	├──			1,202
	Э					_	}			^
	_	employees, or other related parties. Complete		—	0	5	 -	,		_
	6	Receivables from other disqualified persons (1			
		4958(f)(1)) and persons described in section						 .		
	_	Part II of Schedule L		_	0	6_	<u> </u>			0
ets	7	Notes and loans receivable, net) —	0	7				0
Assets	8	Inventories for sale or use				8	<u> </u>			
`	9	Prepaid expenses and deferred charges	1	·	386,731	9	ļ		<u>35</u>	9,476
	10a		10a	13,724,856	,		1	•		3
	b]				ļ			
		Part VI of Schedule D	10b	3,628,026	10,287,320		ļ		10,23	<u>3,050</u>
	11	Investments-publicly traded securities		1 —	0	11				0
	12	Investments-other securities. See Part IV, lin		<u> </u>	0	_12				0
	13	Investments-program-related. See Part IV, li	ne 11 .		0	13	ļ			0
	14	Intangible assets				14	ļ			
	15	Other assets. See Part IV, line 11			236,591	_15	<u> </u>		19	0,565
	16	Total assets. Add lines 1 through 15 (must e	qual lir	ne 34)	14,009,506	16	<u> </u>		15,44	1,142
	17	Accounts payable and accrued expenses			521,606	17	<u> </u>		<u>77</u>	9,338
	18	Grants payable				18	<u> </u>			
Liabilities	19	Deferred revenue	2,920,264	19	ļ		3,64	0,441		
	20	Tax-exempt bond liabilities		[0	20				0
	21	Escrow account liability. Complete Part IV of	Sched	ule D		21				
	22	Payables to current and former officers, direct	tors, tr	ustees, key			1			A 1
		employees, highest compensated employees	s, and c	disqualified						اريم
		persons. Complete Part II of Schedule L			0	22				0
ĺ	23	Secured mortgages and notes payable to uni	third parties	6,050,000	23			5,82	3,600	
	24	Unsecured notes and loans payable		[0	24	I			0
	25	Other liabilities. Complete Part X of Schedule			418,421	25			41	1,656
	26	Total liabilities. Add lines 17 through 25		<u> </u>	9,910,291	26	<u> </u>		10,65	5,035
		Organizations that follow SFAS 117, check			•					,
es		complete lines 27 through 29, and lines 33			!			•		- 1
Ĕ	27	Unrestricted net assets			4,099,215	27	 		4 78	6,107
Sal	28	Temporarily restricted net assets			4,033,213	28	 		4,70	0,107
d E	29	Permanently restricted net assets		F		29	 			
5	23	•		F	······································	-23	 			
or Fund Balances		Organizations that do not follow SFAS 117	, chec	k here ►				;		:
S		and complete lines 30 through 34.					 			
Net Assets	30	Capital stock or trust principal, or current fund		F=		30	ļ			
As	31	Paid-in or capital surplus, or land, building, or		<u> </u>		31	<u> </u>			
et	32	Retained earnings, endowment, accumulated	incom	ne, or other funds . $oxedsymbol{igspace}$		32	ļ			
Z	33	Total net assets or fund balances		L	4,099,215	33	<u> </u>		<u>4,78</u>	6,107
	34	Total liabilities and net assets/fund balances		<u> </u>	14,009,506	34	<u> </u>		15,44	1,142
Pa	rt XI	Financial Statements and Reporting	3		-1_					
			_	, , , , , ,					Yes	No
1	Ad	ecounting method used to prepare the Form 99	10:	Cash X Accrua	al Uther					
2		ere the organization's financial statements con	-	•				2a		X
ı		ere the organization's financial statements aud	-	•				2b	Х	
("Yes" to lines 2a or 2b, does the organization h			•	_				
		udit, review, or compilation of its financial state			· ·			2c	X	
3		s a result of a federal award, was the organizat								
		e Single Audit Act and OMB Circular A-133?.						3a		_ X
	b If	"Yes," did the organization undergo the require	ed audi	t or audits?	· · · · · · · · · · ·			3b		L

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	me of the organization Employer identification number												
			ommunity Scho		 				13-33218				
Par				arity Status (All org					t.) (see i	<u>nstructio</u>	ns)		<u></u>
1 he 0	orgar		•	ation because it is: (PI rches, or association o		•	•	•	ь\/1\/ ∧ \/;	`			
2	씱			on 170(b)(1)(A)(ii). (At			eu in Sec	1011 170(од гдаді).			
3	岩			ospital service organi		•	section	170(b)(1)	(Δ\/iii\ (Δ	ttach Scl	nedule k	4)	
4	H			ition operated in conju									
-	_	hospital's na	me, city, and sta	ate:									
5				the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descr	ibed	
6	\Box	A federal, sta	ate, or local gove	emment or govemme	ntal unit d	escribed	in section	170(b)(1	1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete I		its suppor	t from a g	governme	ntal unit c	or from the	e gener	al pubi	ic
8		A community	trust described	in section 170(b)(1)	(A)(vi) . (C	omplete F	Part II.)						
9	\sqcap	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10													
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fur	ctions of,	or to car	ry out th	e	
	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.												
		a Type		Type II c		: III–Fund			te inics i		ype III-	_Other	
е	\Box		_	y that the organization			•	•	hy one or		• •		
C	ш			on managers and other									on
			section 509(a)(2					•••					
f				a written determination			it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g		~		the organization acce			tribution	from any	of the				L
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	in (ii)		Yes	No
			_	verning body of the su		_		•			11g(i)		
			-	person described in (i	•						11g(ii)		
				y of a person describe							11g(iii)	<u></u>	
<u>h</u>				ation about the organi (iii) Type of organization		e organiz organization		ports. ou notify	(vi)	ls the	(vii)) Amoun	l of
(1)		e of supported anization	(ii) EIN	(described on lines 1–9 above or IRC section	ın col. (i) lı	sted in your document?	the organ	nization in	organizat	tion in col		support	
				(see instructions))	governing	document		of your port?		zed in the S.?			
					Yes	No	Yes	No	Yes	No	<u> </u>	,	
													0
													0
													0
				<u>. </u>									0
—									 		 		0
<u>Tota</u>	<u> </u>		٥		<u> </u>		<u> </u>	<u> </u>	L	<u> </u>			0

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 0 0 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total Add lines 1-3 0 0 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . Public support. Subtract line 5 from line 4. 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 0 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 0 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 11 Total support. Add lines 7 through 10. 0 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 0.00% 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 0.00% 16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . 🕨

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Par				ion 509(a)(2)			
Calad	(Complete only if you checked t	he box on line	9 of Part I.)				
	tion A. Public Support		4 > 0005	4 1 2222	4 11 0007	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ا					0
	include any "unusual grants.")	0	0	0			0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	:					
	in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0			0
3	Gross receipts from activities that are not an	l l					
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	İ					
	benefit and either paid to or expended on						
	its behalf	0	0	0			0
5	The value of services or facilities	İ					
	furnished by a governmental unit to the	<u> </u>	ì		1		
	organization without charge	0	0	0			
6	Total. Add lines 1-5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	i i					
	persons that exceed the greater of 1%	1	i				
	of the total of lines 9, 10c, 11, and 12 for					i	_
	the year or \$5,000						
C	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from	- 30		> . is		** ***	
Saa	line 6.)						
	tion B. Total Support endar year (or fiscal year beginning in)	(-) 2004	(h) 2005	4-1 2000	4-1) 0007	(-) 2000	(D T-1-1
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	<u> </u>	0	0	0		
าบล	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	l					
	sources	[O
b	Unrelated business taxable income (less	<u> </u>					
D	section 511 taxes) from businesses		j			·	
	acquired after June 30, 1975		j				0
_	Add lines 10a and 10b		0				
11	Net income from unrelated business	<u> </u>					
••	activities not included in line 10b,	ł					
	whether or not the business is regularly						
	carried on	i i					C
12	Other income. Do not include gain or	<u> </u>		···			
-	loss from the sale of capital assets	[[
	(Explain in Part IV.)	l ol	0	0			C
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						C
14	First five years. If the Form 990 is for the or	ganization's firs	t, second, third	. fourth, or fift	h tax vear as a	section 501(c)	(3)
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2008 (line 8, c		d by line 13 c	olumo (fl)		15	0.00%
	Public support percentage from 2007 Sched						
16 Sec	tion D. Computation of Investment Inc			<u></u>		16	0.00%
				o 12 polymp /	٠,	47	0.00%
17	Investment income percentage for 2008 (line					17	0.00%
18	Investment income percentage from 2007 Sc					18	0.00%
ıya	33 1/3% support tests-2008. If the organization of the area than 33 1/3%, shock this box and a						
	not more than 33 1/3%, check this box and s	-	-	•		•	▶ ∟
b							
	line 18 is not more than 33 1/3%, check this box a		_	•	•	-	▶ ∟
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instruction:	s ▶

	990 or 990-EZ) 2008	Istanbul International Community School	13-3321837	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanation required	by Part II, line 10	:
	Part II. line 17a	or 17b; or Part III, line 12. Provide any other additional information.	(see instructions)	•
	•		(000011 00110110)	
		•••••••••••••••••••••••••••••••••••••••		

			•	

			*	

	•			
		•••••		
	•••••			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**08**

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer Identification number Istanbul International Community School 13-3321837 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement 2 on the last day of the tax year. Held at the End of the Year а 2a b 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 8/17/06 d 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 relating to these items: \$ _____

3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and administered for t	the		_
	organization by:					Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" to 3a(ii), are the related organiza	tions listed as require	d on Schedule R?.		3b		
4	Describe in Part XIV the intended uses of	f the organization's er	ndowment funds.				
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Pa	art X, line 10.			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) B	ook valu	e
_							

Term endowment ► %

b

C

1,268,328 1,268,328 b Buildings 0 10,879,440 3.628.026 7,251,414 c Leasehold improvements 0 328,566 336,759 0 1,198,140 0 1,319,102 Other . 0 50,382 0 57,447 Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . 10,233,050

uncertain tax positions under FIN 48.

Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Schedule D (Form 990) 2008			Page 3
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	ule D (Form 990) 2008		Page 4
Par			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1	11,957,028
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,270,136
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	686,892
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	_5_	
6	Investment expenses	6	
7	Prior period adjustments	_7_	
8	Other (Describe in Part XIV)	88	
9	Total adjustments (net). Add lines 4–8	9	0
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	686,892
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return
1	Total revenue, gains, and other support per audited financial statements	L	1 11,957,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 11,957,028
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	. 4	4c 0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 11,957,028
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		er Return
1	Total expenses and losses per audited financial statements		1 11,270,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		•
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 11,270,136
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	\neg	
С	Add lines 4a and 4b	. 7	4c 0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5 11,270,136
Par	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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Schedule D (Form 9	990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE E (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Istanbul International Community School

Employer Identification number

13-3321837

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	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 the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain	3	Х	
	Newspaper adds solicitating students proclaim the School admits students of any race, color, sex, religion national or ethnic origin to all the rights, privileges, programs and activities accorded or made available to the students at the School. It does not discriminate on the basis of race, color, sex, religion, physical handicap, national or ethnic origin in administration of its educational policies, admission policies.			
4	scholarship and loan programs, and atheletic and other school-oriented programs. Does the organization maintain the following?	_		٠
a		4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	x	
_	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	- 		J.c
				ec y
5	Does the organization discriminate by race in any way with respect to:		٠.	:
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b_		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d_		X
е	Educational policies?	5e_		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		_X_
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	·	[
		1		
C -	Dogo the opposition receive only financial aid or excistence from a grown and a constant	<u> </u>	 -	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	 	X
IJ	Has the organization's right to such aid ever been revoked or suspended?	00	-	 ^-
7	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.	7	Х	

Schedule F (Form 990)

Statement of Activities Outside the United States

20**08**

Department of the Treasury Internal Revenue Service Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Employer Identification number Name of the organization Istanbul International Community School 13-3321837 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. 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 criteria used to award 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (c) Number of (b) Number of (a) Region (d) Activities conducted in (f) Total (e) If activity listed in (d) is offices in the employees or expenditures in region (by type) (i e, a program service, agents in describe specific type of region fundraising, program services, region region grants to recipients located in service(s) in region the region) 0 23 Program services School 11,270,136 Europe 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 23 11,270,136

(I) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement																
(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)	* .			,						,						
(a) Name of organization		**							,	,						

Schedule F (Form 990) 2008		
0	Enter total number of other organizations or entities.	က
	provided a section 501(c)(3) equivalency letter	
	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has	N

13-3321837

Schedule F (Form 990) 2008

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 0 0 0 0 0 ō 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement 0 0 0 0 0 (d) Amount of cash grant 0 0 (c) Number of reciplents Use Schedule F-1(Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance Part III

Schedule F (Fe	orm 990) 2008 Pr	age 4
Part IV	Supplemental Information	
	Complete this part to provide the information required in Part I, line 2, and any other additional information.	
	•••••••••••••••••••••••••••••••••••••••	
·		
	•••••••	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Manie or ale	or Sameadon				"	iibiokei	identin	Caucilli	umbei			
Istanbul In	temational Community School	13-3321837										
Part I	Excess Benefit Transaction To be completed by organization				ns ont	y).		rt V, lin	e 40b.			
										(c) Cor	rected?	
1	(a) Name of disqualified person			(b) Description	n of trans	action				Yes	No	
		<u></u>										
		<u> </u>										
										<u> </u>		
										L	L	
	er the amount of tax imposed of											
	er section 4958								\$			
3 Ent	er the amount of tax, if any, on	line 2, above, reir	nbursed by the org	anization				▶	\$			
Part II	Loans to and/or From I	nterested Pers										
raitii	To be completed by organization			art IV line 26	or Form	001_E	7 Part	V line	382			
				T						T		
(a) Nan	ne of interested person and purpose	(b) Loan to or from the organization?	(c) Onginal principal amount	(d) Balance	aue	(e) in c	lefault?		proved		/ntten ment?	
		and organization	F					by board or committee?		1		
		To From				Yes No		Yes	No	Yes	No	
		10 1	(0	103		103		100	···	
				† ·				_	_			
		1	(0			_				
			(0							
			(0							
			(0			i				
Total	<u> </u>				0		.45			,	12.0	
Part III	Grants or Assistance B											
	To be completed by organized	zations that answe	ered "Yes" on Form	990, Part IV	, line 2	7.						
((a) Name of interested person	(b) Relationshi	p between interested pe	rson and the		(c) Amount of grant or type of assistance						
			organization									
					 							
					<u> </u>							
					 -							
					 							
					 							
Part IV	Business Transactions	Involving Inter	ested Persons	-	<u> </u>							
1 and IV	To be completed by organiz			990 Part IV	line 2	8a 29	Rh or 1	28c				
	(a) Name of interested person			Amount of				transact	ıon	(-) 0:		
'	wy wille of filterested person	(b) Relationship interested perso		nsaction	,,,	, Descri	PROFFE	a. 15dCl	·•••	1 ' '	anng of zation's	
		organizati									organization's revenues?	

Officer

Ralph Jahr and Daniel Scinto

32,004 See Schedule O

No

SCHEDULE O (Form 990)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Istanbul International Community School	13-3321837					
Form 990 Part IV Line D Schedule L						
Form 990 Part IV Line D Ralph Jahr and Daniel Scinto are officers of this corporation as w	rell as					
Form 990 Part IV Line D International Schools Services, Inc. (ISS). ISS provides financial and accounting						
Form 990 Part IV Line D services for a set fee. These invoices are paid directly by the sch	ool.					
Form 990 Part VI Section A Line 10 Copies of the completed 990 are forwarded to board r	nembers for their review					
Form 990 Part VI Section A Line 10 prior to submission to the IRS.						
Form 990 Part VI Section C Line 19 Upon request, copies of the forms and policies are ma	ade and forwarded in a					
Form 990 Part VI Section C Line 19 reasonable time.						
Form 990 Part VI Section A Line 11 Franz Koller, Mimar Sinan cad. 117, Kemer Cpountry,	Fax 2 Kemerburgaz, Turkey					
Form 990 Part VI Section A Line 11 Ishrq Neergaard, Uzunkemer mevkii, Mimar Sinan cad	ddesi No 2 Kemercountry					
Form 990 Part VI Section A Line 11 Gokturk 34077, Turkey						
Form 990 Part VI Section A Line 11 Murat Ozkan, Zekeriyakoy, Bayir Konaklari, No A3, Sa	ariyer, Turkey					
Form 990 Part VI Section A Line 11 Jeremy Lewis, Kelayank Sokak Panorama Sitesi No 9	Apt 3 Ulus, Turkey					
Form 990 Part VI Section A Line 11 Omer Kipmen, Karaagac Koyu Hadimkoy 34866 Turk	еу					
Form 990 Part VI Section A Line 11 Natalie Harwood, Camlica Mah. Villa 6 Alkent 2000 Tu	urkey					
Form 990 Part VI Section A Line 11 Melis Alaluf, Matbuat Sokak No 31 Esentepe, Turkey						
Form 990 Part VI Section A Line 11 Mananne Schroeter, Tepecik Yolu 38 Buyukharli Sites	si B60 Etiler Turkey					
Form 990 Part VI Section A Line 11 Mithat Ozbek, Bahcekoy Yolu No 51 Cesmeler Vadisi	D4 Kemer Turkey					
Form 990 Part VI Section A Line 11 Theresa Brunner, Mesa Maslak Blok 1 Kat 6 Maslak T	[urkey					
Form 990 Part VI Section A Line 11 Ralph Jahr, 15 Roszel Road, Princeton, NJ 08540						
Form 990 Part VI Section A Line 11 Daniel Scinto, 15 Roszel Road, Princeton, NJ 08540						

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
stanbul International Community School	13-3321837
Form 990 Part VI Section A Line 2 (ISS). ISS provides financial and accounting services	s to the foundation for a set
Form 990 Part VI Section A Line 2 fee. These invoices are paid directly by the foundation	on.
•••••••••••••••••••••••••••••••••••••••	
•	

Part X, Line 4 (990) - Accounts Receivable

	Accounts rec	ou oblo	Alloumana for doubt	f.d
			Allowance for doubt	iui accounts
	Beginning	End	Beginning	End
1 Accounts receivable 1	65,237	91,202	0	0
2				
3				
4				
5				
6				
7				·
8				
9				<u>.</u>
10 10				
11 Total accounts receivable	65,237	91,202	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

13,724,856 Check if Check if
Equipment Other Asset Disposed
×
×
_

Part X, Line 15 (990) - Other Assets

Part X, Line 15 (990) - Other Assets	236,591	190,565
Description	Beginning	End
1 VAT deductible balance	236,591	190,565
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part	Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable	Secured	and Unse	cured Notes Payable	6,050,000	6,050,000	5,823,600		
		Check if lender is	Check if		Original	Balance due beginning	_		
	Lender's name	a business	Unsecured	Security provided	amount	of year	티	Date of note	Maturity date
-	OPIC			Building	6,050,000	6,050,000		5,823,600 10/30/2003	9/15/2021
7									
3									
4									
2									
9									
7									
æ									
6									
5									
11									
12									
13									
14									
15								-	
16									
17									
18									
19									
20									

School
Community
International
Istanbul

Lender's Title										
FMV of consideration										
Description of consideration	Building									
Purpose of Ioan										
Interest	%0058.9									
Repayment terms	Quarterly									

Part X, Line 25 (990) - Other Liabilities	418,421	411,656
Description	Beginning	End
1 Termination and retirement liability	418,421	411,656
2		
3		
4		
5		
6		
7		
8		
9_		
10		
11		
12		
13		
14		
15		
16		
17_		
18		
19		
20		

Part X (Sch D (990)) - Other Liabilities	411,656
Description	Amount
1 Federal Income Taxes	
2 Termination and retirement liability	411,656
3	0
4	0
5	0
6	0
7	
8	
9	0
10	
11	0
12	
13	C
14	
15	C
16	C
17	C
18	
19	O
20	
21	0

ISTANBUL INTERNATIONAL COMMUNITY SCHOOL, INC. FORM 990

PERIOD: JULY 1, 2008 THRU JUNE 30, 2009

DEPRECIATION SCHEDULE

	BALANCE AT				BALANCE AT
COST	06/30/08	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>TRANSFERS</u>	06/30/09
LAND	768,897				768,897
LAND IMPROVEMENTS	499,431				499,431
BUILDING	10,879,440				10,879,440
MACHINERY	55,261				55,261
VEHICLES	26,597				26,597
FURNITURE AND FIXTURES	1,116,282	120,962			1,237,244
OTHER TANGIBLES	25,821	7,065			32,886
RIGHTS	24,561				24,561
LEASEHOLD IMPROVEMENTS	328,566	8,193			336,759
	13,724,856	136,220	0	0	13,861,076
ACCUM DEP & AMORT	(3,437,536)	(190,490)			(3,628,026)
NET BOOK VALUE	10,287,320	(54,270)	0		10,233,050

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

 If you are Do not comp 	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II polete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	on page 2 previously fi	of this form).	▶ □				
		•						
Part I only .	n required to file Form 990-T and requesting an automatic 6-month extension—chec			▶ 🔲				
All other con time to file in	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to red	juest an extei	nsion of				
one of the r electronically returns, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at eturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ca is 990-BL, (and signed pa	annot file For 5069, or 8870 age 2 (Part II)	m 8868), group of Form				
Type or print	Name of Exempt Organization ISTANBUL INTERNATIONAL COMMUNITY SCHOOL	'	identification r					
File by the	le by the Number, street, and room or suite no. If a P.O. box, see instructions							
due date for filing your 15 ROSZEL ROAD								
return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. PRINCETON, NJ 08540							
Check type	of return to be filed (file a separate application for each return):							
☑ Form 990			Form 4720					
☐ Form 990		Form 5227						
Form 990-EZ Form 990-T (trust other than above) Form 6069								
☐ Form 99	0-PF		Form 8870					
Telephone If the orga If this is for the whole	are in the care of ► INTERNATIONAL SCHOOLS SERVICES, INC. No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 452-0990 FAX No. ► (609) 4		If this	▶ □ Is ch				
until for the ► □	est an automatic 3-month (6 months for a corporation required to file Fo FEBRUARY 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 or tax year beginning JULY 1 20 _08 , and ending J	named abo	extension cove. The extension	nsion is				
	ax year is for less than 12 months, check reason: Initial return Final return		, , , , , , , , , , , , , , , , , , , ,					
3a If this a less an	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tally nonrefundable credits. See instructions.	х, За	\$	0				
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated to the made. Include any prior year overpayment allowed as a credit.			0				
c Balanc deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payme). See instructions.	d.	\$	0				
Caution. If y for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.							