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DLN: 93493134037460

# Form **990**

# **Return of Organization Exempt From Income Tax**

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

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A Fo	r the .	2008 ca	alendar yea	ar, or tax year beginning 07-01-200	08 and ending 06-30-200	)9		
B Ch	eck ıf a	pplicable	Please	C Name of organization INTERNATIONAL SCHOOL OF INDIANA	A INC		D Employer ider	ntification number
┌ Add	dress ch	ange	use IRS label or		· inc		35-1887161	
┌ Nai	me cha	nge	print or	Doing Business As			E Telephone nui	mber
┌ <sub>Init</sub>	tial retu	rn	type. See Specific	Number and street (or P O box if ma	al is not dolivered to street addr	naa) Doom /austa	(317) 923-1	951
	mınatıo		Instruc- tions.	4330 N MICHIGAN RD	all is not delivered to street addit	ess) Room/suite	G Gross receipts	<b>\$</b> \$ 9,465,272
	ended		tions.	City or town state or country and 71	ID + 4			
				City or town, state or country, and ZI INDIANAPOLIS, IN 46208	IP + 4			
I App	olication	pending						
				me and address of Principal Office	er		s a group return i	
				GREGGS N MICHIGAN RD		affilia	tes?	⊤Yes ▼ No
				NAPOLIS, IN 46208		H(b) Are all	affiliates included	d?
<b>I</b> Ta	x-exem	pt status	<b>▽</b> 501(c)	e) (3) ◀ (insert no)	r <b>「</b> 527	1 ' '		See instructions )
J W	eb sit	e: 🕨 WW	/W ISIND (	D RG		7	p Exemption Nun	
<b>К</b> Тур	e of org	janization	<b>✓</b> Corporat	tion  trust association other		L Year of For	mation 1993 M S	State of legal domicile IN
Pa	rt I	Sum	marv					
لناهس				ne organization's mission or most :	significant activities			
Governance	2	MULTIOUR ST	CULTURAL FUDENTS <sup>-</sup>	F THE INTERNATIONAL SCHOOL EDUCATION THROUGH A DISTOCOMENTATION TO CONTRIBUTE SUCCESSFUL	TINCTIVE INTERNATIO LY TO THEIR COMMUNI	NALLY ACCLA TIES	AIMED CURRICU	JLUM, PREPARING
	3		•	members of the governing body (P				20
Activities &	4			ndent voting members of the gove				20
₽	5		•	mployees (Part V, line 2a)		•	5	264
₹				olunteers (estimate if necessary)			6	0
ă				ited business revenue from Part V			— 7a	0
		_		iness taxable income from Form 9	, , , , , , , , , , , , , , , , , , , ,		7b	0
					·	Prio	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)		,	804,747	387,301
횰	9			revenue (Part VIII, line 2g)			6,970,391	7,861,829
Rayente	10	_		me (Part VIII, column (A), lines 3			299,601	136,874
걆	11			Part VIII, column (A), lines 5, 6d,			373,087	145,504
	12			dd lines 8 through 11 (must equa		ne	,	,
		12)					8,447,826	8,531,508
	13	Grants	and simila	ar amounts paid (Part IX, column	(A), lines 1-3)		667,594	629,220
	14	Benefi	ts paid to c	or for members (Part IX, column (A	A), line 4)			0
ø	15		es, other co	ompensation, employee benefits (	(Part IX, column (A), lines	5 –	5,173,640	5,133,472
Expenses	46-	10)			lone did al		3,173,040	· · ·
Σ ≏	16a			draising fees (Part IX, column (A),				0
ठ	Ь	•	_	penses, Part IX, column (D), line 25 230,	<u> </u>			
	17			(Part IX, column (A), lines 11a-1			3,486,769	3,437,096
	18			-add lines 13–17 (must equal Par			9,328,003	9,199,788
. 09	19	Reven	ue less exp	penses Subtract line 18 from line	2 12		-880,177	-668,280
ŠŠ.						Beginni	ng of Year	End of Year
to de la companya de	20	Total	assets (Par	rt X, line 16)			29,729,502	28,618,856
Net Assets or Fund Balances	21	Totall	liabilities (F	Part X, line 26)			11,569,164	11,520,811
製品	22	Netas	sets or fun	nd balances Subtract line 21 from	n line 20		18,160,338	17,098,045
Pa	rt II	Sign	ature Blo	ock			l	
Plea Sign	ıse	Under p and beli **** Sign	enalties of pe lef, it is true, o *** ature of office N GREGGS DI	erjury, I declare that I have examined thi correct, and complete Declaration of pre er	eparer (other than officer) is base	ed on all informat I		
		Туре	e or print nam	ne and title				
		Preparer	's <b></b>			Check If	Preparer's PTIN (S	See Gen Inst )
Paid		signatur			l l	self- empolyed 🕨 🦳		
Prepa	arer's		ame (or yours	rs GREENWALT SPONSEL & CO INC			EIN Þ	_
Use (	Uniy		and ZIP + 4	5342 W VERMONT ST				
				INDIANAPOLIS, IN 46224			Phone no 🕨 (31	7) 241-2999
May	the IR	S discus	s this retu	irn with the preparer shown above	? (See instructions)			┌ Yes ┌ No

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

the prior Form 990 or 990-E2?  1 Types   South the prior Form 990 or 990-E2?  2 Did the organization cease conducting or make significant changes in how it conducts any program services by expenses services on Schedule 0  3 Did the organization cease conducting or make significant changes in how it conducts any program services by expenses services?  3 Did the organization cease conducting or make significant changes in how it conducts any program services by expenses services?  4 Describe these changes on Schedule 0  4 Describe the evempt purpose achievements for each of the organization's three largest program services by expenses section 501(c)(3) and (4) organization and 4947(a)(3) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for sech program service reported  4 (Code ) (Expenses 9 / 3/1,909 including grants of \$ 629,220 ) (Revenue \$ )  3 Saving more than 629 audients in Grades Nr. 12 during the 60/F0 school year, the International School of Indiana led nearly 150 students abroad on as different exchange from one week to the enters school year its continues to offer the world as its classroom giving students the opportunity to learn from a different perspective  4 Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )  4 Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )  4 Code (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )	1	Briefly describe the organization's mission				
3. Did the organization cease conducting or make significant changes in how it conducts any program services?  4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501c((3)) and (4) organizations and 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  4. (code	2		significant program servi	ces during the year whi	ch were not listed on	┌ Yes ┌ No
services?		If "Yes," describe these new service	s on Schedule O			
Section 503 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, rianty, for each program service reported  (Code	3	Did the organization cease conduct		hanges in how it conduc	ts any program	┌ Yes ┌ No
section 501_c()3 and (4) organizations and 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  (Code		If "Yes," describe these changes on	Schedule O			
Serving more than G20 students in Grades PK-1.2 during the 06/07 whooly year, the International School of Indiana led nearly, 150 students abroad on six different exchange trips, while welcoming nearly 100 students from outside the U.S. for stays ranging from one week to the entire school year. ISI continues to offer the world as its classroom giving students the opportunity to learn from a different perspective.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) ((Expenses \$ including grants of \$ )) (Revenue \$ )	4	Section 501(c)(3) and (4) organizat	ions and 4947(a)(1) trus	sts are required to repoi		
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	Serving more than 620 students in Grades exchange trips, while welcoming nearly 10	PK-12 during the 06/07 school students from outside the U	ol year, the International Scho	ool of Indiana led nearly 150 st	
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )						
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code ) (Expenses	\$ inc	cluding grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code ) (Expenses	s \$ Inc	cluding grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )						
4e Total program service expenses \$ 7,371,805 Must equal Part IX, Line 25, column (B).	4d			)	(Revenue \$	)
	4e	Total program service expenses \$	7,371,805	Must equal Part IX, Line	= 25, column (B).	

art IV	Check	list of	Require	d Sch	edules
	CIICCN	1136 01	IXC dull C	u ocii	Cuulcs

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10	Yes	
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, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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 located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
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		No

## Part IV Checklist of Required Schedules (Continued)

			1 63	140
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		No
ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i>	200		140
	complete Schedule L, Part IV	28b	Yes	
c	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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		Νo
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		Νo
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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					
		1a	15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	2a	264			
<b>L</b>	return		l			
D	If at least one is reported in 2a, did the organization file all required federal employr <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin		ľ			
	return?			3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		ł	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?		Ī			_ <del>_</del>
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person		ľ	9b		
10	Section 501(c)(7) organizations. Enter	•				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
_	facilities	_ · <del>-</del>	ı			
11	Section 501(c)(12) organizations Enter	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governing	Body and	Management
		Doug and	I la lia gollioni

						Yes	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the c	ırcumstances,			
1a	Enter the number of voting members of the governing body	1a		2	0		
ь	Enter the number of voting members that are independent	1b		2	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.	•			. 3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ $	ince t	he prior	Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's ass	ets?	5		Νo
6	Does the organization have members or stockholders?				6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other p	ersons? .	. 7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertakeı	n during the			
а	the governing body?				8a	Yes	
ь	each committee with authority to act on behalf of the governing body?				. 8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaptiliates, and branches to ensure their operations are consistent with those of the organization.			. ,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was the describe in Schedule O the process, if any, the organization uses to review the				10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	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 the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  $\,$  IN
- Section 6104 requires an organization to make its Form 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. 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LYNN GREGGS 4330 N MICHIGAN ROAD INDIANAPOLIS,IN 46208 (317) 923-1951

# 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) and key employees 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, or 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

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII	Continue	a
rait vii	Continue	u

				( ition that a			all			(E)		(F)	
	<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	10	Estima mount o compens from t rganizati relat organiza	f other sation :he on and ed
1b	Total							<u> </u> ▶-	233,89	<u> </u>	0		20,414
	10tai								233,89	4	٩		20,414
2	Total number of individuals (including compensation from the organization	ng those in 1									<u> </u>		20,414
	Total number of individuals (includi	ng those in 1									<u> </u>	Yes	No
	Total number of individuals (including compensation from the organization but the organization list any former	ng those in 1 1-1 officer, direc	a) who	recei	ved	mo ey e	re tha	n \$1	00,000 in reportab	le		Yes	No
3	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu	ng those in 1  1  officer, directly like J for such	a) who	recei ruste	ved	ey e	emplo	n \$1	or highest compen	sated employee	3	Yes	,
2	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization	ng those in 1  1  officer, directly led for such sthe sum of	a) who	ruste	ved e, k	ey e	emplo	n \$1 yee,	or highest compen	sated employee		Yes	No
3 4	Total number of individuals (including compensation from the organization but the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, in organization and related organization individual	officer, directle of the sum of t	ctor or t individu reporta han \$15	ruste	ved ee, k omp	ey e	emplo ation es," c	yee, and	or highest compen	sated employee  n from the		<b>Yes</b> Yes	No
3	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization	officer, directive J for such sthe sum of the sum of th	a) who	ruste	ved ee, k omp	ey e	emplo ation estion estion many	yee, and omp	or highest compen  other compensatio  lete Schedule J for sellow	sated employee  n from the  uch for services	3		No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directive J for such sthe sum of this greater the sum of this greater than the sum of this greater than the sum of this greater than the sum of th	a) who	ruste	ved ee, k omp	ey e	emplo ation estion estion many	yee, and omp	or highest compen  other compensatio  lete Schedule J for sellow	sated employee  n from the  uch for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directled of the sum of	a) who	ruste ual ble c 0,00	omp 0?	ey e	emplo ation fes,"c ation many	yee, and omp	or highest compen  other compensation  lete Schedule J for singleters  elated organization	sated employee  n from the  uch  for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	r officer, directle J for such sthe sum of this greater the sum of	a) who	ruste ual ble c 0,00	omp 0?	ey e	emplo ation fes,"c ation many	yee, and omp	or highest compen or highest compen other compensation lete Schedule J for s elated organization	sated employee  n from the  uch  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	officer, directle J for such sthe sum of this greater the sum of t	a) who	ruste ual ble c 0,00	omp 0?	ey e	emplo ation fes,"c ation many	yee, and omp	or highest compen or highest compen other compensation lete Schedule J for s elated organization	sated employee  n from the  uch  for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	r officer, directle J for such sthe sum of this greater the sum of	a) who	ruste ual ble c 0,00	omp 0?	ey e	emplo ation fes,"c ation many	yee, and omp	or highest compen or highest compen other compensation lete Schedule J for s elated organization	sated employee  n from the  uch  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization individual	r officer, directle J for such sthe sum of this greater the sum of	a) who	ruste ual ble c 0,00	omp 0?	ey e	emplo ation fes,"c ation many	yee, and omp	or highest compen or highest compen other compensation lete Schedule J for s elated organization	sated employee  n from the  uch  for services  re than	3	Yes	No No

# Statement of Revenue

					<b>(A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Kevende		312, 313, 61 311
nts Dts	b	Membership d	ues					
gra		Fundraising ov	1b					
€	С	rundraising ev	vents <b>1c</b>					
≅ੂ≅	d	Related organ	ızatıons1d					
ξ. Œ	e	Government gran	its (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	tions, gifts, grants, and not included above <b>1f</b>	387,301				
E de la composition della comp	g		rıbutıons ıncluded ın					
ဂ္ဂၕ	h	lines 1a-1f \$ Total (Add line	es 1a-1f)		387,301			
				Business Code				
Ше	2a	Tuition and Fees			7,588,900	7,588,900		
wer	ь	Childcare		624,410	153,604	153,604		
<u>2</u> 26 0.	с	EXTRA-CURRICU	LAR ACTIV		119,325	119,325		
Š	d				·	·		
À,	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Ş	g	Total. Add line ► \$ 7,861,829	es 2a-2f					
	3		come (including divi	dends, ınterest				
		othersımılara	imounts)		132,047			132,047
	4	Income from inve	estment of tax-exempt be	ond proceeds				
			·					
	5	Royalties .						
	6a	Gross Rents	(ı) Real	(II) Personal				
	b	Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental inco	ome or (loss)	· · · · •				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	904,827					
	ь	than inventory Less cost or	900,000					
		other basis and sales expenses						
	C	Gain or (loss)	4,827		4,827			4,827
	d	Net gain or (lo		. ▶	4,027			4,027
Other Revenue	8a	s 16 of contribution 1c) See Part	4,318 ns reported on line IV, line 18 e G if total exceeds					
ē	b	Less directe	xpensesb	33,764				
₹	С	Net income or	(loss) from fundrais	ng events	130,554			130,554
	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total 00					
	  -	المتعالم والما	a vnancas h					
	c c		xpensesb (loss) from gaming a	activities				
	10a	Gross sales or returns and al	f inventory, less lowances .	۲				
	ь	Less cost of	goods sold <b>b</b>					
	c		(loss) from sales of	inventory►				
		Miscellaneou		Business Code				
	11a	PARENT ASS	OCIATION INC		14,950	14,950		
	b							
	С							
	d	All other rever	nue					
	e		es 11a-11d					
				\$ 14,950	0 ==	7 2-2	_	25- 15-
	12	8c,	. Add lines 1h, 2g, 3		8,531,508	7,876,779	0	267,428

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	629,220	629,220		
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	254,306	137,462	111,689	5,155
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	4,027,384	3,283,188		123,119
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,677	67,070	11,092	2,515
9	Other employee benefits	492,521	396,191	81,473	14,857
10	Payroll taxes	278,584	222,867	47,359	8,358
11	Fees for services (non-employees)				
а	Management				
b	Legal	41,245	36,825	4,420	
С	Accounting	17,310		7,855	9,455
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	23,289			23,289
12	Advertising and promotion	168,806	70,542	88,078	10,186
13	Office expenses	207,636	153,409	49,087	5,140
14	Information technology				
15	Royalties				
16	Occupancy	806,037	592,324	201,598	12,115
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	520,996	442,847	78,149	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	532,656	426,124	90,552	15,980
23	Insurance	42,859	4,286	38,573	
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	Curricular and Extra Cu	482,504	482,504		
b	School Lunch Program	386,207	347,586	38,621	
c	Continuing Education	77,988	66,290	11,698	
d	Bad Debts	75,622	0	75,622	
e	Bank Charges	20,679		20,679	
	All other expenses	33,262	13,070	20,192	
25	Total functional expenses. Add lines 1 through 24f	9,199,788	7,371,805	1,597,814	230,169
26	Joint Costs. Check if 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	2,233,130	.,=:1,000	-,,	250,203

Part X	Balance	Sheet

						(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing				381,757		Ella o	183,292
	2	Savings and temporary cash investments	• •		•	6,589,227	2		6,555,140
	3	Pledges and grants receivable, net			•	51,382			87,307
	4	Accounts receivable, net			•	359,672			508,449
	5	Receivables from current and former officers, directors, trustees, key employees or				000,072	-		000,110
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•			5		
	6	Receivables from other disqualified persons (as defined under so persons described in section 4958(c)(3)(B) Complete Part II of			) and		6		
	7	Notes and loans receivable, net					7		
	8	Inventories for sale or use					8		
\$	9	Prepaid expenses and deferred charges				250	9		4,482
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	23.	728,647				
*	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		505,839		10c	2	0,222,808
	11	Investments—publicly traded securities				1,500,642	11		884,294
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D					12		·
	13	Investments—program-related See Part IV, line 11 Complete Part IV							
	14	of Schedule D .  Intangible assets					13		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule		185,232			173,084		
		D				20 700 500	15		0.040.050
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)				29,729,502		- 2	8,618,856
	17	Accounts payable and accrued expenses .		266,026			258,131		
	18	Grants payable		4 054 070	18		4 470 400		
	19	Deferred revenue		1,051,678			1,179,403		
Ø.	20	Tax-exempt bond liabilities		8,695,000			8,165,000		
£	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			.				
		persons Complete Part II of Schedule L					22		
	23	Secured mortgages and notes payable to unrelated third parties				1,547,230	23		1,516,332
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D				9,230	25		401,945
	26	<b>Total liabilities.</b> Add lines 17 through 25				11,569,164	26	1	1,520,811
çe s		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete lin	es 27					
Balance	27	Unrestricted net assets				18,005,138	27	1	6,897,878
88	28	Temporarily restricted net assets				26,419	28		70,549
돧	29	Permanently restricted net assets				128,781	29		129,618
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	let e					
ō	30	Capital stock or trust principal, or current funds					30		
Ą	31	Paid-in or capital surplus, or land, building or equipment fund					31		
Assets or	32	Retained earnings, endowment, accumulated income, or other fu					32		
Net /	33	Total net assets or fund balances				18,160,338	33	1	7,098,045
ž	34	Total liabilities and net assets/fund balances				29,729,502			8,618,856
	L V.T.	Financial Chalamanta and Base Use							
Pā	rt XI	Financial Statements and Reporting						<u> </u>	
								Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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 Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		_

Employer identification number

OMB No 1545-0047

## **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Open to Public Inspection

INTER	NATION	NAL SCHOOL OF	INDIANA INC									
								35	-188716:	1		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)				
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).			
2	굣	A school de	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )						
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H )	
4	Г	A medical research organization operated in conjunction with a hospital described in <b>Se</b>					Section :	170(b)(1)	(A)(iii). E	nter the		
	•		name, city, and	•		•			. , , ,	. ,. ,		
5	Г			or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in	
_	•			(Complete Part II )		,		-, - <b>3</b>				
6	г			overnment or governmental	unit descr	nhed in <b>Se</b>	ction 170	(b)(1)(A)	(v)			
7	<u>'</u>	•	_	ally receives a substantial p						n tha gana	vral nublic	
•	,			o)(1)(A)(vi) (Complete Par		зирроп по	ili a gove	illille litai t	11111 01 11011	i the gene	riai public	
8	_		-	oed in <b>Section 170(b)(1)(A)</b>	•	nloto Bar	+ TT \					
9	<u>'</u>		•	ally receives (1) more than		•	•			rahın faar		
9	1	_		, , ,					•		•	
		•		ated to its exempt functions estment income and unrelate	-		•		•			
			=				•			() IIOIII Du	sillesses	
10	_			on after June 30, 1975 See						a instrus	tions \	
10	<u>'</u>	=	=	and operated exclusively to and operated exclusively fo	=		-				· ·	
11	ı	-	<del>-</del>	orted organizations describe					•	•		
				type of supporting organiza						500010115	os(u)(s)i oncok	
		аГ⊤	ype I <b>b</b>	Type II c	Type III	- Functio	nally Integ	grated	d	∏ ⊤ype	III - Other	
e	Γ	•	-	rtıfy that the organızatıon ıs			•			•	· ·	
				agers and other than one or	more publ	licly suppo	orted orga	nizations (	described	ın sectior	1 509(a)(1) or	
f		section 50		d a written determination fro	m tha IDS	S that it is	a Type I	Type II e	r Typa III	cupportu	a organization	
•		check this		d a written determination no	ill the Inc	, that it is	a Type I,	Type II O	i i ype iii	Supportin		
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u></u>		,	
			following persons?									
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No	
			· -	ng body of the the supported	-	tion?				11g		
			•	erson described in (i) above						11g(		
				ty of a person described in (						11g(	iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
				/···· = /			l ·					
		ame of	(ii) EIN	(iii) Type of organization		s the	1 1 . 1	ou notify	I	s the	(vii) A mount of	
		oorted nization		(described on lines 1 - 9 above or IRC section	col (i)	ation in listed in		nızatıon ) of your	_	ation in rganized	support?	
				(See Instructions))		verning	supp			US?		
						ment?					]	
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

#### **SCHEDULE D** (Form 990)

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.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization INTERNATIONAL SCHOOL OF INDIANA INC 35-1887161

Pai	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4, 2 0	(-,
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	Lears in writing that the assets hold in don	or advised
3	funds are the organization's property, subject to the	organization's exclusive legal control?	Г Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No
Par	<b>Conservation Easements.</b> Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the conservation of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	
_	<del>-</del>		Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	S	2b
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year ▶		
4	Number of states where property subject to conserva	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		etions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
ь	Assats included in Form 990 Part Y		<b>l=</b> - Φ

Cat No 52283D

3	Using the organization's accession and other								<b>S</b> (CO	<u>ntinuea)</u>
	items (check all that apply)	, , , , , , , , , , , , , , , , , , , ,		_		-				
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and explai	n hov	w the	y further the	organızatıon's ex	cempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						nılar	<b>Γ</b> γ.	es	Г No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar	Arrangements.	Com	plet	e if the orga		ered "Yes"	to For	m 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	forc	ontributions	or other assets	not	<b>Γ</b> γ.	es	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е							
								A mount	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Γ Ye	es	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
4	Barraga of warmhalana	(a)Current Year 141,765	(b	<b>)</b> Prior	Year (c)IV	vo Years Back (d)	Three Years Ba	ick   (e)F	our Ye	ars Back
1a	Beginning of year balance	837								
b	Contributions	142								
с	Investment earnings or losses	0								
d	Grants or scholarships	0								
е	Other expenditures for facilities and programs	0								
f	Administrative expenses	0								
g	End of year balance	142,744								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment									
ь	Permanent endowment > 91 000 %									
	remailent endowment P									
c 3a	Term endowment  9 000 %  Are there endowment funds not in the posse	ccion of the organiza	tion	+ h = +	ara hald and	administered for	tha			
за	organization by	ssion of the organiza	ition	tilat	are neid and i	adillillistered for	tile	Г	Yes	No
	(i) unrelated organizations						[	3a(i)		Νο
	(ii) related organizations						[	3a(ii)		Νο
Ь	If "Yes" to 3a(II), are the related organization	ns listed as required	l on S	ched	lule R? .			3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	<del>-</del> orm 990, P	art X, line 10.	<u> </u>			
	Description of investment				Cost or other is (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion (	<b>d)</b> Boo	ok value
1a	Land					9,209,375				9,209,375
b	Buildings					12,710,385	1,794	1,419	10	),915,966
c	Leasehold improvements					560,325	555	5,283		5,042
d	Equipment					926,544	849	,456		77,088
e	Other					322,018	306	5,681		15,337
	I. Add lines 1a-1e (Column (d) should equal Fo		ın (B)	), line	10(c).)				20	),222,808
							Schedu	le D (Fo	rm 9	90) 200

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Total. (Column (b) should equal to the 350, Part X, Col (b) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation
		Cost of end-of-	year market value
Tatal (Column (b) should equal Form 000. But V. col (B) line 13.)			
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 ) Part IX	ne 15		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	I ·		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
LONG TERM DEBT INTEREST RATE SWAP	401,945		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	401,945		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	_ 1	8,531,508
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,199,788
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-668,280
4	Net unrealized gains (losses) on investments	4	-1,298
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-392,715
9	Total adjustments (net) Add lines 4 - 8	9	-394,013
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,062,293
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	8,118,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
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 <b>2a</b> through <b>2d</b>	2e	-412,753
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,531,508
4	A mounts 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 <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	8,531,508
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	9,181,048
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,181,048
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)	_	
с _	Add lines <b>4a</b> and <b>4b</b>	4c	18,740
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,199,788
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE SCHOOL HAS A SCHOLARSHIP ENDOWMENT THE SCHOOL'S GOAL IS TO GROW THE ENDOWMENT TO PROVIDE ANNUAL INCOME TO COVER THE FINANCIAL AID PROVIDED TO STUDENTS ATTENDING THE SCHOOL
Part XI, Line 8 - Other Adjustments		LOSS ON INTEREST RATE SWAP -392715
Part XII, Line 2d - Other Adjustments		LOSS ON INTEREST RATE SWAP -392715 PARENT ASSOCIATION EXPENSE NETTED WITH REVENUE ON THE FINANACIAL STATEMENTS -18740
Part XIII, Line 4b - Other Adjustments		PARENT ASSOCIATION EXPENSE NETTED WITH REVENUE ON THE FINANCIAL STATEMENTS 18740

Employer identification number

## OMB No 1545-0047

2008

Open to Public Inspection

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Schools** 

INTERNATIONAL SCHOOL OF INDIANA INC 35-1887161 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 Yes 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 Yes 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 Yes THE SCHOOL INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY IN ALL ITS BROCHURES, CATALOGUES, AND STUDENT APPLICATIONS WHICH MAKES THE POLICY KNOWN TO THE COMMUNITY IT SERVES Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes 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 Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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 Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

**Supplemental Information Regarding** 

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

DLN: 93493134037460

OMB No 1545-0047

2008

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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,

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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a   Mail solicitations   e   Solicitation of non-government grants   b   Email solicitations   f   Solicitation of government grants   c   Phone solicitations   g   Special fundraising events   d   In-person solicitations   g   Special fundraising events    2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?   Yes   No    b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$\$5,000 by the organization Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)   (iii) Did fundraiser have custody or contributions?   Yes   No   (v) A mount paid to (or retained by) fundraiser listed in coll (i) organization   (vi) A mount paid to (or retained by) organization   (vi) A mount paid to (or retained by) organization   (vii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A mount paid to (or retained by) organization   (viii) A m	Name of the organization INTERNATIONAL SCHOOL OF	INDIANA INC					Employer ider	ntification number
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	INTERNATIONAL SCHOOL OF	INDIANA INC					35-1887161	
a   Mail solicitations   Email solicitations   File   Solicitation of non-government grants   b   Email solicitations   File   Solicitation of government grants   c   Phone solicitations   Gillower   Special fundraising events   d   In-person solicitations   In-person solicitations   2a   Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?   Yes   No   b   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)   (ii) Activity   (iii) Did fundraiser have custody or control of contributions?   Yes   No   (iv) Gross receipts   (vi) Amount paid to (or retained by) organization   (vii) Amount paid to (or retained by) organization   (vii) Amount paid to (or retained by) organization   (vii) Amount paid to (or retained by) organization   (viii) Amount paid to (or retaine	Part I Fundraising Act	tivities. Complete	e if the oi	rganızat	ion answered "Yes" t	to Form	990, Part IV	, line 17.
a   Mail solicitations   Email solicitations   Email solicitations   Email solicitations   File   Solicitation of non-government grants   Solicitation of government grants   Government g	1 Indicate whether the organ	nization raised funds	through a	nv of the	following activities. Che	eck all th	at apply	
b   Email solicitations   F   Solicitation of government grants   Special fundraising events    2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?   Yes   No    b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)   (ii) Activity   Contributions?   (iii) Gross receipts from activity   (v) A mount paid to (or retained by) fundraiser listed in col (i) organization   (vi) A mount paid to (organization   (vi)	_			,				
c Phone solicitations d In-person solicitations  2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iv) Amount paid to (or retained by) fundraiser listed in coll (i)  (vi) Amount paid to (or retained by) organization  (vi) Amount paid to (or retained by) organization	<b>b</b> Email solicitations				· <u> </u>	•	-	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes No  (iv) Gross receipts from activity fundraiser listed in col (i)  (vi) A mount paid to (or retained by) organization  (or retained by) organization	c Phone solicitations					_	=	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes No  If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (iv) Amount paid to (or retained by) fundraiser listed in col (i)  (vi) Amount paid to (or retained by) organization	<b>d</b> In-person solicitations							
to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes No  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col (i)  organization		-		•	, ,		•	Г <sub>Yes</sub> Г <sub>No</sub>
(ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col (i)  (vi) Amount paid to (or retained by) organization								
(ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (or retained by) fundraiser listed in col (i)  (vi) A mount paid to (or retained by) organization		ındıvıdual				(v) A mount paid to		
or entity (fundraiser)  Control of contributions?  Yes No  Control of contributions?  Yes No  Control of contributions?  Yes No  Control of from activity fundraiser listed in col (i)	(i) Name of individual				(iv) Gross receipts			
Yes No Col (i)	or entity (fundraiser)	(II) Activity			from activity			
						col (i)		
Total			res	NO				
Total								
Total •								
Total •								
Fotal P								
[otal								
Total •								
[otal								
· · · · · · · · · · · · · · · · · · ·	Total	· · · · · · · · · · · · · · · · · · ·		<u> </u>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1  TRAVEL AUCTION	(b) Event #2	(c) O ther Events	(Add col	otal Eve ( <b>a)</b> th	
Ф	1		(event type) 164,318		(total number)	_	16	4,318
Revenue		Gross receipts	104,310					
Seç.	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	164,318	3			16	4,318
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	2,000					2,000
ង់ ច	7	Other direct expenses	31,764				3	1,764
Direct	8	Direct expense summary Add lin	_		$(1,\ldots,1,\ldots,k)$			3,764
	9	Net income summary Combine li						0,554
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted moi	e thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
<u>~</u>	1	Gross revenue						
စ္တမွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
Ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes% ┌ No			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)				
•							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate				.   9a		
b		No," Explain				<u> </u>		$\vdash$
10a	— Wer	e any of the organization's gaming l	 licenses revoked, suspen	ided or terminated during	the tax vear?	10a		
b		Yes," Explain	, '		,	100	1	$\vdash$
11		es the organization operate gaming a	activities with nonmembe	rs?				
12		he organization a grantor, beneficia					†	$\dagger$
	forn	ned to administer charitable gaming	,	· · · · · · · · · · · ·	<u></u>	. 12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
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		
а	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 the organization's own exempt activities during the tax year 📂 💲		

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Schedule I (Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493134037460

Open to Public Inspect ion

Department of the Treasury

INTERNATIONAL SCHOOL OF INDIANA INC

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Internal Revenue Service Name of the organization

Employer identification number 35-1887161

Part I General Infor	mation on Gra	nts and Assistanc				33-1887101	
<ul> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the o</li> </ul>	aintain records to a d to award the gra	substantiate the amoun	t of the grants or assista				✓ Yes
Form 990, Part : Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec	eived more than \$5,0	in the United Sta	tes. Complete if the of the office of the of	organization answere ceived more than \$5,	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
<ul><li>Enter total number of seconganizations</li><li>Enter total number of oth</li></ul>							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID	143	629,220			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493134037460

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization
INTERNATIONAL SCHOOL OF INDIANA INC

Street School of Indiana Inc

35-1887161

			Yes	Νo
1a	Check the appropiate 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 item			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	e		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
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	Yes	
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			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committed.	ee		
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		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only 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		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line ${\tt 1a}$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6Ь		Νο
	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		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured 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		No

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

(A) Name		W-2 and/or 1099-MI		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	incentive compensation	(iii) Other compensation		Senence	(5)(1) (5)	990 or Form 990-EZ
MR DAVID GARNER (I)				6,594	7,942	171,828	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

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DLN: 93493134037460

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2008

OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public
Inspection
Employer identification number

INT	TERNATIONAL SCHOOL OF INDIAN	A INC								35-1887	161			
Р	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	crıptıon of F	urpose	<b>(g)</b> Det	eased	Beh	On alf of uer
											Yes	No	Yes	No
A	INDIANA DEVELOPMENT FINANCE AUTHORITY	35-1602316		01-01-	2003	10,	250,000	to finance a and ancillary	_	building		х		x
Pa	Proceeds (Optional for )	2008)						L						
1	1 Total Proceeds of Issue				Α	E	3			D	)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•	•			•		
9	Were the bonds issued as part of a	current refunding iss	ue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
10	Were the bonds issued as part of a	ın advance refundıng ı	ssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain adfinal allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt III Private Business Use	(Optional for 2008)						1				1		
						E	1	(		D			E	
	We all the second to the secon			Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
1	Was the organization a partner in a which owned property financed by		fiber of an LLC,											
2	Are there any lease arrangements which may result in private busine	-	nanced property											
For	Panerwork Reduction Act Notice see the	Instructions for Form	990			Cat No. 501	93F			S	hedule K (	Form 99	11 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		E	3	(	С	D		I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	С		D		Ε
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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As Filed Data -

DLN: 93493134037460

**Employer identification number** 

OMB No 1545-0047

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL SCHOOL OF INDIANA INC

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

**Transactions with Interested Persons** 

Open to Public Inspection

(a) Name of disqualifie	d nerson			(b) D	a rı = ±	.on of +	a+1==			[(6	(c) Correcte		
(a) Name of disquame	a person			( <b>b)</b> Desc	спрс	ıon of transa	ction				Yes	No	
Enter the amount of tax imposed on section 4958								der •	\$				
Enter the amount of tax, if any, on li	ne 2, abo	ve, reimburs	ed by the	organization .				<b>&gt;</b>	\$				
t III Loans to and/or Fron													
To be completed by organize	ations tha T	at answered "	Yes" on F	orm 990, Part	<u>IV, I</u> T	ine 26, or Fo	rm 99	90-E2		V , line F <b>)</b>	: 38a T		
a) Name of interested person and	(b) Loa from		(6)0.5	ginal principal				Ιn	Appr	oved	1	/rıtten	
purpose	organiz			amount	(d)	Balance due	defa	ult?	1 .	by board or committee?		ment?	
	То	From	1				Yes	No	Yes	No	Yes	No	
ID GARNER													
		X		44,877		44,877		No	Yes		Yes		
				44,077		44,077		"	1.03		1		
	-												
l				. <b>▶</b> \$	<u> </u>	44,877							
Grants or Assistance I						,							
To be completed by orga	nızatıon	s that answ	ered "Ye	es" on Form 9			e 27.						
(a) Name of interested person	(	•	ip betwee d the orga	n interested per	rson	(c)A mo	ount o	fgrar	nt or ty	pe of a	ıssısta	nce	
		and	a the orga	IIIZation									
rt IV Business Transactions	Involv	ing Intere	ested Po	ersons		<u> </u>							
To be completed by orga					90,	Part IV, lın	e 28a	a, 28	b, or 2	28c.			
(a) Name of interested person	bet	) Relationshi ween interest erson and the	ted	(c) A mount of		( <b>d)</b> Descri	ption	of tra	nsactio	اه		ring of ation's	
		organization		Tansaction						-	Yes	No	

#### DLN: 93493134037460

# OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization INTERNATIONAL SCHOOL OF INDIANA INC

**Employer identification number** 

35-1887161

Pa	rt I	Types of Property							
			(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermır	ning	
1	Λ rt_\Λ	/orks of art	аррпсавіе		i ig				
		istorical treasures .							
		ractional interests							
		and publications							
5	Clothii goods	ng and household							
6	Cars a	nd other vehicles							
7	Boats	and planes							
8	Intelle	ctual property							
9	Securi	ties—Publicly traded .							
10	Securi	ties—Closely held stock $ . $							
11		ties—Partnership, LLC, st interests							
12	Securi	ties—Miscellaneous							
13	contri	ed conservation bution (historic :ures)							
14	Q ualıfı	ed conservation bution (other)							
15		state—Residential .							
16	Reale	state—Commercial							
17	Reale	state—Other							
18	Collec	tibles							
19	Food II	nventory							
20	Drugs	and medical supplies .							
21	Taxıde	ermy							
22	Histor	ıcal artıfacts							
23	Scient	ıfıc specımens							
24	Arched	ological artifacts							
25	Other	ELECTRONIC EQUIPMENT AND (describe <u>FURNITURE</u> )	×	1	12,847				
	o tiller	COMPUTERS AND RELATED			25/1				
26	Other	(describe <u>EQUIPMENT</u> )	Х	2	28,853				
27	Other	(describe)							
28	Other	(describe)							
29	whic h	er of Forms 8283 received the organization complete wledgement	d Form 828	anization during the tax years; 3, Part IV, Donee	ar for contributions for	29			
30a	During hold fo		ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
		three years from the date on entire holding period?			not required to be used for a	exempt purposes	30a		No
b	If"Ye	s", describe the arrangeme	ent in Part I	I					
31	Does	the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a		the organization hire or usebutions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
	Ifthe	s", describe in Part II organization did not report ed, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a	a)ıs			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

#### |

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 INTERNATIONAL SCHOOL OF INDIANA INC  ${\bf Employer\ identification\ number}$ 

35-1887161

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE TREASURER OR ANOTHER MEMBER OF THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND REPORTS TO THE OFFICERS OF BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		IN ACCORDANCE WITH THE SCHOOL CONFLICT OF INTEREST POLICY, THE DISCLOSURE STATEMENTS ARE KEPT ON FILE IN SCHOOL RECORDS BOARD MEMBERS ARE ASKED TO EXCLUDE THEMSELVES FROM ANY DISCUSSIONS WHICH MIGHT RESULT IN A CONFLICT OF INTEREST THE INDIVIDUAL BOARD MEMBERS ACTIONS ARE RECORDED IN THE MINUTES, WHEN THEY ARE EXCUSED FROM THE MEETING AND WHEN THEY RETURN TO THE MEETING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
		THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE SCHOOL'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation			
FORM 990, PART V LINE 7G	FORM 8899	FORM 8899 DID NOT APPLY AS THE SCHOOL DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY			

ldentifier	Return Reference	Explanation					
FORM 990, PART V LINE 7H	FORM 1098-C	FORM 1098-C DID NOT APPLY AS THE SCHOOL DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES					

# Software ID: Software Version:

**EIN:** 35-1887161

Name: INTERNATIONAL SCHOOL OF INDIANA INC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		(C) Position (check all that apply)								(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Dr Alfonso Alanıs , member	1 00	Х						0	0	0
Mr Jean-Baptiste Main d , HONORARY member	50	Х						0	0	0
MR BRYCE CARMINE , MEMBER	1 00	Х						0	0	0
Ms Karen Caswelch , MEMBER	1 00	Х						0	0	0
MS NATALIE WOLFE , MEMBER	1 00	Х						0	0	0
Mr Jerome Peribere , SECRETARY	1 00	Х		Х				0	0	0
MR GARY JACOBSON , TREASURER	1 00	Х		Х				0	0	0
Mr Jacques Tapiero , MEMBER	1 00	Х						0	0	0
MR DAVID KOSENE , PRESIDENT	1 00	Х		Х				0	0	0
Ms Diane Thomas , MEMBER	1 00	Х						0	0	0
MR WAYNE SCHMIDT , MEMBER	1 00	Х						0	0	0
MR LONNIE SHOFF , MEMBER	1 00	Х						0	0	0
Mr GerALD LAMKIN , MEMBER	1 00	Х						0	0	0
BISHOP T GARROTT BENJAM , MEMBER	1 00	Х						0	0	0
MR GARY VIGRAN , VICE PRESIDENT	1 00	Х		Х				0	0	0
MR MARK MUTZ , MEMBER	1 00	Х						0	0	0
MR GARY ROBERTS , MEmber	1 00	Х						0	0	0
MS RHONDA FOX WALTZ , MEmber	1 00	Х						0	0	0
Dr Sue Ellen Braunlın , member	1 00	Χ						0	0	0
MS JUDY MILLER , Member	1 00	Х						0	0	0
DR ROSA TEN , Member	1 00	Х						0	0	0
MR DAVID GARNER , HEAD OF SCHOOL	40 00			х				157,292	0	14,536
MS LYNN GREGGS , DIRECTOR OF FINANCE AND	40 00			х				76,600	0	5,878