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Return of Organization Exempt From Income Tax

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

Open to Public

Inspection

Form 990 (2008) 12

Department of the Treasury Internal Revenue Service

CAZZED

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

9/1/2008 For the 2008 calendar year, or tax year beginning and ending 8/31/2009 Check if applicable Please C Name of organization Lyford Cay School Foundation D Employer identification number use IRS Address change Doing Business As 51-0495259 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type Initial return PO Box 5910 (609) 452-0990 See Specific City or town, state or country, and ZIP + 4 Termination Instruc-Amended return Princeton 08543 G Gross receipts \$ 510.788 tions Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? Paul Lieblich P.O Box N7776, Nassau, **Bahamas** H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c) (4947(a)(1) or 527 3) **◄** (insert no) Website: ► None H(c) Group exemption number ▶ X Corporation K Type of organization Trust Association Other > L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The primary purpose of the organization is to provide financial and other assistance to educational institutions in the United States and abroad Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a Net unrelated business taxable income from Form 990-T, line 34. 7h 0 **Current Year** Contributions and grants (Part VIII, line 1h). 830,000 510,000 9 Program service revenue (Part VIII, line 2g). . . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,152 788 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 837,152 510,788 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) O 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part X, column (D), line 25) ▶ Other expenses (Harrix dalum (A), lines 11a–11d, 11f–24f). Total expenses Add Imes 13–17 (must equal Part IX, column (A), line 25) . . 17 899,117 815,270 18 899,117 815,270 19 Revenue less expenses. Subtract line 08 from line 12 -61.965 -304,482 DEC 1 5 2000 Beginning of Year End of Year 20 Total assets (Part X, line 16) 378,306 73,838 21 Total liabilities (Part X, line 531 546 Net assets or fund balan 22 377,775 73,292 Part I Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here Type or print name and title Preparer's Check if Preparer's identifying number (see instructions) signature self-Paid 10/21/2009 employed Preparer's Firm's name (or yours International Schools Services, Inc. EIN Use Only if self-employed), 15 Roszel Road, Princeton, NJ 08540 Phone no **▶** (609) 452-0990 address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

orm	990 (2008)		School Foundation					51-0495259	Page 2
Pa	rt III				plishmen	ts (see instructions)			
1	The prim	-		ıs to provide f		d other assistance to e			
2	the prior	Form 990 or 9	90-EZ?			uring the year which w		. Yes	X No
3	Did the c	organization ce	e new services or ase conducting,	or make signıfi		es in how it conducts,		. Tes	X No
4	Describe Section 5	the exempt po 501(c)(3) and 5	501(c)(4) organiz	ents for each o ations and sec	tion 4947(a	ization's three largest)(1) trusts are required each program service i	I to report the amo		nd
4a	Lyford C	staff and other ay School, a s	financial assista chool for childrer	nce for the furt . Approximate	herance of ly 282 stud	rants of \$ education at the ents served	·		
4b						rants of \$			
				•••					
4 -	(Cada		\/	0	dina a	roato of C	0)/Dayanya (
4C	(Code	· · · · · · · · · · · · · · · · · · ·) (Expenses a _		including g	rants of \$	o_) (Revenue ‡		
			·		·				
		-							
					·		·		
	·								
4d		-	S (Describe in So		œ	0.) /Davasses	c	0.)	
 4е	(Expense Total pro		e expenses	uding grants of	\$ 808,540	0) (Revenue (Must equal Part	\$ IX, Line 25, colum	0) n (B))	

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice 5 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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." Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E....... 13 **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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Х 19 20 20 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 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 Χ Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer questions Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b Х 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 . . . Χ 26 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

Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a 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, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

Form 9	90 (2008) Lyford Cay School Foundation 51-0	495259	F	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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 return . 2a 0	}		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			<u> </u>
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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, Report of Foreign Bank			
	and Financial Accounts.		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
_	Regarding Prohibited Tax Shelter Transaction?	5c	ļ	<u> </u>
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱.		
_	gifts were not tax deductible?	6b		<u> </u>
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 contribution of more than		ļ	l
h	\$75?	7a 7b	-	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	'''		
С	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		 ^
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			}
·	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	1	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ŀ
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	X
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	 -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		L	L

' Lyford Cay School Foundation 51-0495259

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See Instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			J
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	*		a.
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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		X
b	Other officers or key employees of the organization?	15b		<u> </u>
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لـــا
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation 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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► International Schools Services, Inc (609) 452-09	90		
	15 Roszel Road, Princeton, N.I. 08540			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee. (A) (B) (C) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per Former compensation compensation amount of Key employee Individual Institutional trustee employee Highest compensated from related other week from director compensation organizations the organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization trustee and related organizations Paul Lieblich President 5 Allessandra Holowesko Vice President Х 5. 0 0 Ralph H. Jahr Treasurer 5. X 0 0 Roger Hove 5 0 0 0 Secretary 0 0 n 0 O 0 0 0 0 0 0 0 0 0 0

Pa	rt VII Section A. Officers, Directors, Tra	ustees. Kev Fm	olar	ees	. and	1 Hic	ihesi	t Co	mpensated Fm	plovees (contin	ued)	rage C
	(A)	(B)	,,,,,	000		C)	,		(D)	(E)	(F)	<u>.</u>
	Name and title	Average hours per			(chec	k all ti	hat ap		Reportable compensation	Reportable compensation	Estima amour	ated
		week	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compens from organiz and rel organiza	er sation the ation ated
		0.							0	0		0
		0.							0	0		0
		0							0	0		0
		0.							0	0		0
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		0.	_					<u></u>	0	0		0
		0.							0	0	· -	0
41	T-4-1	0.							0	0		0
1b	Total	:- 4 ->						100	0	0	41	0
2	Total number of individuals (including those organization ► 0	in 1a) who rece	eivea	mor	e tna	an \$1			n герогавіе соп	npensation from	tne	
3	Did the organization list any former officer,	director or trust	ee, k	ey e	mplo	yee,	or h	ighe	st compensated		Yes	No
	employee on line 1a? If "Yes," complete Sci							•		````` -	3	Х
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual										-	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo								-			
500	tion B. Independent Contractors	es, complete s	Crieu	uie .	<i>J 101</i>	Suci	pers	SUIT	<u> </u>	5	<u> </u>	X
1	Complete this table for your five highest con	nnensated inde	nend	ent o	contr	acto	re the	at re	ceived more tha	n \$100 000 of		
	compensation from the organization.		pond									
	(A) Name and business a	oddress							(B) Description of serv	vices C	(C) Compensation	on
				 -								0
								<u> </u>				0
		- -						<u> </u>				0
								├-				0 0
2	Total number of independent contractors (in	icluding those in	1) v	vho r	ecei	ved i	more	tha	n \$100.000 in			. 0
-	compensation from the organization	n seeding inosein N			5501				\$150,000 111			

Part	: VIII	Statement of Revenue	•						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1a	Federated campaigns	. 18	3	0				
ts, grants amounts	b	Membership dues		_	0				
9, E	C	Fundraising events	_	_	0				
ifts ra	d	Related organizations		_	0				
Contributions, gifts, and other similar an		Government grants (contributions)							
Sin	e	• ,		,					
iţi je	ı	All other contributions, gifts, grants,			540.000				
흔ㅎ		similar amounts not included above			510,000				
Cont	g	Noncash contributions included in li			0			`	
<u> ၁ ဧ</u>	h	Total. Add lines 1a–1f	<u> </u>	· ·		510,000			
ë					Business Code				
en Ve	2a					0			
å	b					0			
je Je	С					0			
Sen	ď				-	0			
Ē	е					0		_	
Program Service Revenue	f	All other program service revenue.				0			
ď	a	Total. Add lines 2a-2f				0	×		
	3	Investment income (including divide							
	3	other similar amounts)				700			700
	4	•				788 0			788
	4	Income from investment of tax-exer							
	5	Royalties			1	0			
			(ı) Rea	31	(II) Personal				
	6a	Gross Rents				>			
	b	Less: rental expenses							
	С	Rental income or (loss)		0	I	****			36
	d	Net rental income or (loss)		<u> </u>	<u></u> . >	0			
	7a	Gross amount from sales of	(ı) Secur	ities	(II) Other				
		assets other than inventory		0	0	,			,
	b	Less: cost or other basis							
		and sales expenses		0	l o				
	С	Gain or (loss)		0					•
	d	Net gain or (loss)			•	0			
	8a	Gross income from fundraising							
ne	- Ou	events (not including \$	0			3.			
e		of contributions reported on line 1c)				,			
ě		See Part IV, line 18		_				;	
Œ									
Other Revenue		Less: direct expenses							
ŏ		Net income or (loss) from fundraisir	-		· · · · •	0			
	9a	Gross income from gaming activitie							
		See Part IV, line 19							
		Less: direct expenses						<u> </u>	
	С	Net income or (loss) from gaming a	ctivities		<u> </u>	0			
	10a	Gross sales of inventory, less							
		returns and allowances		. а	0				
	b	Less: cost of goods sold		. b	0				
		Net income or (loss) from sales of ii				0			
		Miscellaneous Revenue			Business Code				
	11a			_		0	-		
	b					0			
	_					0			
	٠ 0	All other revenue				0			
	d	All other revenue		•			-		
	e					0			
	12	Total Revenue. Add lines 1h, 2g, 3							
		9c, 10c, and 11e				510,788	0	0	788

Part IX

. Lyford Cay School Foundation	51-049525
Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all column	ins.
Ill other organizations must complete column (A) but are not required to complete colu	mns (B) (C) and (

	All other organizations must complete column	(A) but are not red	uired to complete	columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	. 0			
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			**	
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		4	
5	Compensation of current officers, directors,				
6	trustees, and key employees	0	 		
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	0			
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):			<u> </u>	
а	Management	o			
b	Legal	0			
С	Accounting	0	<u></u>		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0		<u>. </u>	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16 17	Occupancy	0	· · · · · · · · · · · · · · · · · · ·		
17 18	Travel	0		.=.	···
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0			
	Interest				
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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	Service Fee	6,397		6,397	
b	Donation	808,540	808,540		
C	Communications	17		17	
d	Annual Tax Filing	316		316	
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	815,270	808,540	6,730	0
26	Joint Costs. Check here ► If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising	ļ			
	solicitation				

_	990 (20	Eylord Cdy Concort Canadatori			51-0495259	Pa	age 11
P	art X	Balance Sheet					
			(A) Beginning of year		(B) End of <u>y</u>		
	1	Cash-non-interest-bearing		1		<u>-</u>	
	2	Savings and temporary cash investments		2		7	3,838
	3	Pledges and grants receivable, net		3		<u>·</u>	0,000
	4	Accounts receivable, net	0	4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L .	. 0	5			0
	6	Receivables from other disqualified persons (as defined under section					
	Ĭ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1				
		Part II of Schedule L		6			0
ß	7	Notes and loans receivable, net		7			0
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges	•	9			
	10a		0 / > _ ^ ¾ ^	-			
	b						
	"	Part VI of Schedule D	0	10c			
	11	Investments-publicly traded securities		11			0 0
	12	Investments—other securities. See Part IV, line 11		12			0
	13	Investments—program-related. See Part IV, line 11			-		0
	14	Intangible assets	<u> </u>	14			
	15	Other assets. See Part IV, line 11		15			0
	16						3,838
	17	Total assets. Add lines 1 through 15 (must equal line 34)		17			<u>3,636</u>
	18	Grants payable		18			540
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			0
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key		21			
Ē	22	employees, highest compensated employees, and disqualified	٠ ،	1			
Ë		persons Complete Part II of Schedule L	0	22			
_	23	Secured mortgages and notes payable to unrelated third parties		23			0 0
	24	Unsecured notes and loans payable		24			0
	25	Other liabilities Complete Part X of Schedule D	0	25			0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26			546
	20		551	-20			340
S		Organizations that follow SFAS 117, check here ► X and					
ဦ		complete lines 27 through 29, and lines 33 and 34.					
alai	27	Unrestricted net assets		27			9,840
ä	28	Temporarily restricted net assets				16	3,132
밀	29	Permanently restricted net assets		29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31		-	
Ą	32	Retained earnings, endowment, accumulated income, or other funds.		32			
Se	33	Total net assets or fund balances				7	3,292
	34	Total liabilities and net assets/fund balances		$\overline{}$			3,838
Pa	rt XI	Financial Statements and Reporting	. 1 070,000	<u> </u>		<u>_</u>	0,000
	I C AI	T manoial otatements and reporting		-		Yes	No
1	Ac	counting method used to prepare the Form 990: Cash X A	ccrual Other				
2		ere the organization's financial statements compiled or reviewed by an			2a		X
		ere the organization's financial statements audited by an independent a					X
		"Yes" to lines 2a or 2b, does the organization have a committee that ass					
		idit, review, or compilation of its financial statements and selection of an	•		1 1		ı
3		s a result of a federal award, was the organization required to undergo a					
•		e Single Audit Act and OMB Circular A-133?			3a		х
1		"Yes," did the organization undergo the required audit or audits?			. 3b		::-

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

		organization							Employe	r identificat	ion numb	er	
		y School Fou							51-0495				-
Par	_			narity Status (All or					rt.) (see i	instructio	ns)		
The c	rgar		•	ation because it is: (Pl		-	-	•					
1	Ц	A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i	i).			
2	닐			on 170(b)(1)(A)(ii). (Al									
3	닏			nospital service organi									
4			search organiza me, city, and st	ation operated in conju ate:	inction wi	th a hospi	ital descri	bed in se	ction 170)(b)(1)(A)	(iii). Ent	er the	
5	Ш			r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or op	erated by	a govern	mental ur	nit desci	ibed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit c	lescribed	in sectio i	n 170(b)(⁻	1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete l		its suppor	rt from a g	governme	ntal unit o	or from th	e gener	al pubi	ic
8		A community	trust described	d in section 170(b)(1)	(A)(vi) . (C	Complete I	Part II.)						
9	X	receipts from support from	n activities relate gross investme	y receives: (1) more the dot its exempt function and unrelated after June 30, 1975.	ons—sub ted busin	ject to cer ess taxabl	tain exce le income	ptions, an (less sec	nd (2) no r ction 511	nore thar	33 1/3	% of its	
10		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4). (see i	nstructio	ns)	
11		An organizat	ion organized a	nd operated exclusive	ly for the	benefit of	, to perfo	rm the fur	octions of	or to car	ry out th	е	
		•	neck the box tha	blicly supported organ at describes the type of Type II c	f support		ization an	d comple	,	1e throug	. ,		
•				• • •	_ ·		•	•	hu ono or	·· L	• •		
е	Ш	-		y that the organization on managers and othe			-	•	-		-		on
			section 509(a)(2	_	ii tiiaii Oii	e or more	publicly :	supported	i Organiza	ilions des	cibed i	i secu	OH
f				a written determinatior	n from the	RS that	it is a Tv	e I. Type	II. or Tvp	e III supp	ortina		
		_	, check this box										
g		Since Augus following per		the organization acce	pted any	gift or con	itribution 1	from any	of the				
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	l ın (ıı)		Yes	No
		· ·		verning body of the su		-					11g(i)		
		• •	•	person described in (i	•						11g(ii)		
				y of a person describe							11g(iii)		
<u>h</u>		Provide the 1	ollowing informa	ation about the organization	T. T. T. T.			ports ou notify	(vi)	le the	(var)	Amount	t of
(i)		of supported	(ii) EIN	(described on lines 1–9		organization sted in your		nization in		ls the tion in col		support	Oi
	orga	anization	1	above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No.	Yes	No	1		
					100								
													0
				-									0
										ļ	<u> </u>		0
													0
													
			'							T	1		

	ule A (Form 990 or 990-EZ) 2008 Lyford Cay Sch	ool Foundation				51-049525	9 Page 2
Par		zations Descr	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked t	the box on line	5, 7, or 8 of	Part I.)			
	ion A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005_	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4	Total Add lines 1-3	o	ol	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the		\$; ; ;	,	Þ	
	amount shown on line 11, column (f)	۵ ,	6	÷		4	
6	Public support. Subtract line 5 from line 4.	4 .	*	3 4 1	, 5	, «	0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🏻	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	О	0	0	o	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business is	0	0	0			0
10	regularly carried on	0	0	0			0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s	ee instructions.)			12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here ion C. Computation of Public Support	rganızatıon's firs	, st, second, thir			section 501(c)	▶
<u> 3600</u> 14	Public support percentage for 2008 (line 6, c		nd by line 11	column (ft)		14	0.00%
15	Public support percentage from 2007 Sched				•	15	0.00%
16a	33 1/3% support test–2008. If the organization qualifies as	tion did not ched	ck the box on l	line 13, and line	e 14 is 33 1/3%		
b	33 1/3% support test-2007. If the organizate box and stop here. The organization qualified	es as a publicly	supported org	anization	nd line 15 is 33	3 1/3% or more,	check this
17a b	10%-facts-and-circumstances-test–2008. or more, and if the organization meets the "facts-and-circum 10%-facts-and-circumstances test–2007. or more, and if the organization meets the "facts-and-circumstances test–2007. If the organization meets the "facts-and-circumstances test–2007.	acts-and-circumnstances" test. If the organizationstates and circum	nstances" test, The organization on did not che istances" test,	check this box on qualifies as ck a box on lin check this box	c and stop her a publicly sup e 13, 16a, 16b c and stop her	e. Explain in Pa ported organiza , or 17a, and lir e. Explain in P	art IV how ation ▶ ☐ ne 15 is 10% art IV how
18	Private foundation. If the organization did not che	eck a box on line	13, 16a, 16b, 17	7a ,or 17b, check	this box and se	e instructions .	▶ 🗍

Par	Support Schedule for Organiz (Complete only if you checked the			ion 509(a)(2)			
	tion A. Public Support						
Cald	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2004 36,330	(b) 2005	(c) 2006 530,000	(d) 2007	(e) 2008	(f) Total
2	Gross receipts from admissions, merchandise	30,330	20,000	530,000	830,000		1,416,330
	sold or services performed, or facilities furnished				İ		
	in any activity that is related to the organization's tax-exempt purpose	0	0	o			0
3	Gross receipts from activities that are not an			- 0			
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5	The value of services or facilities	- 0					
	furnished by a governmental unit to the		İ				
_	organization without charge	0	0	0			0
6	Total. Add lines 1-5	36,330	20,000	530,000	830,000	0	1,416,330
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for	i					
	the year or \$5,000			1			0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			*			
500	line 6)			* ,	L		1,416,330
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	36,330	20,000	530,000	830,000	0	1,416,330
10a	Gross income from interest, dividends,			· - · ·	, , , , ,		
	payments received on securities loans,					,	
	rents, royalties and income from similar sources	267	1,250	11,305	7,152		19,974
b	Unrelated business taxable income (less	207	1,250	11,505	7,132		15,514
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
с 11	Add lines 10a and 10b Net income from unrelated business	267	1,250	11,305	7,152	0	19,974
• •	activities not included in line 10b,		ļ				
	whether or not the business is regularly		ļ				
40	carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	o	o	o			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			5 11 551			1,436,304
14	First five years. If the Form 990 is for the org organization, check this box and stop here.					section 501(c)(3) ⊳ X
Soc	tion C. Computation of Public Support		· · · · ·		· · · · ·	• • •	· · · • • •
<u> 360</u> 15	Public support percentage for 2008 (line 8, co		d by line 13, co	lumn (f))	.	15	0.00%
16	Public support percentage from 2007 Schedu					16	0 00%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2008 (line))	17	0.00%
18	Investment income percentage from 2007 Sch				<u> </u>	18	0.00%
19a	33 1/3% support tests-2008. If the organizat not more than 33 1/3%, check this box and st						
b	33 1/3% support tests–2007. If the organization die	-	-	•		-	
-	line 18 is not more than 33 1/3%, check this box ar						. ▶
20	Private foundation. If the organization did no		-	•		-	▶ 🗂

	n 990 or 990-EZ) 2008	Lyford Cay School Foundation	51-0495259	Page 4
Part IV	Supplemental	Information. Complete this part to provide the e	explanation required by Part II, line 10;	
	Part II, line 17a	or 17b; or Part III, line 12. Provide any other add	ditional information. (see instructions)	
	·			
		•••••		
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			•••••••••••••••••••••••••••••••••••••••	
				·

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash_	Non Cash
1 Federated Campaigns	_	1
2 Membership dues		2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above:	<u> </u>	
YPI Foundation for General Fund	50,000	
The Dana Foundation for General Fund	15,000	
Alimenta USA Inc	345,000	
Franklin Templeton Investment	100,000	
Other contributions total	F10 000	e
Other contributions total	510,000	<u>0</u>
r iolai	<u>510,</u> 000	, 0

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Complete if the organization answered "Yes" to Open to Public Form 990, Part IV, line 14b, line 15, or line 16. Inspection Employer identification number

LУ	tord Cay School Founda	tion			51-04	195259
Pa		rmation on Ac 990, Part IV, line		de the United States. Con	nplete if the organization an	swered
1		es' eligibility for th	ne grants or ass	ords to substantiate the amousistance, and the selection cr		Yes X No
2	For grantmakers. Des United States.	scnbe in Part IV ti	he organization	's procedures for monitoring	the use of grant funds outsi	de the
3	Activities per Region. (Use Schedule F-	1 (Form 990) if	additional space is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
	entral America and the entropean	0	0	Fundraising		0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
	-	0	0			0
To	tals ▶	0	0			0
						

51-0495259

2008	
990)	
(Form	
edule F	
Sch	

o Form 990,	(i) Method of 'valuation (book, FMV, appraisal, other)										: :						
swered "Yes" t	(h) Description of non-cash assistance																
or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, re than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ s needed.	(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complete if the ecipient receiv	(f) Manner of cash disbursement								-								
nited States. box if no one r	(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outside the U	(d) Purpose of grant																
ations or Entities red more than \$5,00 space is needed.																	:
tance to Organization to the control of the control	(b) IRS code section and EIN (if applicable)																
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.	(a) Name of organization																
Part II	-																

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities

7

က

Schedule F (Form 99
Part III Gra

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1(Form 990) if additional space is needed.

מפס ספופתים ו - ולו סווו פפס וו מתחו	(1 OITH 330) II AUGINOTIAL SPACE IS HEEDED.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation · (book, FMV,
							appraisal, other)
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
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		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
						Schedule	Schedule F (Form 990) 2008

Schedule F (I	Form 990) 2008	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.	

		,
••••		
- -	······································	
-		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Employer identification number

Lyford Cay School Foundation 51-049525								259					
Part I	Excess Benefit Transaction To be completed by organization									EZ, Pa	rt V, lın	e 40b.	
1	(a) Name of discussified serves					(h) D						(c) Co	rrected?
	(a) Name of disqualified person					(b) Descriptio	on of trans	ansaction			_	Yes	No
								-					
													
unde	r section 4958		organization managers or disqualified persons during the year							\$ \$			
Part II	Loans to and/or From In	ntereste	d Perso	ons.							38a	-	
(a) Name	e of interested person and purpose	(b) Loan	to or from nization?	(c) O	riginal I amount	(d) Balance		(e) In default?		(f) App	proved ard or nittee?	(g) Written agreement?	
	-	То	From						No	Yes	No	Yes	No
					0	0 0 0			<u> </u>			ļ	<u> </u>
					0			' 			-		
	 				0								
	-				0				ļ	_	<u> </u>		-
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Total							·		L				
Part III	Grants or Assistance B To be completed by organize		_		rsons.	990. Part IV		7.	·	<u> </u>		t	
(а	Name of interested person				nterested person and the			(c) Amount of grant or type of as					!
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			-										
Part IV	Business Transactions To be completed by organiz					990. Part IV	 /. line 2	8a 28	Bb or 2	 98c	. -		
(a	Name of interested person	(b) Re	lationship lited person organizatio	between and the	(c) A	mount of saction				ransacti	on	organia	aring of zation's nues?
							<u> </u>					Yes	No
Ralph Jahr	and Roger Hove	Officers	<u> </u>				See S	chedu	le O				X
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

Lyford Cay School Foundation	51-0495259
Form 990 Part IV Section D Schedule L	
Ralph Jahr and Roger Hove are officers of this corporation as well as	
International Schools Services, Inc. (ISS). ISS provides financial and accounting	
services for a set fee. These invoices are paid directly by the foundation.	
Form 990 Part VI Section A Line 10 Copies of the completed 990 are forwarded to board members.	pers for their review
prior to submission to the IRS.	
Form 990 Part VI Section C Line 19 Upon request, copies of the forms and policies are made a	nd forwarded in a
reasonable time.	
Form 990 Part VI Section A Line 2 Ralph Jahr and Roger Hove are employed by International S	Schools Services, Inc.
(ISS). ISS provides financial and accounting services to the foundation for a set	
fee. These invoices are paid directly by the foundation.	
Form 990 Part VII Addresses of corporate officers:	
Paul Lieblich, P.O. Box N7776, Nassau, Bahamas	
Alessandra Holowesko, P.O. Box N7776, Nassau, Bahamas	
Ralph Jahr, 15 Roszel Road, Princeton, NJ 08540	
Roger Hove, 15 Roszel Road, Princeton, NJ 08540	