

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public

Inspection

4 OL		-	ar year, or tax year beginning		and endir		Interpretation of	
_	eck if ap	us	e IRS	erican Schools of Alexandria F	oundation			number
=	ldress c		Doing Business As			52-1792584		
≒	me cha	inge t	/pe.   Number and Street (of P.O Box ii	mail is not delivered to street address)	Room/			
╡	tıál retu	90	See PO Box 5910			(609) 452-0	990	
=	rminate	ins ins	struc-		- 40	0.000		4 447
╡	nended		ons. Princeton		543	G Gross rece	<del></del>	1,447,
] Ap	plicatio	n pending F				a) Is this a group retu		? Yes X
			lph H. Jahr 15 Roszel Road / PO E	30x 5910, Princeton, NJ 0854	<u>3-5910</u> н(	b) Are all affiliates inc	luded?	Yes
Та	x-exen	npt status:	X 501(c) ( 3) ◀ (insert no.)	4947(a)(1) or 527		If "No," attach a lis	t (see instruct	uons)
W	ebsite:	: ► None			H(	c) Group exemption i	number 🕨	
Fo	m of or	ganization.	X Corporation Trust Associa	tion Other ▶	L Year of	formation. 1992	M State o	f legal domicile:
Pa	irt I	Summ	arv		I			
			ribe the organization's mission or	most significant activities:				
		•	ff and assistance for the furtherand		American	School in Alexa	ndna, a sch	ool for children
<u> </u>			ely 269 students served.			· · · · · · · · · · · · · · · · · · ·		
Activities & Governance	-							
ا څ	2	Check this	box ▶ ☐ if the organization dis	continued its operations or dis	posed of	more than 25%	of its net as	sets.
ا ف			voting members of the governing t				3	
8			independent voting members of th				4	
	5	Total numb	er of employees (Part V, line 2a).				5	
¥	6		er of volunteers (estimate if neces				6	
ŀ			unrelated business revenue from				7a	
_	<u>b</u>	Net unrelat	ed business taxable income from f	Form 990-T, line 34	<u> ,</u>	<u> </u>	7b	
- 1	_				_	Prior Year		Current Year
。	8		ns and grants (Part VIII, line 1h).			1,28	9,230	1,351,
Kevenue	9		ervice revenue (Part VIII, line 2g).				2 404	40
é	10		income (Part VIII, column (A), line				2,401	10,
	11		nue (Part VIII, column (A), lines 5,	•	_		5,569	86,
$\rightarrow$			e—add lines 8 through 11 (must equal similar amounts paid (Part IX, col			1,21	6,062	1,447, 92,
			id to or for members (Bart (X) Ex)					
	15	Salaries of	her compensation, employee bene	Fits (Partix) column (A) lines		1 10	0,630	1,271,
Ses			al fundraising fees (Part IX, column			1,10	0,000	
Expenses	b	Total fundra	aising expenses (Part IX) column (	D). line 269. ►	0			<b>300</b> 00 6000
집	17	Other expe	aising expenses (Part IX) bolumni (nses (Part IX, colomn (A), lines 11	a=11d-11=24f)		<del></del>	0,927	20,
- }	18	Total exper	ises. Add lines 18-17-(must equal	PaltiX, column (A), line 25).			1,557	1,383,
	19	Revenue le	ss expenses. Suntract ine 8 from	Hine 12			4,505	64,
5 8						eginning of Curren	Year	End of Year
alances	20	Total asset	s (Part X, line 16)		. [	48	8,865	553,
9	21		ies (Part X, line 26)		. L		1,284	2,
2		Net assets	or fund balances. Subtract line 21	from line 20		48	7,581	551,
ar	t II		ture Block	<del></del>		····		
Par Sigr Here	22 t	Net assets Signa Under pe	or fund balances. Subtract line 21	from line 20		and statements, and I	7,581 o the best of n	ny knowledge
ıgr	1	Sig	nature of officer			Date		
er	В	Ra	lph H. Jahr		Treasure	er		
			e or print name and title					
		Preparer		Date	Checl	k if		dentifying number
		signature	<b>7</b>		self-	bewe	(see instruction	ns)
aid		s	me (or your		emplo	<del></del>	<u> </u>	
	arer's	Firm's na						
rep	oarers Only	i Himisha	, , ,			EIN		<del></del>
rep		if self-en	, , ,			Phone no	·	

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," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
_	Part II	4		_ <u>X</u> _
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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			!
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			g ,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
42	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	42		
124		12	Distant:	
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			-
	business, and program service activities outside the United States? 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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
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		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  '''-</del>		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	┌╌┷		
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20		$\frac{\hat{x}}{x}$

19? Note. All Form 990 filers are required to complete Schedule O. .

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			•
	in the United States 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 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	}		}
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
•	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		l	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			<u> </u>
~~	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>  ``</del>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		}
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	37.00%	W. 5. 5.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		30	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1 72 14	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		l	
	Part IV	28c	X	
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			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Γ	

			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	, 184 , 184	(B)	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	, ·		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	'		
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			35.3
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 30	1.5	٠, ٨	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del></del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	374	3	7,,
	instructions)	1.0g	3	2.3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			· Y
	this return?	3a		Х
þ	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: ▶	7.7	151	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
_	and Financial Accounts.	شننت		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		<u>X</u>
C	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3C		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- ou		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- <del>5</del> 2, -13,	73.7	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7с		<u> X</u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
C	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\hat{\mathbf{x}}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\hat{\mathbf{x}}$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	. 3		
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		l	. F
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			•
a	Gross income from members or shareholders			٠.
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			<del></del>
	——————————————————————————————————————			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management						
		, ,				Yes	No
1a	Enter the number of voting members of the governing body	1a_	··-·-	4	`	`	จิ
b	Enter the number of voting members that are independent	1b	<del></del>	_1		٠.	. 4
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			ــــــــــــــــــــــــــــــــــــــ	• •	·	· • • • •
_	any other officer, director, trustee, or key employee?				2	_X_	
3	Did the organization delegate control over management duties customarily performed by or u	ınder tl	ne direct				
_	supervision of officers, directors or trustees, or key employees to a management company of			<u> </u>	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form			4	4		Х
5	Did the organization become aware during the year of a material diversion of the organization			:	5		Х
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			- 1	- }		
	of the governing body?			7	a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or of	her pe	rsons?	. 7	b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken	during	,;	7. E	- ,	
	the year by the following:				<u>ان</u>	كدد	
а	The governing body?			8	а	Х	
b	Each committee with authority to act on behalf of the governing body?			8	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					- 1	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			. 9	а		Х
	ion B. Policies (This Section B requests information about policies not required by the	e Inter	rnal				
Reve	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			. 10	0a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of	of such	chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization			10	ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body to	efore 1	filing the	1		ŀ	1
	form?				1	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990				_		e galang s
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	uld give	1	ŀ		
	rise to conflicts?			12	2b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po					1	
	describe in Schedule O how this is done				2c	Х	
13	Does the organization have a written whistleblower policy?			. 1	3	Х	
14	Does the organization have a written document retention and destruction policy?			1	4	Х	
15	Did the process for determining compensation of the following persons include a review and				-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ration a	ind decision?	,			
а	The organization's CEO, Executive Director, or top management official			1:	5a		Х
b	Other officers or key employees of the organization			. <u>[1</u> :	5b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			.		T	100
I6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a					· · · ·	
	with a taxable entity during the year?			10	6a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization				· [	.	
	its participation in joint venture arrangements under applicable federal tax law, and taken ste						~i .
	the organization's exempt status with respect to such arrangements?	<u> </u>	<u> </u>	. 16	3b		
<u>Sect</u>	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, a	nd 990	-T (501(c)(3)	s only	)		
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	ments.	conflict of int	erest			
	policy, and financial statements available to the public.	•					
20	State the name, physical address, and telephone number of the person who possesses the t	ooks a	and records o	f the			
	organization: International Schools Services, Inc		(000) 450				
	15 Roszel Road, Princeton, NJ 08540						

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	İ		(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Po or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Investigation		•	tee	_		nsated	_			- Organizations
Joyce Martinez Director	40.	х						95,303	0	0
John Luke President	1.			×				0	0	0
Ralph Jahr Treasurer	1.			х				0	0	0
Roger Hove Secretary	1.			x				0	0	0
		<u> </u>		_						
				L						
				_						~ <del>~</del>
	·									

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	Hiç	hes	t Co	mpensated Em	ployees (contin	ued)
	(A)	(B)			(6	C)			(D)	(E)	(F)
	Name and title	Average	Po	sition	<u> </u>	k all ti	hat ap		Reportable	Reportable	Estimated
		hours per week	or d	Inst	Officer	ξ ey	를 를	Former	compensation from	compensation from related	amount of other
	,		Individual trustee or director	tutio	Ĕ	Key employee	o nest	l er	the organization	organizations (W-2/1099-MISC)	compensation from the
			일	na 1		ŏye	le S		(W-2/1099-MISC)		organization
			stee	nstitutional trustee		l °	Dens				and related organizations
				ď		ŀ	Highest compensated employee				
									,		
					<u> </u>	ļ	<u> </u>	┞	<u> </u>		
		,									
			$\vdash$			_	t	$\vdash$			
								<u> </u>			
			<u> </u>		_			ļ			
					<b>-</b>	ļ	_	├─			<del> </del>
					1						l
			L		ļ		ļ	ļ		<u> </u>	
-				_	-		╁	┢		<u> </u>	
									·		
				<u> </u>	L_			L			
		1		}				1	<b>,</b>		
			<del>                                     </del>	ļ			-	-			
							1				
			<u> </u>								
			<u> </u>								
<u>1b</u>	Total	<u> </u>	_					<u>. •  </u>	95,303	0	0
2	Total number of individuals (including but no		se lis	ted a		e) wl	ho re	ceiv	ed more than \$1	00,000 in	
	reportable compensation from the organizat	IIOII P	_		0						Yes No
3	Did the organization list any former officer,	director or trust	ee, k	ey e	mplo	yee	, or h	ighe	st compensated	<u> </u>	- 1, 3, 3
	employee on line 1a? If "Yes," complete Sci	hedule J for suc	h inc	lividu	ual .					[	3 X
4	For any individual listed on line 1a, is the su										`\a
	the organization and related organizations g		00,00	0? <i>II</i>	"Ye	s, <b>"</b> c	omp	lete :	Schedule J for s	<u></u>	
_	individual				• •			•		• • • •	4 X
5	Did any person listed on line 1a receive or a									-	
Sec	services rendered to the organization? If "Yoution B. Independent Contractors	es, complete s	cried	iuie .	<i>J 101</i>	Suci	ı per	SON	<u> </u>	<u> </u>	5 X
1	Complete this table for your five highest cor	npensated inde	pend	lent e	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
	compensation from the organization.		•								
	(A)	41							(B)		(C)
	Name and business a	address						├-	Description of ser	vices Co	ompensation
								$\vdash$			0
								1			<u>0</u>
								1-	<del></del>		
											C
2	Total number of independent contractors (in			ed to	tho	se lis	sted	abov	e) who received		, , , , , ,
	more than \$100,000 in compensation from	tne organizatior	<b>)</b>				0	)		1	

Par	: 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
ats ts	1a	Federated campaigns	[1	a	0	4			
grants	b	Membership dues	1	b	0				
g E	С	Fundraising events		С	0				
ons, gifts, grants similar amounts	d		elated organizations						
o, g	e	Government grants (contributions) .		_	0				
Siri	,	All other contributions, gifts, grants, a	<u>-</u>	+					
Ę Ę	'	similar amounts not included above.		lf	4 054 404				
달동	•			ш.	1,351,434				
Contributions, gand other simil	g	Noncash contributions included in lin		-	<u>0</u>				
0 %	<u>n</u> -	Total. Add lines 1a-1f	<u> </u>	÷		1,351,434			
9				L	Business Code				
ver	2a			L		0			
8	b			L		0			
200	С			L		0			
Ser	d			L		0			
돑	е			L		0			
Program Service Revenue	f	All other program service revenue.		L		0			
_ &	g	Total. Add lines 2a-2f			▶	0			
	3 4 5	Investment income (including divident other similar amounts) Income from investment of tax-exemple Royalties	pt bond proce	eed:	<b>▶</b> .	10,334 0 0			10,334
		L	(ı) Real	$\perp$	(II) Personal				
	6a	Gross Rents		$\perp$			* * * * * * * * * * * * * * * * * * *		
	b	Less: rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(ı) Secunties		(II) Other				
		assets other than inventory		0	0				
	Ь	Less: cost or other basis							
		and sales expenses		0	0				
	ء ا	Gain or (loss)		0					
	d	Net gain or (loss)				0			12
	8a	Gross income from fundraising		·г			\$4558.38 <b>48</b> 2.34567.7	1.483. 1.8	AS TO STORM
e	J G	events (not including \$	0					30 0 6 30 M	
e		of contributions reported on line 1c).	9.					1	70 4 50
Š	ĺ			$_{\scriptscriptstyle -}$ $\mid$			1		
<u> </u>		See Part IV, line 18		a  -					
Other Revenue	ı	Less: direct expenses		b [	0		#X4## 740 3:	4-1377	
ō	C	Net income or (loss) from fundraising		٠ ٠		0 *> >>> #####/ VS#A##	Marina disensi da ana ana ana ana ana ana ana ana ana	E 19 1 81 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	612 Ca. \$ 82
	9a	Gross income from gaming activities.		-					
		See Part IV, line 19			0				
	b	Less: direct expenses		ьĹ	0				
	С	Net income or (loss) from gaming act	tivities	٠,_	<u></u> ▶	0			
	10a	Gross sales of inventory, less							
		returns and allowances a		a L	0			s	
	b	Less: cost of goods sold		b [	0	10000 A 1000 A			
	c	Net income or (loss) from sales of inv	ventory		<b>.</b>	0			
		Miscellaneous Revenue			Business Code				1
	11a	Unrealized Gain/Loss		T		86,015			86,015
	b			ſ		0			
	С					0			
	d	All other revenue				0			
	е	Total. Add lines 11a-11d				86,015	·	,	7 2553
	12	Total revenue. See instructions				1,447,783		0	96.349

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . Grants and other assistance to individuals in 2 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . . . . . 92.386 92,386 Benefits paid to or for members . . . . . . . . . 4 Compensation of current officers, directors, trustees, and key employees . . . . . . . 95,303 95,303 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . 7 965.806 965,806 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . 139,700 139,700 9 Other employee benefits . . . . . . . . . . . . . 10 70,255 70.255 Fees for services (non-employees): 11 а 368 368 15,120 15,120 Professional fundraising services. See Part IV, line 17 0 f 0 q 12 0 0 13 Office expenses . . . . . . . . . . Information technology . . . . . . . . . . 14 0 15 0 0 16 17 ol 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings. . . . . 0 20 0 21 0 22 Depreciation, depletion, and amortization . . . . . 0 2,481 23 2,481 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.) Payroll Processing Fees 1.344 1.344 Communications 545 545 Bank Fees 180 c 180 d 0 0 All other expenses f 0 Total functional expenses. Add lines 1 through 24f 1.383.488 20.038 25 1.363,450 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . . . . .

	990 (20				52-1792584 Page <b>11</b>
Pa	art X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	207,312	2	176,355
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key	53.		
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	SO THE STATE OF TH	7. 7.	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net	0	7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,384	9	1,381
ĺ	10a	Land, buildings, and equipment: cost or 10a 0	17.65		1,501
	1.4	other basis. Complete Part VI of Schedule D			(S)
	ь	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	280,169		376,209
	12	Investments—other securities. See Part IV, line 11	200,109	12	370,203
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	488,865		553,945
	17	Accounts payable and accrued expenses	1,284		2,069
	18	Grants payable	1,204	18	2,008
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<del></del>	20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	5 705 6		
Ē		employees, highest compensated employees, and disqualified			5 · · · · · · · · · · · · · · · · · · ·
Lia		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities. Complete Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	1 284		2,069
		Organizations that follow SFAS 117, check here ► X and	1,204	- 20	2,003
98		complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets	487,581	27	551,876
3ai	28	Temporarily restricted net assets	407,301	28	331,870
핑	29	Permanently restricted net assets		29	
5	23			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	, in the second		
et.	30	Capital stock or trust principal, or current funds		30	
1SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
17	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	487,581		551,876
	34	Total liabilities and net assets/fund balances			553,945
	34	Total liabilities and net assets/fund balances	488,865	34	553

Form **990** (2009)

**Financial Statements and Reporting** Part XI Yes Nο 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a Were the organization's financial statements audited by an independent accountant? . . . . . . . . . 2b If "Yes" to line 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 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a За Х If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2009)

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	Open to Public
ıs.	Inspection
Employer identifi	cation number

<u>\me</u> ı	<u>ican</u>	Schools of A	lexandria Found	lation						52-1	792584		
Par	t I	Reason	for Public Ch	narity Status (All org						nstructio	ns.		
The o	rgar			ation because it is: (Fo		_		-	-	_			
1	닏	-		rches, or association of			ed in sec	tion 170(	b)(1)(A)(i	).			
2	닐			on 170(b)(1)(A)(ii). (At		•							
3	닏	A hospital or	a cooperative h	nospital service organi:	zation de	scribed in	section '	170(b)(1)	(A)(iii).				
4	Ш		search organiza me, city, and sta	ation operated in conju ate:	inction wit	th a hospi	tal descril	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		=	-	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descri	bed	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	y trust described	in section 170(b)(1)(	( <b>A)(vi)</b> . (C	omplete i	Part II.)						
9		An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III-Functionally integrated d Type III-Other												
e f g		persons other 509(a)(1) or If the organization	er than foundation section 509(a)(2 zation received a , check this box	a written determination	r than on n from the	e or more	publicly s it is a Typ	supported be I, Type	organiza	tions des	scribed in		on
Ĭ		following per						·					
				or indirectly controls,								Yes	No
				verning body of the su							11g(i)		
				person described in (i ly of a person describe							11g(ii) 11g(iii)		
h		• •		ation about the suppor							[119(11)]		l
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o		(v) Did y the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	1	Amount support	of
					Yes	No	Yes	No	Yes	No			
													^
		<del></del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	<u> </u>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>		0
						ļ <u>.</u>							0
		<del></del>											_0
		<del></del>				<u> </u>	<u> </u>	<u> </u>					0
		··								5			0
Tota	<u> </u>		,										0

Part		zations Desc	ribed in Sec	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked	the box on lin	e 5, 7, or 8 of	Part I.)			
	on A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ .					
	include any "unusual grants.")	_ 940,504	990,585	1,067,742	1,289,230	1,351,434	5,639,495
2	Tax revenues levied for the organization's		,				-13001.00
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	940,504	990,585	1,067,742	1,289,230	1,351,434	
5	The portion of total contributions by each	340,304	990,363	1,007,742	1,203,230	1,331,434	5,639,495
•	person (other than a governmental unit						
	or publicly supported organization)		alle is the				
	included on line 1 that exceeds 2% of the				And the second		
	amount shown on line 11, column (f)		alling the end		in the second	20	
6	Public support. Subtract line 5 from line 4.		(A) (表 2 )				5,639,495
	on B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	940,504	990,585	1,067,742	1,289,230	1,351,434	5,639,495
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
9	sources	18,996	20,724	17,583	22,401	10,334	90,038
9	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.	2 , 🚵 , 😕	A	. (30° c	- Marin 12	A 20	5,729,533
12	Gross receipts from related activities, etc. (s		•			12	
13	First five years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c	)(3)
	organization, check this box and stop here						▶ 📗
Sect	on C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2009 (line 6,					14	98.43%
15	Public support percentage from 2008 Sched	dule A, Part II, I	line 14			15	0.00%
16a	33 1/3% support test-2009. If the organiza						
	and stop here. The organization qualifies a	s a publicly su	pported organiz	zation			▶ X
b	33 1/3% support test-2008. If the organization						
	box and stop here. The organization qualifi						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "						
	the organization meets the "facts-and-circuit		_	•			
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "						
	the organization meets the "facts-and-circus	mstances" test	. The organizat	ion qualifies as	s a publicly sup	ported organiza	ation>
18	Private foundation. If the organization did not ch	neck a box on lin	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	ee instructions .	▶ 🔲

Par	Support Schedule for Organiz (Complete only if you checked to			ion 509(a)(2)			
Sec	tion A. Public Support	He DOX OH THE	9 01 Part 1.)				
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")						_ 0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the				'	ì	_
2	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					į	
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	1					0
6	Total. Add lines 1 through 5	0	Ō	0	0	0	0
	Amounts included on lines 1, 2, and 3		<u>~</u>	i			
	received from disqualified persons						0
ь	Amounts included on lines 2 and 3 received						
U	from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0		0	0	0
8	Public support (Subtract line 7c from				. The said		0
Sec	tine 6.)	A. Britistano, J		atten,	· Strange and the State of	2 1888 · 1829	0
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0			0	0	0
-	Gross income from interest, dividends,		,	<u>_</u>			
	payments received on securities loans,			]			
	rents, royalties and income from similar						
L	sources			ļ			0
b	Unrelated business taxable income (less section 511 taxes) from businesses	ĺ	ļ				
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,	Į i		ŀ			
	whether or not the business is regularly carried on						0
12	Other income. Do not include gain or	<u> </u>	<del></del>	<del></del>	<u> </u>		0
	loss from the sale of capital assets						
	(Explain in Part IV.)	ļ					0
13	Total support. (Add lines 9, 10c, 11,	_	] _	]	_	_	_
4.4	and 12.)	0		0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.	•		a, tourth, or tittl	•		·3)
Sac	tion C. Computation of Public Support			· · · · · ·	· · · · · ·	<del></del>	
15	Public support percentage for 2009 (line 8, c			volumn (ft)		15	0.00%
16	Public support percentage from 2008 Schedu					16	0.00%
	tion D. Computation of Investment Inc	ome Percent	age	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		0.0070
17	Investment income percentage for 2009 (line			ne 13, column (	f))	17	0.00%
18	Investment income percentage from 2008 So					18	0.00%
19a	33 1/3% support tests-2009. If the organiza	ation did not ch	eck the box on	line 14, and lir	ne 15 is more t		nd line 17 is_
_	not more than 33 1/3%, check this box and s	top here. The	organization q	ualifies as a pu	blicly supporte	d organization	▶
b	33 1/3% support tests-2008. If the organization of						, —
20	line 18 is not more than 33 1/3%, check this box a						: · · · ▶
20	Private foundation. If the organization did n	or cueck a pox	on line 14, 19	a, or 196, cnec	k this box and	see instructions	š <b>▶</b>

	1 990 or 990-EZ) 2009 American Schools of Alexandria Foundation	52-1792584	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required		
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instructions	<u>S.</u>
·			
/			•
			•
			•
			•••••
			•
			• • • • • • • • • • • • • • • • • • • •
	` ,		

### Schedule F (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047
2009

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

► Attach to Form 990. ► See separate instructions.

Open to Public

		Attach to Form s	30. See Separate mstr		IIIspection
Name of the organization	. data Parradaktan			E	imployer identification number
American Schools of Alexa Part I General Info			de the United States. Co	mplete if the ergonization	52-1792584
	990, Part IV, line		de the Officed States. Co	implete il tile organization	ranswered
•	<del>-</del>		ords to substantiate the amo	_	
the grants or assistance		Yes No			
2 For grantmakers. Des United States.	cribe in Part IV t	he organization	's procedures for monitoring	g the use of grant funds o	utside 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 for region
Middle East and North Africa	0	30	Program Services	Staff & Assistance for fu	urthe1,363,451
· · · · · · · · · · · · · · · · · · ·		_	r rogram ourvisos	John & 710010ta/100 for 10	
	0	0			0
	0	0			0
	0	0			0
<del></del>	0	0			0
	0	0			o
-	0	0			0
	0	0			0
· · · · · · · · · · · · · · · · · · ·	0	0			0
	0	0		<u> </u>	0
	0	0	:	<u> </u>	0
	0	. 0			
<del></del>	0	0			0
	0	0			0
	0	0			0
·—————————————————————————————————————	0	0		<del> </del>	0
	0	0			

30

1,363,451

Page 2

American Schools of Alexandria Foundation Schedule F (Form 990) 2009
---

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
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.

									Control of the Contro	
₩.	(a) Name of organization	ınizatlon	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
			(ir applicable)							appraisal, other)
		77	· ght · ship · · · · · · ·	Middle East and North Africa	American School	92,386		0		Book
-		lag a	they 'My E			0		0		
		35. **	学 ·			0		0		
						0		0		
		*** *				0		0		
		\$ !				0		0		
			The second secon			0		0		
	,	-				0		0		
, ;	· ·	,	wiften security and the second			0		0	,	
	-	**				0		0		
		***	4		/	0		0		
·						0		0		
•	,	, .	,			0		0		
Park,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, ,			0		0		
		1000 A				0		0		
						0		0		
8	Enter total number on the IRS or for whe	of recipient orga	anizations listed ab	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501/cV3) equivalency letter	ed as charities by	y the foreign cou	ıntry, recognizec	d as tax-exempt ■		
m	Enter total number of other organizations or entities	of other organiz	rations or entities.					•		

Schedule F (Form 990) 2009

52-1792584

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

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Use Schedule F-1(Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance

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

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization 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.

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

Open To Public Inspection

Name of the organization							Er	nployer	identific	cation n	umber		
American Schools of Alexandria Founda	tion						52	-17925	84				
				c)(3) and section 501(c)(4) organizations only). orm 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.									
4 (a) Name of disqualified person	(a) Name of disqualified person											(c) Corrected?	
1 (a) Name of disqualified person	(a) Name or disqualified person					(b) Description of transaction					Yes	No	
									<del></del> _				
<ul><li>2 Enter the amount of tax imposed under section 4958</li><li>3 Enter the amount of tax, if any, or</li></ul>									•	\$ \$			
Part I Loans to and/or From Complete if the organization				990 Part	IV line 26 c	r Form	990-	 F7 Pa	rt V lu	ne 38s	_ <del></del>		
(a) Name of interested person and purpose	(b) Loan	to or from				In default? (f) Approved by board or committee?		proved ard or	(g) Written agreement?				
· · · · · · · · · · · · · · · · · · ·	То	From			 		Yes	No	Yes	No	Yes	No	
- <del></del>			<u></u>	0		0				<b> </b>			
				0		0							
			<u> </u>	0		0		ļ		<u> </u>			
				0	<del></del>	0							
<del></del>				0		0		ļ			L		
Total		<u> </u>		0 . ▶ \$		0	Kelik .	) }??\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			148e -		
Part III Grants or Assistance E Complete if the organization	-	-		sons.	IV line 27			, , ,	L		<u> </u>		
(a) Name of interested person			p between in	terested pers			(c) Amo	unt of gr	ant or ty	pe of as	sistance		
			organiza	HION									
		<del></del>					_						
Part IV Business Transactions	Involvin	a Inter	astad Pa	Areone.									
Complete if the organization					IV. line 28a.	28b. o	r 28c.						
(a) Name of interested person (b) Relationship to interested person organization organization answered residual		between (c) Amount of transaction			(d) Description of transaction				(e) Shanng of organization's revenues?				
		-									Yes	No	
International Schools Services, Inc	Two Bo	ard Mer	nbers (R.		15,120	ISS pi	rovide	s finan	cial ar	nd acco		Х	
					0								
					0								
					0							<u> </u>	
	ŀ				0	I					J I	l	

ol

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990

2009

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Pub
Inspection
Employer identification number

American Schools of Alexandria Foundation	52-1792584								
Form 990 Part VI Section B Line 11A Copies of the 990 are distributed to members pri	or to filing.								
Form 990 Part VI Section B Line 12c The Standards of Business Conduct and Corporate Governance									
Policies adopted requires that members sign yearly disclosing potential conflicts of interest.									
Form 990 Part Part VI Section C Line 19 Upon request copies of the forms and policies	s are made and								
forwarded within a reasonable time.									
•••••									
•••••••••••••••••••••••••••••••••••••••									