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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 benefit trust or private foundation)

OMB No 1545 0047

		enue Service		The organization may h		this return to sati	sty state report			Open to Po		<i>7</i> 000001
	For th	e 2009 calend	dar year, o	or tax year beginning	7/01	, 200	9, and endin	g 6/		, 201		
В	Check I	f applicable		С					D Employe	er Identification N	lumber	
	∏ _{Ad}	ldress change	Please use IRS label	Friends of the	Internat:	ional Sch	ool of		87-0	772923		
	\vdash	me change	or print or type	Beaverton					E Telephor	ne number		
	\vdash	-	See	17770 SW Blant	on Street				(503	3) 259-38	300	
	\vdash	tial return	specific Instruc-	Aloha, OR 9700)7				(505	<u>,, 233 30</u>	,00	
	⊢ Te	rmination	tions.	1					_		20	гсг
	∐ A⊓	nended return							G Gross re		30,	565.
	∐ Ap	plication pending	F Name	and address of principal officer	•					n for affiliates?	Yes	X No
									affiliates inclu	uaea/ (see instructions)	Yes	U No
ī	Tax	-exempt statu	ıs X 501	(c) (3) ◄ (insei	t no.) 4	947(a)(1) or	527	,		(000		
J		osite: ► N/						H(c) Group	exemption nu	mber >		
ĸ		of organization	Corpor	ation Trust X Assoc	ciation Other	1	Year of Forma	tion 200	6 M st	tate of legal domi	cile OR	
įρ,	rt I	Summa		11000 122 70000	Matter T T Other	1-						
1 9				ganization's mission or	most significant	activities: 1	ro ineni	re in	form an	nd suppo	rt an	
9				<u>v centered edu</u>								
Governance				ol District								ــــــ
e	_		lraişir	g_and_resource	rdevelopme	ent to su	bborr in	re عور	_1LS_P	rojects	ano	
Š		Check this bo		if the organization disc			osed of moi	re than 25	% of its as			0
ন্ত প্র	3	Number of vo	oting mem	bers of the governing t	ody (Part VI, III	ie ia) 	. 160		-	3		8
8				it voting members of th	e governing bod	y (Part VI, IIne	e ID)		-	5		0
ctivities &				yees (Part V, line 2a)					-	6		128
₹				eers (estimate if neces		(0) 10			-			
•				ousiness revenue from				•		7a		<u>0.</u> 0.
	ь	Net unrelated	business	taxable income from F	orm 990-1, line	34				7b		
								<u>P</u>	rior Year		ırrent Ye	
•	8	Contributions	and gran	its (Part VIII, line 1h)					41,0	35.	8,	722.
Ž	9	Program serv	reven	ue (Part VIII, line 2g)								
Revenue	10	Investment in	ncome (Pa	art VIII, column (A), line	s 3, 4, and 7d)							
æ				III, column (A), lines 5,	and 11e)					15,	969.	
				nes 8 through 11 (must			ine 12)		41,0	35.	24,	691.
				ounts paid (Part IX, col								
				members (Part IX, colu		•						
				nsation, employee bene		lumn (A) lines	= 5 ₋ 10)					
S			-			usini (A), iiies	3 3-10)	-				
Expenses				ig fees (Part IX, column				-		- 		
×	ь	Total fundrais	ang exhe	nses (rart IX column (D), line 25) 🕨 _		-	. 🖳				
ш	17	Other expens	es (Part 1	X, columb, A), lines 11	a-11d, 11f-24f)			İ	31,4	71.	20,	730.
						(A), line 25)			31,4	71.	20,	730.
	10	Parison I	UV.1.6	nes 13-17 (n ust equal l s (Subtract/fine 18 from	line 12	(,,,	•		9,5			961.
	19	Kevende less	техренье	S GADUAGO DE TO HOLL	i iiile 12	·		' 			_	
900		L						Begii	nning of Ye		nd of Yea	
30 0	20	Total assets	COUNT	de 16) 1		•		-	28,4		<u> </u>	451.
A P	21	Total Habilitie	s (Part X	, line 26)						0.		<u>0.</u>
2 5 E	22	Net assets or	fund bala	ances. Subtract line 21	from line 20				28,4	90.	32,	<u>, 451.</u>
o Pa	irl II		ure Blo									
<u></u>		Under penaltie	e of peruv	/ Aeclare that I hav∉ examine	this return, includin	n accompanying s	chedules and st	atements, an	d to the best	of my knowledge	and belief.	. it is
)		true, correct,	and complete	Leclare that I have examine Declaration of preparer (other	er than officer) is bas	ed on all informati	on of which prej	parer has any	knowledge			
e ک Sig		 	dil.	mak See the				- 12	λ <i>ill</i>	12/2010	2	
ים י סונ	jii	Signardre	ZIMMA.	MIN ASTONIANA				Da		1270010	<u> </u>	_
He	16											
1		Darle		stineau	,			Trea	surer			
i		Type or p	rint name ar	nd title							11.6	
2			2.0	\ D			Date	C	heck if elf	Preparer's i	aenuiying r :tions)	number
Pa	id	Preparer's	入	N. K			11/8/10		mployed ►			
Pre	- -	signature	► Emi	1 J Bludworth	, LTC 3239	2-C	ماأمليا			P00888	3690	
p a	id e- rer's	Firm's name (nacle Tax & Fi								
US	е	yours if self-		5 NW 169th Pla				 -	ın ► 9!	5-323687	7	
On	ıly	employed), address, and				<u>~</u>					4-807	7
		ZIP + 4		verton, OR 970					hone no			_
Ma	the I	RS discuss th	us return	with the preparer show	n above? (see ir	istructions)				X Y	res	No

Form	1990 (2009) Friends of the International School of	87-07	<u> 12923 </u>		Page 2
Pa	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
•	See Schedule 0				
	See Schedule O				
	Did the organization undertake any significant program services during the year which were not listed on the	Drior		_	
2		prior	п.,	T.	
	Form 990 or 990-EZ? .		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? .	Yes	s X	No
_			□	نت -	
_	If 'Yes,' describe these changes on Schedule O.	_			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses. S	ection 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported.	ocations to t	outers, the	lulai	
	expenses, and revenue, if any, for each program service reported.				
		<u>-</u>			
4.	(Code.) (Expenses \$ 7,930. including grants of \$) (F				
40					'
	School and Community Development provides funds for specialist i				
	scholarship for IB World Student Conference, community service d	ay, Hub	Club,		
	counseling & career development, back to school picnic, field da	V. COMMI	inity		
	development, coffee house for high school, clothes closet, 9th q				
	scholarships, senior graduation party, school socials, senior cl	<u>ass exp</u> e	<u>ense, a</u>	and_	
	school directory-printing cost.				
	7 270				
40	(Code:) (Expenses \$	kevenue Ş			
	Curriculum Development provides funds for curriculum enhancement	<u>, depar</u> t	tment o	<u>grant</u>	<u>s,_</u>
	science fair, Dragon time, and new copier for ISB.				
					· – – –
					-
					_
40	(Code:) (Expenses \$) (F	Revenue \$)
	Intercultural programs provide honorarium for speakers, intercul	tural a	ftc (I +	1221
		curar q	1177	Jurce	<u>rar</u>
	week, and exchange visitor gifts.				
					. _
					
4d	Other program services (Describe in Schedule O.)				
				1	
	<u> </u>		·	,	
<u>4e</u>	Total program service expenses ► 17,047.				

Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 X Schedule C. Part II 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 5 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 Х 6 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 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 Х q Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х Yes,' complete Schedule D, Part V 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х 11 X as applicable 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 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 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 statement for the tax year? If 'Yes,' complete Х 12 Schedule D, Parts XI, XII, and XIII Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax 12 A Х 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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 14h 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 Х 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 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

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

19 20 X

Part IV Checklist of Required Schedules (continued) Yes Nο 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 22 Х IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 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 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d 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 disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 X Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 **37** X

38 BAA

Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 1a Information Returns Enter -0- if not applicable 0 1b 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 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b 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 Х **3**a this return? 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282? 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? ... 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11_b 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 12b b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

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.

Sec	ction A. Governing Body and Management							
			Yes	No				
1 a	a Enter the number of voting members of the governing body	8						
Ŀ	b Enter the number of voting members that are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee or key employee?	ny other 2		х_				
3	Did the organization delegate control over management duties customarily performed by or under the direct s of officers, directors or trustees, or key employees to a management company or other person?	supervision 3		х				
4	Did the organization make any significant changes to its organizational documents	4		Χ				
	since the prior Form 990 was filed?	İ						
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		Х				
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
E	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	71	,	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following.	e year by						
a	a The governing body?	88	ı	<u> </u>				
t	b Each committee with authority to act on behalf of the governing body?	81	,	Х				
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	at the 9		x_				
Sec	ction B. Policies (This Section B requests information about policies not required by	the Internal						
Reve	venue Code.)							
			Yes	No				
10 a	a Does the organization have local chapters, branches, or affiliates?	10 a	 	Х				
t	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?	affiliates,						
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the f		X	<u> </u>				
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Sch			,				
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X					
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give r to conflicts?	121	Х	<u> </u>				
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' des Schedule O how this is done	120	<u> </u>	X				
	Does the organization have a written whistleblower policy?	13		X				
14	Does the organization have a written document retention and destruction policy?	14	ļ	X				
15	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	pendent						
	a The organization's CEO, Executive Director, or top management official .	15 a		X				
Ŀ	b Other officers of key employees of the organization .	15t	1	X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit entity during the year?	h a taxable		х_				
k	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its p in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements?	participation o's exempt						
Sec	ction C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed None							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(inspection. Indicate how you make these available. Check all that apply.	3)s only) available	for pul	blic				
	Own website Another's website X Upon request							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of statements available to the public. See Schedule O			cıal				
	State the name, physical address, and telephone number of the person who possesses the books and record		on.					
•	► Darlene Gastineau 17770 SW Blanton Street Aloha OR 97007 (503) 259	-3800						

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. Report compensation for the calendar year ending with or within the organizations'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.

|X| Check this box if the organization did not compensate any current officer, director, or trustee. (A) (c) (D) (E) **(F)** Reportable compensation from related organizations (W 2/1099 MISC) Average Position (check all that apply) Estimated amount of other Name and Title Reportable compensation from hours per week Individual Institutional trustee Key employee Highest compensated the organization (W 2/1099 MISC) compensation director from the organization and related organizations trustee Sheila Baumgardner 0. 0 0. 0 Ex-Officio Dir. Isabel Cates 0. 0 0. Member-At-Large Bob Beard 0. 0 3 X 0. Secretary Darlene Gastineau 0 0. 0. Treasurer 10 <u> Steve Graham</u> 0 0. X 0. President 4 Miland Khare 0. X 0. 0 Vice President 0.5 Amy Morris Volunteer Coord 10 0. 0 0. Mary Scalone 8 X 0. 0 0. Volunteer Coord Roxanne Ushman 0. 0 0. Vice President 2

Forn	990 (2009) Friends of the Internation	nal S	Sch	00.	L o	f				87-077292	
Pa	t VII Section A. Officers, Directors, Trus	tees, l	Key	Er	npl	oye	ees	, an	d Highest Co	mpensated Em	ployees (cont.)
	(A)	(B)			(4				(D)	(E)	(F)
	Name and Title	Average hours per week			Officer	_	Mighest 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
									_		
		 				_					
											
		<u> </u>				_	_			-	
		<u> </u>			L	L	Ш	Ļ			
	Total Total number of individuals (including but not limited from the organization 0	to thos	e lis	led	abo	ve)	who	rece	0. erved more than \$	0. 100,000 in reportab	0. le compensation
	from the organization > 0				_						Yes No
3	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, k	ey e	mpl	oye	e, o	r hıg	hest compensate	d employee	3 X
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com 0,000	pen)? <i>Ii</i>	satı Ye	on a	and o	othe elete	r compensation fr Schedule J for su	om ich	4 X
5	Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa edule J	ation for s	froi such	m ai pei	ny u rsor	inrel	ated	organization for	services	5 X
Sect	on B. Independent Contractors								-		
1	Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent (cont	ract	ors	that	received more that	an \$100,000 of	
	(A) Name and business address	s							(B Description o) of Services	(C) Compensation
									_		
									<u> </u>		
									- . , -		
2	Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not I	ımıte	ed to	the	ose	liste	d ab	Love) who received	d more than	
	w 100,000 in compensation from the organization	<u> </u>								l	

Form 990 (2009)

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). (D) Fundraising (B) (A) Management and Program service Do not include amounts reported on lines Total expenses general expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. 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 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 0 0 0 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0. 0 0 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying e Prof fundraising svcs. See Part IV, in 17 f Investment management fees g Other 12 Advertising and promotion Office expenses 13 Information technology 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance 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.) 7,930. a School Community Development 7,930 7,372 7,372 ь Curriculum Development 2,357. 2,357 c Appreciation Expense 1,745 745. d Intercultural Programs <u>1,2</u>91 1,291 e Administrative Expenses 35 35. f All other expenses 0. 20 730 17,047 3,683 25 Total functional expenses. Add lines 1 through 24 | If following Joint costs. Check here SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

	art X		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	28,490.	1	32,451.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
S	7	Notes and loans receivable, net.		7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other basis. 10a			
	ĺ	Complete Part VI of Schedule D			
	b	Less, accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	-
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,490.	16	32,451.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	_	21	-
ABILI	22				<u> </u>
Ť		of Schedule L		22	
Ė	23			23	
ŭ	24			24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	_ 0 .
N		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ē		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
Š	28	Temporarily restricted net assets		28	
SET'S	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete			
		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds	28,490.	32	32,451.
BALANCES	33	Total net assets or fund balances.	28,490.	33	32,451.
Ĕ	34	Total liabilities and net assets/fund balances.	28,490.	34	32,451.
BA		Total habilities and flet assets/fame balances.			Form 990 (2009

form 990 (2009) Friends of the International School of 87-0772	923	Pa	age 12
Financial Statements and Reporting Yes Inting method used to prepare the Form 990. X Cash Accrual Other Organization changed its method of accounting from a prior year or checked 'Other,' explain edule O. The organization's financial statements compiled or reviewed by an independent accountant? 2a the organization's financial statements audited by an independent accountant? 1 to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant?			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash 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		X_
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c 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?	, <u>2c</u>		
If the organization changed either its oversight process or selection process during the tax year, explain			ŧ

Х

3a

Form 990 (2009)

b 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.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Consolidated basis Both consolidated and separate basis

ın Schedule O.

BAA

Separate basis

TEEA0112L 02/05/10

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 Inspection

Employer identification number

lame (of the		nds of the Interton	ernational Scho	ol of				l · ·	identificat 772923	tion number 3			
Par				s (All organizations	must	compl	ete thi	s nart						
				se it is. (For lines 1 through					.) 000	1115(140	20013			
1	iya 	•		ociation of churches desc										
2	Н	•		(Attach Schedule E		Secuon	170(5)(1	//·//·/·						
3	Н		, , , , , ,	e organization described in	•	n 170/h\	/1VAViii	`						
4	Н		•	d in conjunction with a ho					ጉ ህ1∨Δ\	iii) Ent	er the hospital's			
4	Ш		•	a in conjunction with a no	spital ut	53011000	III SCCU	011 175(er the hospital's			
5		name, city, and sta An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in section			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		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)(xi). (Complete Part II.)												
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	X	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 organization org	janized and operated	exclusively to test for put	olic safet	ly. See	section !	509(a)(4	l).					
11		An organization org more publicly supported	panized and operated orted organizations d	exclusively for the benefi escribed in section 509(a) ation and complete lines	t of, to p)(1) or s 11e thro	erform ection 5 ough 11t	the funct 09(a)(2).	tions of See s e	, or carr ection 5	y out the)9(a)(3).	e purposes of one or Check the box that			
		a Type I	b Type II		– Fund					d \sqcap	Type III- Other			
е		By checking this bo	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	d direct	lv or ind	rectly by	one o	r more o d in sect	lisqualifi ion 509(ed persons other (a)(1) or section			
f		If the organization is check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	r Type	III supp	orting or	rganization,			
g		Since August 17, 20	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any of	the fol	lowing p	ersons?	Yes No			
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)			
		(ii) a family mem	ber of a person desc	ribed in (i) above? .							11 g (ii)			
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)			
h		Provide the following	ig information about t	he supported organization	ns.				,					
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	(v) Did yo the organ col (your su	ization in i) of	organızat (i) organı	s the on in col zed in the 3.7	(vii) Amount of Support			
					Yes	No	Yes	No	Yes	No				
•														
														

Sche	edule A (Form 990 or 990-EZ) 2009	Friends	of the Inte	rnational :	School of	87-0772923	
Pai	t II Support Schedule for	•)(b)(1)(A)(iv) a	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)	 		
	tion A. Public Support		1	<u> </u>	<u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	_					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5						
Sec	tion B. Total Support		<u> </u>	t ,,,,	·		
ale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	nning in) È	(a) 2003	(8) 2000	(6) 2007	(4) 2000		
7	Amounts from line 4	, <u>-</u>		<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activity	ities, etc. (see ins	tructions)	<u> </u>	<u> </u>	12	
13	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	• •	•	e 11, column (f)		14	<u>%</u>
	Public support percentage from 2			•		15	%_
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, chec	k this box
Ŀ	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o licly supported or	in line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, chec	ck this box
17 a	10%-facts-and-circumstances tender more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	' test, check this	box and stop here	. Explain in Part IV	how
t	o 10%-facts-and-circumstances test or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	' test, check this	box and stop here	. Explain in Part IV	how the
18	Private foundation. If the organiz	ation did not che	ck a box on line.	13, 16a, 16b, 17a.	or 17b, check this	s box and see instr	uctions >

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2009 Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 0. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 0. 0. 0. 0. 0. 0 0. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified 0. 0 0 0. 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0. 0 0 0 0 0 year 0 0. 0. 0 0 0 c Add lines 7a and 7b 8 Public support (Subtract line 0. 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) 0 0 0. 0 0. 0. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 0. b Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 0 0 0 0. 0 0. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) 0. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. X Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A	(Form	990 or 9	990-EZ	2009	Fr	iend	s of	t th	e I	nter	<u>nati</u>	.onal	Scho	ol	of	87-	0772	923		Page 4
Part IV	Supp	lemer	ıtal İr	forma	tion.	Com	plete	this	par	t to p	provid	de the	expla	natio	ons r	equire	by F	art II,	line 1	0;
	Part	II, line	I/a	or I/b	; and	Part	: III, I	ine	2. F	rovic	de an	y otne	er add	ition	al ini	formation	on. S	ee ins	tructio	ns.
															<i>-</i>					
- -																			-	
																			-	
												_		_						
					~														. .	
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																				- -

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization Friends of t	he Interna	tional	Schoo	1 of	Employer identifica	ation number
Beaverton	ne Incerna	CIUNAI	301100	1 01	87-077292	3
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organ	ization and	swered 'Ye t.	es' to Form 990, Part IV	, line 17.	
1 Indicate whether the organization				wing activities. Check a	all that apply.	
Mail solicitations				Solicitation of non-	government grants	
Internet and email solicitations	;			Solicitation of gove	rnment grants	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme	nt with any	y individua	l (including officers, dire	ectors, trustees or key	Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent le organization.	ities (fundi	raisers) pu	rsuant to agreements u		er is to be
(i) Name of individual	(ii) Activity	Ciii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	have custor	dy or control ibutions?	from activity	fundraiser listed in	(or retained by)
	of				col.(ı)	organization
	J	Yes	No		J .	
		↓				
		 	-		- -	
·	<u> </u>					
		 				
	1					
		<u> </u>		-		
		ļ				
		 				
Total			>			0.
3 List all states in which the organiza	ation is registere	ed or licen	sed to soli	cit funds or has been no	otified it is exempt from	registration
or licensing.						
~~~~~~~						
~						
				<del>-</del>		
	_ <b></b>	<b>-</b>				<b></b>

Pai	1]]	Fundraising Events. Complete it reported more than \$15,000 on F	f the organization a form 990-EZ, line (	answered 'Yes' to F Sa. List events with	form 990, Part IV, gross receipts gre	line 18, c ater than	า ว า \$5.(	000.
RE			(a) Event #1 Dragon Run (event type)	(b) Event #2 Pie Sales (event type)	(c) Other Events	(d) Tota (Add col	al Ever	nts
	1	Gross receipts	13,244.	8,395.			21,6	539.
Ē	2	Less Charitable contributions	553.					553.
	3	Gross income (line 1 minus line 2)	12,691.	8,395.			21,0	)86.
	4	Cash prizes						
	5	Noncash prizes .						
DIRECT	6	Rent/facility costs		·				
	7	Food and beverages .						_
X	8	Entertainment.				_		
EXPERSES	9	Other direct expenses	1,273.	4,601.			5,8	374.
S		Direct expense summary. Add lines 4- th Net income summary. Combine lines 3, c	•		<b>&gt;</b>		5,8 15,2	374. 212.
Par		Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	eported n		
REVENUE	-	<u> </u>	(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	al gamı (a) thro . (c))	ng ough
E E	_ 1	Gross revenue						
E D X I P	2	Cash prizes						
D P E N C T S	3	Non-cash prizes						
s	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		<b>•</b>			
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	ine 7	▶		,	
9	Ente	er the state(s) in which the organization opi	erates gaming activities				YES	NO
а	ls th	e organization licensed to operate gaming o, explain.	· ·			9a		
U		o, explain. 			· <b>-</b>			
		e any of the organization's gaming licenses	s revoked, suspended o	r terminated during the	tax year ²	10a		
D		es,' explain. 						
11	Doe	s the organization operate gaming activities	s with nonmembers?					
12	ls th	e organization a grantor, beneficiary or tru inister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2009 Friends of the International School of

87-0772923

Page 2

Schedule G (Form 990 or 990-EZ) 2009 Friends of the International School of	87-077292	<u> </u>	Page 3
,		YE	s NO
13 Indicate the percentage of gaming activity operated in.	1		
= 1110 01gameation 0 tability	8a %		
D'All outside facility	3b %		
14 Enter the name and address of the person who prepares the organization's gaming/special events be	ooks and records		
Name. ►			
Address: -			
15a Does the organization have a contact with a third party from whom the organization receives gaming		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
c If 'Yes,' enter name and address of the third party.			
Name. ►			
Address. ▶			
16 Gaming manager information			‡ ‡
Name. ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?		17a	<u> </u>
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	tions or spent in the		
organization's own exempt activities during the tax year. 🕨 \$	<u> </u>		1
BAA TEEA3703L 02/05/10	Schedule G (Form 99	u or 990-E	:८) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization Friends of the International School of Beaverton	Employer identification number 87-0772923
Form 990, Part III, Line 1 - Organization Mission	
To inspire, inform and support an internationally centered education at the	
International School of Beaverton in the Beaverton School District. This mission	
may be expressed, and is not limited to,	
(a) Fundraising and resource development to support the ISB, its projects and	
programs, and the projects and programs of its students;	
(b) Enhancing of the school's basic curriculum through volunteerism in the school	
and student enrichment programs in cooperation with the school's administration and	
staff;	
(c) Modeling the positive skills and behaviors that contribute to a balance of	
environmental, social, and economic responsibilities in the school, the community	
and_the_larger_world	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Treasurer reviewed the 990 with the Friends of the International School of	
Beaverton Board of Directors at a regularly scheduled board meeting.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The financial records of the Friends of the International Scho	ol of Beaverton are
public information and shall be made available to the Membership, Board Members, and	
the public upon reasonable notice, defined as five (5) business days.	
	<b></b>