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990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2011 calendar year, or tax year beginning 7/1/2011 and ending 6/30/2012 C Name of organization D Employer identification number Check if applicable Istanbul International Community School Doing Business As Address change 13-3321837 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return (609) 452-0990 PO Box 5910 Terminated City or town, state or country, and ZIP + 4 08543 G Gross receipts \$ Amended return 14.826.219 F Name and address of principal officer Yes X Application pending H(a) Is this a group return for affiliates? Roger Hove 15 Roszel Road (PO Box 5910), Princeton, NJ 08543-591 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status) (insert no) Website: ► None H(c) Group exemption number ▶ X Corporation L Year of formation 1987 K Form of organization Trust Association Other > M State of legal domicile NJ Part I Summary Briefly describe the organization's mission or most significant activities: The primary purpose is to provide teachers and administrators as well as facilities and equipment, including dormitories, Activities & Governance faculty and administrative services for a primary and secondary school in Istanbul, Turkey. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 36 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7h 0 Prior Year **Current Year** 0 8 Contributions and grants (Part VIII, line 1h). 14,421,227 9 Program service revenue (Part VIII, line 2g). 13,112,433 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 312,824 404.992 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 14,826,219 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,425,257 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 02 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 8,772,753 9,780,299 16a Professional fundraising fees (Part IX, column (A)/Time 11e). b Total fundraising expenses (Part IX, column (D), line 250 17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 4,186,992 4,582,208 Total expenses Add lines 13-17 (must equal #att X, column (A 18 12,959,745 14,362,507 Revenue less expenses Subtract line 18 from line 12. EA 19 465,512 463,712 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 17,797,407 17,507,828 21 Total liabilities (Part X, line 26) 11,162,991 10,409,700 22 Net assets or fund balances Subtract line 21 from line 6,634,416 7,098,128 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of g Here Roger G Hove, President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only**

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

May the IRS discuss this return with the preparer shown above? (see instructions).

Firm's address ▶

Yes

Phone no

	990 (2011) . Istanbul International Community School	13-3321837	Page 2
Pa	art.III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III .		[]
1	Briefly describe the organization's mission.		
	The primary promote is to provide to observe and administrative as well as facilities and		
	equipment, including dormitories, faculty and administrative services for a primary and		
	secondary school in Istanbul, Turkey.		
	**************************************	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were	e not listed on	
-	the prior Form 990 or 990-EZ?		es 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	
	•	f 1	es X No
	services? If "Yes," describe these changes on Schedule O.		es 🔼 NO
			ad b
4	Describe the organization's program service accomplishments for each of its three largest p		
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are		nt or
	grants and allocations to others, the total expenses, and revenue, if any, for each program	зегисе геропеа	
	(O to) (F) (O) (A 400 0 (A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		404.007.
4a			
	Operation of a primary and secondary school for international community of Istanbul, Turke	ey The	
	school provides teachers and administration as well as facilities. Approximately 575 studen		
	served		
	**		

4b	(Code) (Expenses \$ 0 including grants of \$	0) (Revenue \$	0)

		- 	
		- 	
		- 	
4c	(Code) (Expenses \$ 0 including grants of \$	0) (Revenue \$	0)
		- 	

	•••••••••••••••••••••••••••••••••••••••		

4d	Other program services (Describe in Schedule O)		
70	· · · · · · · · · · · · · · · · · · ·	0)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	<u> </u>	

			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 (see instructions)?	2		X
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		-^-
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		×
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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	, \$4 		, * \$
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	111		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		X
С	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	11c		х
d	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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Χ	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40.		
h	Schedule D, Parts XI, XII, and XIII	12a	_X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(\mathfrak{n})? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		X
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, Parts III and IV	16		X
17	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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
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	40		_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		 ^

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		X
	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		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 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	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	0 2000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	353	<u>स्त्राप्त्र</u>	£ 4.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			,
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		X
J 1	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	:	х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		х
38	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	38	Х	

Form 990 (2011) · Istanbul International Community School 13-3321837 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V. Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 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. (see instructions) * За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3<u>a</u> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)?. Х 4a If "Yes," enter the name of the foreign country See instructions for 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? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? . . . 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year ... 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 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 holdings at any time during the year? . 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?. 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 ... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders а 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand .

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011)

13a

13b

		321837		age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and it			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See in	struct	<u>ions</u> .
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	14		
	If there are material differences in voting rights among members of the governing body, or	- 1		1
	if the governing body delegated broad authority to an executive committee or similar	1.4		#
	committee, explain in Schedule O.	10	334	
þ	Enter the number of voting members included in line 1a, above, who are independent .	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2	X	100
3	Did the organization delegate control over management duties customarily performed by or under the direct		\sqcap	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	į	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		100	. 23
	the year by the following		7.5	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.	·	
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	├ ─	<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	400		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	10b	-	┼──
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> ×</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	-	╁┷
12a	, , , ,	12a		├
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	? 12b	X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	420	х	1
42		12c	 ^	╁
13	Did the organization have a written whistleblower policy?	13	├	X
14 15		14	 	 ^
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.	
9	The man of the OFO First I. D	15a	·	X
a h	Other officers or key employees of the organization .	15a		 ^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	-	 ^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	١.		
IVa	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	\vdash	 ^ -
D.	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	*		
	the companyation of a company at a total control of the control of	16b		- J
Sect	ion C. Disclosure			Ь
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	11(c)(3)	only	· · · · · ·
. •	available for public inspection. Indicate how you made 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 made its governing documents, conflict of inter	est		
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the		
	organization International Schools Services, Inc. (609) 452			
	15 Roszel Road, Princeton, NJ 08540			

Form 990 (2011)	' Istanbul International Community	School								13-33218	37 Page 7
Part VII	Compensation of Officers, Dire		es, K	еу	Em	plo	yee	s, H	ighest Comp	ensated	
	Employees, and Independent C	ontractors									
	Check if Schedule O contains a re	esponse to any	y que	stic	n II	n th	is Pa	art \	/II		
Section A.	Officers, Directors, Trustees, Key I	Employees, and	d Hig	hes	t Co	omp	oens	ated	Employees		
1a Complete organization's	this table for all persons required to be tax year.	elisted Report	comp	ens	atıo	n fo	r the	cal	endar year endi	ng with or within	the
List all	of the organization's current officers,	directors, truste	es (w	heth	ner i	ındı	vidua	ls o	r organizations)	. regardless of a	mount
	ion. Enter -0- in columns (D), (E), and		•						, g ,	, · · · .	
 List all 	of the organization's current key empl	loyees, if any. S	ee in:	stru	ctio	ns f	or de	finit	ion of "key emp	loyee."	
List the	organization's five current highest co	mpensated emp	ploye	es (othe	er th	nan a	n of	ficer, director, tr	ustee, or key en	nployee)
	reportable compensation (Box 5 of Fo	orm W-2 and/or	Box 7	of	For	m 1	099-1	MIS	C) of more than	\$100,000 from	the
organization a	and any related organizations										
	of the organization's former officers, k								d employees wh	no received more	e than
	eportable compensation from the orga		-		_						
	of the organization's former directors								•		of the
_	more than \$10,000 of reportable comp			-				-	-		
	n the following order individual trustee		nstitu	tion	al ti	rust	ees,	offic	ers, key employ	ees, highest	
	employees; and former such persons										
Check th	is box if neither the organization nor ai	ny related organ	nzatio	on c	omp	pen	sated	an	y current officer,	director, or trus	tee.
					(0	C)					
	(A)	(B)	/do r	at at		ition	than		(D)	(E)	(E)
	(A) Name and Title	(B) (do not check more than one (D) Average box, unless person is both an Reportable						(E) Reportable	(F) Estimated		
		hours per week		T			or/trus		compensation from	compensation from related	amount of other
		(describe	or d	Insti	Officer	Fey ey	뺽	Forme	the	organizations	compensation
		hours for related	Individual I	tto	g	employee	loye	ğ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations	9 5	ž		οğ	l ë S		(***271033-141100)		and related
		in Schedule O)	Individual trustee or director	Institutional trustee		1 8	pen				organizations
] -,		æ		1	Highest compensated employee				
(1) Mithat (Ozbak							 -			
Chairperson	JZDCN	5 00	X		x				٥ ا	l o	0
(2) Robert	Romain	3 00	 ^	_	<u> </u>	-		\vdash			
Vice Chairper		5 00	х		x			ł	О	0	0
(3) Ritta H		- 000	<u> </u>	f							
Secretary		5 00	x		x				l 0	l o	o
(4) Marco	Votta							 			
Treasurer		5.00	x		X		ļ		l o	l o	o
(5) Melis A	laluf			İ				\vdash			
Director		5.00	Х	ļ					l o	l o	o
(6) Erhan I	Batuk								"		
Director		5 00	Х						0	o	0
(7) Natash	a Bierman Bonnevalle							$\lceil \rceil$			
Director		5 00	Х	L	L	L		<u>_</u>	О	0	0
(8) Laurie	Levi							Γ			

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104,885

33,460

Director

President

Director

Director

Director

(9) Roger G Hove

(10) Deirdre A Simon Asst.Secretary/Treasurer

(11) Peter Welch

(12) Georgina Haslemore

(13) Judy Bleil Saruhan

(14) Hans Wechsel

ExOfficio Director

0

0

0

hours per officer and a director/trustee) compensation compensation week 이 하 등 이 자연 보기 from from (describe 이 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기	(E) operation or related nizations 099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and title (B) Average hours per week (describe hours for related organizations in Schedule O) (D) (E) (portable pensation related nizations	Estimated amount of other compensation from the organization and related
(describe hours for related organization in Schedule Organization (W-2/1099-MISC) (15) (16) (17) (18) (20) (21) (22) (23)	nizations	compensation from the organization and related
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25)		
(17) (18) (19) (20) (21) (22) (23) (24) (25)		
(18) (19) (20) (21) (22) (23) (24) (25)		
(19) (20) (21) (22) (23) (24)		
(20) (21) (22) (23) (24) (25)		
(21) (22) (23) (24) (25)		
(22) (23) (24) (25)		
(23) (24) (25)		
(24)		
(25)		
10 24E		
	0	0
d Total (add lines 1b and 1c)	0	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization 1	00 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Yes No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	2	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.	ıal	5 X
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the organization.		's tax
(A) (B) Name and business address Description of services	Cc	(C) ompensation
		0

0 0 0 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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)

	Check if Schedule O contains a response to any	question in this Pa	rt IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	<u> </u>		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				377
	organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4		0			
5	Benefits paid to or for members	- 0			
•	trustees, and key employees	104,886	104,886		
6	Compensation not included above, to disqualified	104,000	104,000		<u>-</u>
	persons (as defined under section 4958(f)(1)) and	1		•	
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	9,374,291	9,374,291		_
8	Pension plan accruals and contributions (include		., .		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	301,122	301,122		
11	Fees for services (non-employees)	_			
a	Management	0			
b	Legal	0		04.000	
d	Accounting	34,000	<u> </u>	34,000	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees		, ** ** * ()	32 38 48 58 58 58 58 58 58 58 58 58 58 58 58 58	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	189,050	189,050	·	
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0		<u> </u>	
19	Conferences, conventions, and meetings	0	045.000		
20 21	Interest	315,832	315,832		
22	Depreciation, depletion, and amortization	353,713	353,713	Ō	0
23	Insurance	333,713			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		4		
	(A) amount, list line 24e expenses on Schedule O)				
а	Currency Translation Loss	-78,304		-78,304	
b	Support and business office	1,323,597	1,323,597		
С	Maintenance of plant	2,444,320	2,444,320		
d		0			
	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	14,362,507	14,406,811	-44,304	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

(A) (B) Beginning of year End of year Cash—non-interest-bearing. 1 2 Savings and temporary cash investments 5,496,110 5,860,950 2 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . . . 62,365 80,097 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net . . . 0 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges. 591,388 9 343,811 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 16,119,283 **b** Less. accumulated depreciation . . 10b 4.696.451 11,095,152 10c Investments—publicly traded securities . . . 11 11 12 Investments—other securities. See Part IV, line 11 ol 12 0 13 Investments—program-related. See Part IV. line 11 O. 13 14 ol 14 0 Other assets. See Part IV, line 11 15 187,552 15 164,978 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,797,407 16 17,507,828 17 Accounts payable and accrued expenses . 1,192,472 17 1,372,633 18 Grants payable 18 19 Deferred revenue. 4,227,652 3,903,923 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 5,264,203 23 4.932.204 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 478,664 200,940 25 Total liabilities. Add lines 17 through 25 11,162,991 26 10,409,700 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 6,634,416 27 7,098,128 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances 6,634,416 33 7,098,128 Total liabilities and net assets/fund balances 17,797,407 17,507,828

-Orm :	1990 (2011) Istanbul International Community School	13-	3321837	Pag	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>3,219</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	1,362	2 <u>,507</u>
3	Revenue less expenses Subtract line 2 from line 1	3		463	<u>3,712</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	3,634	<u>,416</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7 NGF	3,128
Part		<u> </u>	<u>'</u>	,000	, 120
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			, ,	w 3
	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		Х
þ	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	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			3.53	11.
	Schedule O			1 1 2 6	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		3 4		"
	issued on a separate basis, consolidated basis, or both		* .	·	100
	Separate basis X Consolidated basis Both consolidated and separate basis		'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	ł	х
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		3b		
			Form	990	(2011)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

Istar	bul li	nternational C	Community Scho	ool						13-33	321837		
Pa	rt I	Reason	for Public Ch	arity Status (All org	anızatio	ns must e	complete	this par	t) See ir				
The	o <u>rga</u> r			ation because it is (Fo									
1	\sqcup			rches, or association of			ed in se c	tion 170	(b)(1)(A)(i	i).			
2	M			on 170(b)(1)(A)(ii). (A									
3				hospital service organi									
4			esearch organiza ame, city, and st	ation operated in conju ate	unction wi	th a hosp	ıtal descrı	bed in se	ction 170)(b)(1)(A)	(iii). En	ter the	·
5				r the benefit of a colle (Complete Part II.)	ge or univ	ersity owi	ned or op	erated by	a govern	mental ur	nit desc	rıbed	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7				ly receives a substanti (1)(A)(vi). (Complete		its suppo	rt from a (governme	ental unit d	or from th	e gener	ral pub	lic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II)						
9		receipts from support from	n activities relate n gross investme	ly receives: (1) more the document to the exempt function and unrelated after June 30, 1975	ons—sub ted busin	ject to cer ess taxab	tain exce le income	ptions, ar e (less sec	nd (2) no rection 511	more than	33 1/3	% of it	
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee sectio	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												
е		By checking persons other	this box, I certif	y that the organization on managers and othe	is not co	ntrolled d	rectly or	indirectly		more dis	qualıfie	d	
f		If the organiz	zation received	a written determination	n from the	RS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
		organization	, check this box										
g				the organization acce	pted any	gift or cor	tribution	from any	of the				
		following per			-141					. , .			
				or indirectly controls, verning body of the su				persons	described	l in (ii)	44-0	Yes	No
				person described in (i		ngamzatic	, , , , , , , , , , , , , , , , , , ,	• •		-	11g(i) 11g(iı)		
				y of a person describe	•	(II) above	? .				11g(iii)	<u> </u>	
h				ation about the suppor							_ · · · 3 (· · · /	·	
(1)		of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	you notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S ?) Amoun support	
					Yes	No	Yes	No	Yes	No			
(A)													
(B)			 			ļ <u> </u>		_	-	ļ			0
				,									0
(C)													0
(D)													0
(E)													0
Tota	l		· 1855 1 1854 1 1854										0

instructions

Par	Support Schedule for Organizate (Complete only if you checked the							ınder
	Part III. If the organization fails to							
	ion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							0
2	Tax revenues levied for the organization's 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	o	0	0	0		0	0
5	The portion of total contributions by each		3 .	,				
	person (other than a governmental unit or publicly supported organization)	, , , , , , , , , , , , , , , , , , , ,				, , }		
	of the amount shown on line 11, column (f)			* * * *		* * *		
6	* *		7. (34.9)	1288866	<u></u>		- 3	
_	Public support. Subtract line 5 from line 4 ion B. Total Support	3,533888 7	, ^ % 🐺		·			0
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 2010	(0) 2011		(f) Total
	Amounts from line 4				(d) 2010	(e) 2011		
7 8		0	0	0	0		- 이	0
0	Gross income from interest, dividends,							
	payments received on securities loans,				:		- 1	
	rents, royalties and income from similar							•
9	sources Net income from unrelated business							0
9	activities, whether or not the business is							
	regularly carried on		-					0
10	Other income Do not include gain or						\dashv	0
10	loss from the sale of capital assets							
	(Explain in Part IV)		:					0
11	Total support. Add lines 7 through 10							0
12	Gross receipts from related activities, etc. (s	see instructions	.\			12		
13	First five years. If the Form 990 is for the o			rd fourth or fif	th tay year ac		21(c)	(3)
. •	organization, check this box and stop here		st, scoond, till	ia, ioaitii, oi iii	iii lax yeai as i	a section se) i(C)	(S) _ [
Soci			· ·	•	• • •	•		<u> </u>
<u>3eci</u> 14	ion C. Computation of Public Support		lad builta a 44					0.000/
15	Public support percentage for 2011 (line 6,			column (1))	•	14		0.00%
16a	Public support percentage from 2010 Scheo 33 1/3% support test—2011. If the organiz				 44:- 22 4/2	15		0 00%
IVa	and stop here. The organization qualifies a				rie 14 is 33 1/3	on more	, cne	
b					 and line 15 is 3		mara	
b	33 1/3% support test—2010. If the organiz box and stop here. The organization qualifi				and line 15 is 3		more	. P
17a	10%-facts-and-circumstances test—2011 is 10% or more, and if the organization meet Part IV how the organization meets the "fac organization".	ets the "facts-ar ts-and-circums	id-circumstanc tances" test. Ti	es" test, check he organizatior	this box and s qualifies as a	top here. E publicly su	Expla ippor	iin in ted ▶ □
b	10%-facts-and-circumstances test—2010 15 is 10% or more, and if the organization in Part IV how the organization meets the "fac supported organization"	neets the "facts	-and-circumsta	ances" test, ch	eck this box an	d stop her		
18	Private foundation If the organization did	not check a box	v on line 13 16	sa 16h 17a o	r 17h chack th	is hov and	600	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 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 its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
р	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						0
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(. ▶ 🗌
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2011 (line 8, column	• •	e 13, column (f)	•	•	15	0 00%
16 Sec	Public support percentage from 2010 Schedule A, tion D. Computation of Investment Inco					16	0 00%
17	Investment income percentage for 2011 (line 10c,			ımn (fl)		17	0.00%
18	Investment income percentage from 2010 Schedu	le A, Part III, line	17.			18	0.00%
19a b	33 1/3% support tests—2011. If the organization not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	ere. The organiz	ation qualifies as	s a publicly suppo	orted organizatio	n	▶ 🗆
-	line 18 is not more than 33 1/3%, check this box a						▶ 🗌
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ons	. ▶□

	n 990 or 990-EZ) 2011 Istanbul International Community School	13-3321837	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require		
	Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional instructions).	al information. (S	See
		·	
	•••••	· · · · · · · · · · · · · · · · · · ·	
		• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
			
			
			
		•••••	
. 			
		• • • • • • • • • • • • • • • • • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

Employer identification number

	oul International Community School	13-3321837
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year .	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private benefit?	Yes No
Part		Form 990 Part IV line 7
		or orm 950, raitiv, mie 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation o	f an historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year	
	The state of the state of the state year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	L
_	during the tax year	·····a····
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	. handling of
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ments during the year
	► \$	g are year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	the organization's accounting for conservation easements.	and a catemant that a control
Par		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Jimmar 7.000to.
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	
	works of art, historical treasures, or other similar assets held for public exhibition, educat	
	of public service, provide, in Part XIV, the text of the footnote to its financial statements to	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, educate	tion, or research in furtherance
	of public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X	. ► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar asset	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these i	tems [.]
а		
b	Assets included in Form 990, Part X	▶ \$

Part	III Organizations Maintaining C	ollections of Ar	rt, Histo	rical Trea	asures, or C	Other S	Similar Assets (continu	ued)	
3	Using the organization's acquisition, ac		er records	s, check a	ny of the follo	owing t	hat are a significa	nt		
	use of its collection items (check all tha	t apply)	_	1						
а	Public exhibition		d	Loan	or exchange	progra	ms			
b	Scholarly research		е	Other						
С	Preservation for future generation	าร								
4	Provide a description of the organization Part XIV.	n's collections an	d explain	how they	further the o	organiza	ation's exempt pur	rpose ır	1	
5	During the year, did the organization so assets to be sold to raise funds rather the			-		•		Ye	es 🔲	No
Part	IV Escrow and Custodial Arran IV, line 9, or reported an amou	-	•	_	ization ansv	vered '	"Yes" to Form 9	90, Pa	rt	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	stodian or other		•	ntributions or	r other	assets not	☐ Ye	,	No
b	If "Yes," explain the arrangement in Par				ile.			יי ∟	,s	, 110
-	res, explain the arrangement in real	comple) (C (110 10	noving tak	JIC.	<u> </u>	A	mount		
С	Beginning balance					10			•	0
d	Additions during the year					10				
е	Distributions during the year .					16)			
f	Ending balance					11				0
2a b	Did the organization include an amount If "Yes," explain the arrangement in Par		art X, line	21? .				Ye	es X] No
Part			ation ans	wered "Y	es" to Form	n 990.	Part IV. line 10			
		(a) Current year		or year	(c) Two years	T T	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0		0		0	·	;	F 75,0	1
b	Contributions							. inák	rigg.	· .
С	Net investment earnings, gains,						· 	1120		× .
	and losses							***, **.	· -	
d	Grants or scholarships							- *		``
е	Other expenditures for facilities					ŀ		l sta	i ,	'
	and programs				_			. 35	<u> </u>	***
f	Administrative expenses								<u> </u>	· .·
g	End of year balance	0		0		0	C)	Ĭą,^	
2	Provide the estimated percentage of the	e current year en		e (line 1g,	column (a)) l	held as				
a	Board designated or quasi-endowment	• · · · · · · · · · · · · · · · · · · ·	<u>%</u>							
b	Permanent endowment Temporarily restricted endowment	<u>%</u> %								
С	The percentages in lines 2a, 2b, and 2c		n0/.							
3a	Are there endowment funds not in the p	•		tion that a	re held and a	adminis	stered for the			
-	organization by	0330331011 01 1110	organiza	tion that a	iic ricio ario e	admini	stered for the	1	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations .				• •			3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz	ations listed as re	eauired o	n Schedu	le R?			3b		
4	Describe in Part XIV the intended uses		•					·		· · · · ·
Part	VI Land, Buildings, and Equipr	nent. See Form	1 990, Pa	art X, line	10					
	Description of property	(a) Cost or ot			st or other s (other)		Accumulated lepreciation	(d) Bo	ook valu	e
1a	Land		0		1,294,415		-		1,17	71,082
b	Buildings		0		12,021,875		3,243,901			71,795
С	Leasehold improvements .		0		364,019		114,186			19,833
d	Equipment		0		2,279,824		1,109,604		1,17	70,220
е_	Other		0		159,150		99,248		5	9,902
Total	. Add lines 1a through 1e (Column (d) n	nust equal Form !	990, Part	X, columi	n (B), line 10	(c))	•		11,42	22,832

Part VII Investments—Other Sec	curities. See Form 990, Part X,	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	. 0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	·
(C)	0	
(D)	0	
(E)		
(F) (G)	0	
(H)	0	
(l)	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 0	
	Related. See Form 990, Part X	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	,
(2)	0	
_(3)	0	
(4)	0	
(5)	0	
(6)	0	
	0	
(8)	0	
(9)	0	
(10) Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	
	000 Port V line 15	*
Part IX Other Assets. See Form		(h) Death relies
	(a) Description	(b) Book value
(2)		0
(3)		0
(4)		0
(5)		0
(6)		0
(7)		0
(8)		0
(9)		0
(10)		
Total. (Column (b) must equal Form 990, Pa		<u> ▶</u>] 0
Part X Other Liabilities. See Fo		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Termination and retirement liability	175,408	
(3) Other Liabilities	25,532	
	0	
(6)		
(7)	0	
(8)		
(9)	, o	
(10)	0	
(11)	Ö	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 200,940	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

•	Istanbul International Community School	13-3321837	
Schedule D (Form	990) 2011	<u> </u>	Page 5
Part XIV	Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
	•••••		
	•••••		
	•••••		
	• • • • • • • • • • • • • • • • • • • •		
			

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Part I

Istanbul International Community School

Employer identification number

13-3321837

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			ļ
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			Ç a
	brochures, catalogues, and other written communications with the public dealing with student admissions,	1		<u> </u>
_	programs, and scholarships?	2	X	_
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	135	N.Y	, "
	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			. ,
	describe If "No," please explain. If you need more space, use Part II	3	X	
	Non Discriminatory policy posted on website and on applications and student handbooks	* ;	-	
		^	, ,	ľ
		`	+, -	.
		, ^	2 3 · ·	,
4	Does the organization maintain the following?	. 5		*,
ъ а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	\ \frac{7\pi}{2}		
	nondiscriminatory basis?	4b	<u>x</u>	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
و.	with student admissions, programs, and scholarships?	4c	X	-
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	-
	in you disswered. No its daily of the above, please explain. If you need more space, use I are it		133	
		1	-	
5	Does the organization discriminate by race in any way with respect to	·	<u> </u>	
а	Students' rights or privileges?	<u>5a</u>	ļ	_X
b	Admissions policies?	5b		x
~	Transcripto pondico	55	-	<u> </u>
С	Employment of faculty or administrative staff?	5c		Х
	Out already as a second of the	١	ŀ	,
d	Scholarships or other financial assistance?	5d	 	X
е	Educational policies?	5e	\ 	×
	·			
f	Use of facilities?	5f	 	X
_	Athletic magazanas2			
g	Athletic programs?	5g	<u> </u>	X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.			
			ĺ	İ
				}
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Schedule E (F	orm 990 or 990-EZ) (2011)	Istanbul International Community School	13-3321837	Page 2
Part II		rmation. Complete this part to provide the explanations required by Pa		
	6b, and 7, as applica	able. Also complete this part to provide any other additional information	(see instruct	tions).
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See se

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Employer identification number

Istanbul International Community School 13-3321837 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (e) If activity listed in (d) is (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in offices in the émployees, region (by type) (e g, a program service, expenditures for agents, and describe specific type of and investments region fundraising, program independent service(s) in region in region services, investments. contractors grants to recipients located in the region) in region Europe 0 36 Program Services 14,090,979 School (1) 0 ol 0 ol (3) 0 O (4) 0 ol (5) 0 o (6) 0 0 (7) 0 0 0 (8) 0 (9) 0 0 (10)0 0 0 (11) 0 0 (12)0 0 0 (13)0 0 0 (14)(15)0 0 0 0 0 (16)(17)0 0 0 36 14,090,979 3a Sub-total **b** Total from continuation 0 0 sheets to Part I

ol

36

14,090,979

c Totals (add lines 3a and 3b)

Istanbr	Istanbul International Community School
Schedule F (I	Schedule F (Form 990) 2011
Part II	Part II 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. ▶ ☐
	Part II can be dunicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement																
(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization	(£)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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(c)(3) equivalency letter. Enter total number of other organizations or entities ~

Schedule F (Form 990) 2011

13-3321837

Page 3

Schedule F (Form 990) 2011

Part III Grants

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	grant or assistance (b) Region (c) Ni	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)		0	Ö		0		
(2)		0	0		0		
(3)		0	0 .		0		
(4)		0	0		0		
(5)		0	0		0		
(9)		0	0		0		
(2)		0	0		0		
(8)		0	0		0		
(6)		0	0		0		
(10)		0	0		0		, ,
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		
						Sched	Schedule F (Form 990) 2011

Part	IV	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qual <i>Retu</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, aim by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see ructions for Form 8621)	Yes	X No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships (see Instructions for Form 8865).	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713).	Yes	X No

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)
	
	
	
	
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number Istanbul International Community School 13-3321837 Form 990 Part VI Section B Line 11a Copies of the Form 990 are reviewed by the Board Prior to Form 990 Part VI Section B Line 12c Per the Board of Directors Policy Manual, board members must disclose any situation that may be construed as a conflict of interest at any time. Form 990 Part VI Section C Line 19 Upon request, copies of the form 990 are made available and forwarded in a reasonable amount of time Records are kept at 15 Roszel Road, Princeton, New Jersey.