

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



**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public** Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	e 2014 ca	lendar year, or tax year	beginning	7/1/	2014	, and e	ending	6/30	/2015	
<u>B</u>	Check if	applicable	C Name of organization	Internationa	I School of Ke	nya Found	ation, Inc		D Employer	identificatio	n number
Ш	Address	change	Doing business as								
	Name ch	anne	Number and street (or P	O box if mail is no	t delivered to stree	et address)	Room/suite		52-1746307		
	Marine Cit	angc	PO Box 5910				L		E Telephone	number	
Ш	Initial reti	ırn	City or town			tate	ZIP code		(609) 452-09	990	
	Final return	/terminated	Princeton			IJ	08543		(000)		
			Foreign country name	Foreigr	n province/state/co	unty	Foreign posta	l code			40.054.505
Ш	Amended	l return							<b>G</b> Gross rece	ipts \$	10,954,585
	Application	on pending	F Name and address of pri	ncipal officer				H(a) is t	his a group return fo	r subordinates	yes X No
			John Roberts, c/o ISS	15 Roszel Ro	ad, Princeton,	NJ 08540	)	H(b) Ar	e all subordinate:	s included?	Yes No
1 -	ſax-exem	nt status	X 501(c)(3) 501(	c) ( ) <del>&lt;</del>	■ (insert no )	4947(a)(1)	or 527	] if	"No," attach a list	(see instruc	ctions)
		·			(mserrino)		01 327	┨		· .	•
		e: ► Nor		<del></del>				H(c) G	roup exemption n	umber -	
K	orm of o	rganization	X Corporation	Trust Associ	ation Othe	r <b>&gt;</b>	L Ye	ar of form	ation 1992	M State o	of legal domicile NJ
	art I	Sui	mmary								
_	1	Briefly d	lescribe the organization	n's mission or	most significa	int activities	s The	primary	purpose of t	he organi	zation is
2		to provid	de financial and other a	issistance to e	ducational ins	titutions in	the United S	States			
шa		and abro	oad								
Governance	2	Check th	his box ▶ If the o	rganization dis	scontinued its	operations	or disposed	of mor	e than 25% o	fits net as	ssets
ဖိ	3		of voting members of				•		1	3	4
త	4		of independent voting				/I, line 1b)		Ì	4	3
ië.	5		mber of individuals em						ļ l	5	80
Activities &	6		mber of volunteers (es		-	,	,		<u> </u>	6	
Ąċ	7a		related business reven		• •	), line 12			Ī	7a	0
	b		elated business taxable		•	•			Ī	7b	0
					•				Prior Year		Current Year
o)	8	Contribu	utions and grants (Part	VIII, line 1h)						0	8,978
Revenue	9		n service revenue (Part						12,359	.368	10,890,897
×e	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								142	54,710	
æ	11		evenue (Part VIII, colun			•	)			457	0
	12		enue—add lines 8 throug						12,508		10,954,585
	13		and similar amounts pa					1	3,594		11,529,438
	14		paid to or for member							0	0
s	15		other compensation, en	•		•	5–10)		7,395	683	7,791,568
Expenses	16a		onal fundraising fees (		•		,		.,,,,,	0	0
ber	b		ndraising expenses (Pa				C		-17 6 St. 1 18		
ũ	17		kpenses (Part IX, colun							651	85,332
	18		penses Add lines 13-				25)		11,047	<del></del>	19,406,338
	19		e less expenses Subtr			27 7-7	当り重		1,461	<del></del>	-8,451,753
2 8					) <u> </u>	G - 1 1/1	10	Begini	ning of Current		End of Year
sets	20	Total ass	sets (Part X, line 16)		الد - عا		(0)		4,274		3,816,406
Ass	21		bilities (Part X, line 26)		JAI	V 2 0 20	016 191	-		483	8,011,257
Net Assets or Fund Balances	22		ets or fund balances S	ubtract line 21	from line 20		S		4,256		-4,194,851
	ırt II	Sig	nature Block		1577	-71277	الوت على ما				
			y, I declare that I have examir	ed this return, incli	<del></del>			s, and to t	he best of my kno	wledge	
and	belief, it i	s true, corre	ct, and complete Declaration	of preparer (other	than officer) is ba	sed on all info	rmation of which	h prepare	r has any knowle	dge	
Siç	ın		Devotre a	Sumon						-11-20	16
He			Signature of officer	•					Date		
110			Deirdre A Simon, Tre	asurer							<del></del>
			Type or print name and title		-						
		Print	t/Type preparer's name		Preparer's signa	ture		Dat	B	ook [	PTIN
Pa										eck ı lf-employed	'
	eparer				·				<del> </del>		- <del>-</del> -
Us	e Only	, <u> </u>	i's name			<del></del>			Firm's EIN	<u> </u>	<del></del>
			's address -						Phone no		
Ma	y the IF	RS discus	s this return with the p	reparer shown	above? (see i	nstructions	s)				Yes No

	990 (2014)		onal School of Keny					52-1746307	Page <b>Z</b>
Pa	irt ill		t of Program Se chedule O contai			ny line in this Par	rt III		
1	The prim	ary purpose o	ganization's mission of the organization is s in the United State	s to provide fir es and abroad		assistance to			
2	the prior If "Yes,"	Form 990 or 9 describe these	e new services on S	Schedule O				Yes	X No
3	services'	?	ease conducting, or e changes on Scheo		ant changes in h	ow it conducts, any	program	Yes	X No
4	Describe expense	the organizat s Section 501	tion's program servi I(c)(3) and 501(c)(4 d revenue, if any, fo	ce accomplish ) organization	s are required to	report the amount	orogram services, of grants and allo	as measured by ocations to others	, ,
4a	School o	f Kenya, ın Na	) (Expenses \$ financial assistanc airobi, Kenya a scho	e for the furth	erance of educati	900 students serve	ed	4	
4b									
4c	(Code		) (Expenses \$		ıncludıng grant	s of \$	) (Revenue	÷\$	)
4d	Other pro		s (Describe in Sche	edule O )	\$	0 ) (Revenue	<b>s</b>	0)	
40		aram service e	avnonces <b>b</b>		0 334 000	5 / (Neverlac		<del></del>	

52-1746307

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B Schedule of Contributors (see instructions)?  3 Did the organization regulated to indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  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  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  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 II  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 III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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  Did the organization deprota an amount for lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  If the organization report an amount for investments—ot			
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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    Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV    Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part IV    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    If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V    Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    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 V    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 IV    Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part V    Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    Did the organization obtain separa	5		Х
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for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	х	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	Х	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1.5		
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		\ \
If "Yes," complete Schedule G, Part III  202 Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	202	<del> </del>	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			· ·
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
	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		_X
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 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	12-12		
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
D	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200	-	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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		1	v
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	1.200	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	edoù illia .	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	i		
	Schedule L, Part IV	28b		Х
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		<u>X</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
33	If "Yes," complete Schedule N, Part II	32		<u>X</u>
JJ	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ł	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	00		
	III, or IV, and Part V, line 1	34		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		l	
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	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 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	
		Earm	99n <i>(</i>	20441

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Part V		tatements	Rea	ıardın

tatements	Regarding	Other	IRS	<b>Filings</b>	and	Tax	Compliance	

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		7 🐔		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		<u>이</u> *		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	table	عَيْدًا	.	
_	gaming (gambling) winnings to prize winners?	i		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		30	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		<b>,</b>	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	ons)		-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yea" has at filed a Form 200 T for this year? If "No", to line 3h, provide an explanation in School.	.la O		3a 3b	+	X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu At any time during the calendar year, did the organization have an interest in, or a signature or other		hority	30	<del> </del>	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	in iai k	, and a	4a	1	×
b	If "Yes," enter the name of the foreign country				301	124
~	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial	Acco	unts			1
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,		5a	2	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		n?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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 as charitable contributions?			6a	<u> </u>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or			
	gifts were not tax deductible?			6b		193.606.009
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goo	ds			
	and services provided to the payor?			7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				,
а	required to file Form 8282?	7d		7c	1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ract?	7e	2.R. S	Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7 <del>6</del>	<del> </del>	x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88			7g	<del> </del>	<del>  ^-</del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f			7h	ļ	<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain			<b>CF</b>		100
	sponsoring organization have excess business holdings at any time during the year?		,	8	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	,		1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1,3	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a	_			8
b	Gross income from other sources (Do not net amounts due or paid to other sources	446				<b>9</b> 0.
40-	against amounts due or received from them )	11b	412	12a	S 4	222
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	417	72	W. 158	10.64.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>			
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	183
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			***	***	4
b	Enter the amount of reserves the organization is required to maintain by the states in which			1 min	\$5.	
-	the organization is licensed to issue qualified health plans	13b			1	300
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduler	ule O		14t		
				Forr	990	(2014)

Part VI

International School of Kenya Foundation, Inc

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 Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management				
	<b>,</b>	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	4	\$	. ~.	
	If there are material differences in voting rights among members of the governing body, or	* A 480	\$\frac{1}{2}\tag{1}{2}\tag{1}	`. ,	
	if the governing body delegated broad authority to an executive committee or similar	8		200	
	committee, explain in Schedule O		-	135 136 136	
b	Enter the number of voting members included in line 1a, above, who are independent  1b	3	*	1,25	3 050
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Ŷ			
_	any other officer, director, trustee, or key employee?		2	_X_	
3	Did the organization delegate control over management duties customarily performed by or under the direc				
	supervision of officers, directors, or trustees, or key employees to a management company or other person	′	3		X
4	Did the organization make any significant changes to its 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		Х
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	v (?	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Ĭ	3.25° 2.48°		340
_	the year by the following	ند	<u>्र</u> ्वे 8a	· ·	
a b	The governing body?  Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		on	^	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sact	tion B. Policies (This Section B requests information about policies not required by the Internal	Povonuo Co		 ነ	_^
Jeci	tion B. Foncies (This Section B requests information about policies not required by the internal	Nevenue Co	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
_	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		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				š.
12a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	Ŀ	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	l	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci	sion?	Z.		12
а	The organization's CEO, Executive Director, or top management official	F	15a		Х
b	Other officers or key employees of the organization	<u> </u>	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				Sec.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			د د د د د د د د د د د د د د د د د د د د	e
	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			- 'S	ing.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			<u> </u>	<u> </u>
	the organization's exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 000 is required to be filed	<del></del>			
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable)).	501/a\/2\-	Onle		
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectionavailable for public inspection. Indicate how you made these available. Check all that apply	1011 30 1(C)(3)S	only	)	
	Own website Another's website X Upon request Other (explain in S	Schodulo (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o		y on	4	
	financial statements available to the public during the tax year	interest policy	, an	u .	
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records	•		
		9) 452-0990			
	15 Roszel Road, Princeton, N.I. 08540				

Form 990 (2014)	International School of Kenya Fou							_		52-17463	07	Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, K	(ey	En	ıplo	oyee	s, I	lighest Comp	ensated		<u></u>
	Employees, and Independent C							_	\ 741			
0	Check if Schedule O contains a r											
Section A.	Officers, Directors, Trustees, Key E			_							_	
<b>1a</b> Complete to organization's	this table for all persons required to be tax year	listed Report co	mper	nsat	ion	for t	he ca	ilen	dar year ending v	with or within the		
	of the organization's <b>current</b> officers, di						duals	or c	organizations), re	gardless of amo	unt	
	ion Enter -0- in columns (D), (E), and ( of the organization's <b>current</b> key emplo						defin	ition	of "key employe	ae "		
<ul> <li>List the who received</li> </ul>	organization's current highest con reportable compensation (Box 5 of For and any related organizations	npensated empl	oyees	s (ot	her	tha	n an c	offic	er, director, trust	ee, or key emplo	yee)	
	of the organization's <b>former</b> officers, ke eportable compensation from the organ							ed e	employees who r	eceived more tha	an	
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the	
	n the following order individual trustees employees, and former such persons	s or directors, ins	titutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest		
Check thi	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted ar	ny c	urrent officer, dir	ector, or trustee		
					(	C)						
	(A)	(B)	(do i	not cl		ition more	e than c	one	(D)	(E)	,	F)
	Name and Title	Average	box,	unle	ss pe	rson	ıs both	an	Reportable	Reportable	Estir	nated
		hours per week (list any				irect	or/trust	ee) D	compensation from	compensation from related		unt of her
		hours for related	Individual to or director	) SEE	Officer	ey e	mple	Former	the organization	organizations (W-2/1099-MISC)	-	nsation the
		organizations	ector	tion	~	퓛	yee yee	=	(W-2/1099-MISC)	(** = / ********************************	organ	ızatıon
		below dotted line)	Individual trustee or director	Institutional trustee		yee	mpe					elated zations
			8	stee			Highest compensated employee					
(1) Kevin D	Poyle	4 00										
President		0 00	X		X			ļ				
(2) John Ro		40 00		ł	l	ŀ	V	ŀ	400.007			
Vice President (3) Deirdre		0 00 4 00	X	$\vdash$	X		X		198,087			
Secretary/Trea		0 00	l <sub>x</sub>		x	İ						
	Hove	4 00	<u> </u>		<u> </u>	<u> </u>						
Director		0 00	×									
(5) Jodi Lal	ke	40 00										
Employee		0 00				<u> </u>	Х		126,992			
	Blanchard	40 00										
Employee		0 00		_			X		100,707			
	aker	40 00					,		440.000			
Employe		0 00		$\vdash$		-	Х		110,209			
.\0/												
(9)												
(10)												
(11)												
(12)												
(13)				T								

Page 8

	(A) Name and title	(B) Average hours per	(do i	not ch unles	Pos neck ss pe	C) sition more	e than o	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
		line)	ustee	trustee		/ee	npensated				organizations
(15)											
(16)											<del></del>
(17)					<b></b>	<b></b> -					
(18)											
(19)											
(20)	•••••										<u>-</u>
(21)										<u> </u>	
(22)								-			
(23)											
(24)											
(25)											
1b c	Sub-total  Total from continuation sheets to Part VII, Se	ection A	<u> </u>	l	L	l	<u> </u>	<b>&gt;</b>	535,995 0	0	(
d	Total (add lines 1b and 1c)	SCHOIL A						<b>&gt;</b>	535,995	0	(
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) w 4	vho	recei	ved	more than \$100	,000 of	
3	Did the organization list any former officer, dire	ector, or trustee,		mpl		e, o	r high	nest	compensated		Yes No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of				n a	nd d	other	con	nensation from		3 X
•	the organization and related organizations grea	•	•						•	7	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		ridual	5 X
Sec	tion B. Independent Contractors	•									
1	Complete this table for your five highest compe compensation from the organization Report co year										ax
	(A) Name and business addi	ress							(B) Description of serv	vices C	(C) compensation
									·		(
											(
											(
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-	ed to ►	tho	se li	ste	abo 0	ve)	who received	,	

#### Part VIII Statement of Revenue

		Check if Schedule O contains	a response or r	note to any line ii	n this Part VIII			
<b>)</b>	* * '		• **		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions		0 0 0 0			1 Sh. 4	
	f g h	All other contributions, gifts, gran similar amounts not included abouncash contributions included in literation. Add lines 1a–1f	ve <u>1f</u>	8,978 0 Business Code	8,978			^ '\\ 7 '
vice Revenue	2a b c	Int'l School of Kenya - Educ fees	••••	611710	10,890,897	10,890,897		
Program Service Revenue	d e f	All other program service revenu  Total. Add lines 2a–2f	  e	<b></b>	0 0 0 10,890,897		p- *-5	
	3	Investment income (including divother similar amounts) Income from investment of tax-ex		<b>&gt;</b>	54,710	* VSCA 4 Sect	, v	54,710
	6a b c	Royalties  Gross rents Less rental expenses Rental income or (loss)	(ı) Real	(II) Personal				
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 0		0		en e	
e	c d 8a	Gain or (loss)  Net gain or (loss)  Gross income from fundraising	0	0	0			
Other Revenue		events (not including \$ of contributions reported on line 5 See Part IV, line 18	а	0				
ŏ	c 9a	Less direct expenses  Net income or (loss) from fundral  Gross income from gaming activi  See Part IV, line 19	-	0	0			***
	b c 10a b	Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less returns and allowances Less cost of goods sold	a b	0	0			3000
	11a	Net income or (loss) from sales of Miscellaneous Revenue		Business Code	0	**		J
	b c d	All other revenue Total. Add lines 11a–11d		•	0 0			
	12_	Total revenue. See instructions		<u> </u>	10,954,585	10,890,897	0	54,710

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must compl	lete all columns All other	organizations must	complete column (/	A)
---------------------------------	--------------------------	----------------------------	--------------------	--------------------	----

	Check if Schedule O contains a response or note	to any line in this P	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations	_			
_	domestic governments See Part IV, line 21	0		. \$\frac{1}{2} \frac{1}{2} \fr	\$6 \$1 (1.10 to 1.10 to
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	0			And the second second
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	44 500 400	14 500 400		
4	individuals See Part IV, lines 15 and 16	11,529,438	11,529,438	23 1.81.9 1855 1	
4 5	Benefits paid to or for members  Compensation of current officers, directors,			<u> </u>	Y ~ Y
3	trustees, and key employees	207,034	207,034		
6	Compensation not included above, to disqualified	201,034	207,034		
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,640,932	6,640,932		
8	Pension plan accruals and contributions (include	0,010,002	0,010,002		
-	section 401(k) and 403(b) employer contributions)	226,066	226,066		
9	Other employee benefits	423,141			-
10	Payroll taxes	294,395			
11	Fees for services (non-employees)				
а	Management	61,978	İ	61,978	
b	Legal	1,084		1,084	-
С	Accounting	12,530		12,530	
d	Lobbying	0	1		,
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0	<del>†</del>		
12	Advertising and promotion	0	···		
13	Office expenses	2,436		2,436	
14	Information technology	0	<del> </del>		
15	Royalties	0	-		
16 17	Occupancy Travel	0			
18	Payments of travel or entertainment expenses	· · · · · ·			
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0		· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates	0	-		
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	3,311		3,311	
24	Other expenses Itemize expenses not covered	****	788 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A THE STATE
	above (List miscellaneous expenses in line 24e If	A to distribute the second			A. 48. A.
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Miscellaneous	3,993	3,993		
þ		0			
C		0			
d	AD U	0			
e	All other expenses	0	10.001.000		
25	Total functional expenses. Add lines 1 through 24e	19,406,338	19,324,999	81,339	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)				
	Tollowing Oct. 30-2 (AOC 300-120)		<u></u>		

# Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X	, ,		
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,853,542	2	870,516
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	2,147
	5	Loans and other receivables from current and fo	rmer c	fficers, directors,			
		trustees, key employees, and highest compensa	ited en	nployees		· 2	**************************************
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified perso				, A	
<b>,</b>		4958(f)(1)), persons described in section 4958(c)(3)(B), are					Se Assault
		sponsoring organizations of section 501(c)(9) voluntary er		s' beneficiary	76 T. M. M.		
ets		organizations (see instructions) Complete Part II of Scheo	dule L			6	
Assets	7	Notes and loans receivable, net			0	7	0
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,311	9	3,757
	10a	Land, buildings, and equipment cost or		_		<i>(</i> 4)	
		other basis Complete Part VI of Schedule D	10a	0		40	24. Main
	b	Less accumulated depreciation	10b	0		10c	2 020 000
	11	Investments—publicly traded securities Investments—other securities See Part IV, line	11		1,417,532	11	2,939,986
	12 13	Investments—other securities See Part IV, line Investments—program-related See Part IV, line			0	12 13	0
	14	Intangible assets	11		0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	ıl line (	34)	4,274,385	16	3,816,406
	17	Accounts payable and accrued expenses		- 1	17,483		11,257
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete P	art IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors,	1		
Liabilities		trustees, key employees, highest compensated e		ees, and			in Custo
iab		disqualified persons Complete Part II of Schedu				22	
	23	Secured mortgages and notes payable to unrela		·	0	23	8,000,000
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines Part X of Schedule D	17-24	Complete	0	25	0
	26	Total liabilities. Add lines 17 through 25			17,483	26	8,011,257
			\	ck here ► X and	17,403	7. WEST	0,011,237
S		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an	-	k here ► X and			
пČ	27	-	u 54.		4,256,902	27	-4,194,851
ala	27 28	Unrestricted net assets Temporarily restricted net assets			4,250,902	27 28	-4, 194,051
d B	29	Permanently restricted net assets			<u> </u>	29	<del></del>
nn	23	•		, m	750	23 23	, * *2.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), o	cneck r	ere   in and			1
	20	complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds		nt fund		30 31	·
As	31 32	Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances	JOINE,	or other fulles	4,256,902	33	-4,194,851
_	34	Total liabilities and net assets/fund balances			4,274,385	<del></del>	3,816,406
	<u> </u>				.,,000		0,010,100

Form	990 (2014) International School of Kenya Foundation, Inc	52-1	746307	Pag	e 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1(	0,954	,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	9,406	,338
3	Revenue less expenses Subtract line 2 from line 1	3	-8	3,451	,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,256	,902
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-4	1,194	,851
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII		•		
1 2a	Accounting method used to prepare the Form 990		2a	Yes	No X
b	reviewed on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	V	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis				
С	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	f	2c		X
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		X
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 (	2014)

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

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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.

► Attach to Form 990 or Form 990-EZ

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

International School of Kenya Foundation, Inc. 52-1746307 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations f Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

i e	(Complete only if you check	ed the box on I	ine 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify un-	der
	Part III If the organization fa	alls to qualify ur	nder the tests li	sted below, ple	ase complete F	art III )	
	ction A. Public Support	T (a) 2040	(b) 2011	(=) 2012	(4) 2012	(0) 2014	(f) Total
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
2	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	0	0	0	0	0	0
5	The portion of total contributions by each	14 · 12%		A San Carlo		\$. \$7 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	person (other than a governmental unit	,		6.		and with the second	
	or publicly supported organization)			4.0			
	included on line 1 that exceeds 2%	. , , ,		A March	A 10 10 10 10 10 10 10 10 10 10 10 10 10	112	
	of the amount shown on line 11,	, , ;					
_	column (f)	· 3				100 AND 100 AN	0
6	Public support Subtract line 5 from line 4 stion B. Total Support				MARKET STATE OF STATE	100,000	
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,	ļ	0		0		
Ü	payments received on securities loans,						
	rents, royalties and income from similar				ł		
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						0
11	Total support. Add lines 7 through 10	1 2 2 4	. (; )		1 3 3 3 3 3	<b>5</b>	0
12		ee instructions)				12	
13	First five years If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here	-		-			▶ _
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2014 (line 6, c	column (f) divided b	by line 11, column (	f))		14	0 00%
15	Public support percentage from 2013 Scheo	lule A, Part II, line	14			15	0 00%
16a	33 1/3% support test—2014. If the organization qualifies a			3, and line 14 is 33	1/3% or more, che	ck this box	▶
b	33 1/3% support test—2013 If the organiz		•	or 16a, and line 15	is 33 1/3% or more	check this	
-	box and <b>stop here</b> . The organization qualifi					,,	▶ _
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization mee Part VI how the organization meets the "factorganization"	ts the "facts-and-ci	rcumstances" test,	check this box and	d <b>stop here</b> . Expla	ın ın	▶[
b	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization in Part VI how the organization meets the "fact	neets the "facts-and	d-circumstances" te	est, check this box	and stop here. E		
	supported organization	samotano	o.gu		F		▶ _
18	<b>Private foundation.</b> If the organization did instructions	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶

### 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	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	9,569,364	10,572,106	9,068,842	12,359,368	10,899,875	52,469,555
3	Gross receipts from activities that are not an						- <u>-</u>
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on			i			
	its behalf						0
5	The value of services or facilities			_			
	furnished by a governmental unit to the						
	organization without charge						0
6	Total Add lines 1 through 5	9,569,364	10,572,106	9,068,842	12,359,368	10,899,875	52,469,555
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received	·					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					<u> </u>	
	amount on line 13 for the year	1,437,484	1,589,003	1,448,281	830,978		5,305,746
С	Add lines 7a and 7b	1,437,484	1,589,003	1,448,281	830,978	0	5,305,746
8	Public support (Subtract line 7c from		EEEE		\$ 150 EX \$1		
	line 6)						47,163,809
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	9,569,364	10,572,106	9,068,842	12,359,368	10,899,875	52,469,555
10a	Gross income from interest, dividends						
	payments received on securities loans,						
	rents, royalties and income from similar sources	102,788	75,658	12,658	106,569	54,710	352,383
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	102,788	75,658	12,658	106,569	54,710	352,383
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 VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )	9,672,152	10,647,764	9,081,500	12,465,937	10,954,585	52,821,938
14	First five years. If the Form 990 is for the oil	rganızatıon's first, s	econd, third, fourtl	n, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here						▶
Sec	ction C. Computation of Public Su	pport Percenta	ige				<u> </u>
15	Public support percentage for 2014 (line 8, c	olumn (f) divided b	y line 13, column (	f))		15	89 29%
16	Public support percentage from 2013 Sched		<del></del>			16	86 28%
Sec	ction D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2014 (line		-	olumn (f))		17	0 67%
18	Investment income percentage from 2013 Se					18	0 77%
19a	33 1/3% support tests—2014. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s	-				22 1/20/	<b>▶</b> X
a	33 1/3% support tests—2013. If the organi line 18 is not more than 33 1/3%, check this						. □
	mile to is not more than 33 1/3 /0, theth this	DOX BING STOP HELE	. THE OLYAHIZATION	quannes as a pub	work and bourge or or a	u: 112011011	

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

#### SCHEDULĘ 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

► Attach to Form 990

OMB No 1545-0047 2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

Name of the organization Employer identification number International School of Kenya Foundation, Inc. 52-1746307 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements С Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X \$

Sched	international School	i oi Keriya Fouridat	ion, inc				52-174	0307		age Z
Par	t III Organizations Maintaining	Collections of A	Art, Hist	orical Tr	easures, o	r Other	Similar Ass	ets (con	tınued	1)
3	Using the organization's acquisition, ac	cession, and other	records,	check any	of the follow	ing that a	re a significan	t		
	use of its collection items (check all that	at apply)								
а	Public exhibition		d 🗌	Loan	or exchange	programs	•			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generation	ns								
4	Provide a description of the organization Part XIII		explaın h	ow they fu	urther the org	anızatıon'	s exempt purp	ose in		
5	During the year, did the organization so assets to be sold to raise funds rather t							Ye	s 🗀	No
Part	Complete if the organization 990, Part X, line 21		to Form	990, Par	t IV, line 9,	or report	ted an amou	nt on Fo	rm	
1a	Is the organization an agent, trustee, councluded on Form 990, Part X?	ustodian or other in	termediar	y for conti	ributions or o	ther asset	ts not	Ye	s []	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	wing table						
								Amount		
С	Beginning balance					1c	<u> </u>			0
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			0
2a	Did the organization include an amoun	t on Form 990, Part	X, line 2	1, for escr	ow or custod	ıal accour	nt liability?	Ye	s 💹	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here i	f the expl	anation ha	as been prov	ided in Pa	rt XIII			
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	to Form	990, Par	t IV, line 10					
		(a) Current year	(b) Pro	or year	(c) Two years	back (c	I) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	0		0		0	<del></del> -	0		0
b	Contributions			_			<u> </u>			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					ļ				
f	Administrative expenses				<u> </u>					
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	•	balance (I	line 1g, co	olumn (a)) he	ld as				
a	Board designated or quasi-endowment		%							
b	Permanent endowment Temporarily restricted and owners	<u>%</u> ▶ %								
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c		0/_							
3a	Are there endowment funds not in the p	•		n that are	held and ad	ministered	d for the			
ou	organization by	occocion or the o	garnzano	ar that are	neid and ad			ſ	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	$\overline{}$	
b	If "Yes" to 3a(ii), are the related organiz	ations listed as req	uired on S	Schedule	R?			3b		_
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equip	oment.				<u>.</u>				_
	Complete if the organization		to Form	990, Par	t IV, line 11	a See F	orm 990, Pa	rt X, line	10	
	Description of property	(a) Cost or ot			st or other		cumulated		ok value	
		(investm	ent)	bası	s (other)		reciation			
1a	Land		0		0	\$\$2.5.E				0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
đ	Equipment		0		0		0			0
e	Other		0	L <u>.                                    </u>	0		0			0
Total	I. Add lines 1a through 1e (Column (d) n	nust equal Form 99	u, Part X,	column (l	B), line 10c )		<b>•</b>			0

Schedule D'(Form 990) 2014 International School of Keny			52-1746307 Page
Part VII Investments—Other Securities.			
Complete if the organization answ	vered "Yes" to Form 99	0, Part IV, line 11b See Fo	rm 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
1) Financial derivatives	0		
2) Closely-held equity interests	0		
3) Other			
(A)	· · · ·		
(B)			
(C)			
(D)			<u></u>
(E)			
(F)			
(G)	<del> </del>		
(H)			V 47 1 7 1 10 85 1 10 10 10 10 10 10 10 10 10 10 10 10 1
otal (Column (b) must equal Form 990, Part X, col (B) line 12)	0	* .	
Part VIII Investments—Program Related			
Complete if the organization answ	vered "Yes" to Form 99	0, Part IV, line 11c See Fo	rm 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(4)		Cost of end-of-yea	in market value
(1)			
(2)			
(3)	<del> </del>		
(4)			
(6)			<u>-</u>
(7)			
(8)			
(9)			
otal (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets.		, man and a second a second and	
Complete if the organization answ	vered "Yes" to Form 99	0, Part IV, line 11d See Fo	rm 990, Part X, line 15
	escription	· ,	(b) Book value
(1)			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (l	B) line 15 )		<u> </u>
Part X Other Liabilities.		0.5.04.4.4.4.6.6	
Complete if the organization answ	ered "Yes" to Form 99	U, Part IV, line 11e or 11f S	see Form 990, Part X,
line 25	(b) Destruction		a file to the second
(a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)	. <u></u>		
(3)			
\7/			

Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8)

Part	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Par		•	r Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	10,954,585
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				70,001,000
а	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d		"	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	10,954,585
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	l	I	7.72	10,554,565
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
c	Add lines 4a and 4b	_ <del>''</del>	1	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	10,954,585
Part		nte V	With Expanses r		
	Complete if the organization answered "Yes" to Form 990, Pai		•	Jei Keti	_ <del>_</del>
1	Total expenses and losses per audited financial statements			1	19,406,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	19,406,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	0
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18</i> )			4c 5	0 19,406,338
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.			5	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338
<b>5</b> <b>Part</b> Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P			5 irt V, line	19,406,338

Schedule D (Form	990) 2014	International School of Kenya Foundation, Inc	52-1746307	Page <b>5</b>
Part∞XIII	Supple	emental Information (continued)		
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#### Schedule F (Form 990)

### Statement of Activities Outside the United States

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

Inspection

Name of the organization Employer identification number International School of Kenya Foundation, Inc. 52-1746307 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 X Yes 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 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e g , a program service, expenditures for region agents, and fundraising, program describe specific type of and investments independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) Sub-Saharan Africa **Educational Services** Teachers salaries & benefits 80 (1) 7,791,568 Sub-Saharan Africa **Educational Support** Grant Making 6,689,872 (2) Sub-Saharan Africa **Educational Support** School Supplies (3) 4,843,559 (4) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14) (15) (16) (17)3a Sub-total 0 19,324,999 **b** Total from continuation

0

19.324.999

sheets to Part I c Totals (add lines 3a and 3b) 52-1746307

International School of Kenya Foundation, Inc.

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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																
urpose of (e) Amount of (f) Manner of (g) Amount of cash grant cash grant disbursement assistance	WIRE															
(e) Amount of cash grant	6.889.872															
(d) Purpose of grant	Grant Making															
ton section and EIN (f applicable)	Sub-Saharan Afrıca															
(b) IRS code secton and EIN (if applicable)	* **			,		**										
(a) Name of organization	(1)	(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 0

Schedule F (Form 990) 2014

Page 3

52-1746307

International School of Kenya Foundation, Inc

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed Schedule F (Form 990) 2014
Part III Grants a

(a) Type of grant or assistance	Istance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
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(10)							
(11)							:
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Schec	Schedule F (Form 990) 2014

#### Part IV · Foreign Forms

ciri	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

*********	International concer of Kerrya Foundation, The	32-17 <del>40</del> 307	raye 🗸
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (ac amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (a and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to additional information (see instructions)	accounting method),	
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#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

Name of the organization	Employer identification number
International School of Kenya Foundation, Inc	52-1746307
Form 990, Part VI, Section B, Line 19 The Form 990 is reviewed by all Board Members prior to	
being submitted to the Internal Revenue Service	
Form 990, Part VI, Section B, Line 12C The Board adopted a comprehensive Goverance Policy	
including Business Ethics, Conflict of Interest Policy and Record Retention Policy Directors	
are required to review and sign the Conflict of Interest Policy each year at the time of their	
appointment or reappointment	
Form 990, Part VI, Section C, Line 19 The Organization's governing documents, conflict of	
interest policy and financial statements are available to the public upon request	
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Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>
Name of the organization	Employer identification number
International School of Kenya Foundation, Inc	52-1746307
international School of Kenya i Sundation, inc	192-17-40307