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## Form **990**

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

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

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                           |                 | 201F 00       | andar year or tay year basinning                          | 7/1/2015                              | and a                  | nding                                            | 6/30/2                        | 016                                   |  |  |
|-----------------------------|-----------------|---------------|-----------------------------------------------------------|---------------------------------------|------------------------|--------------------------------------------------|-------------------------------|---------------------------------------|--|--|
| <u> </u>                    |                 |               | endar year, or tax year beginning  C Name of organization |                                       | , and e                |                                                  |                               | entification number                   |  |  |
|                             |                 | applicable    |                                                           | ernational Community                  | SCHOOL                 |                                                  | o Employer ide                | nuncation number                      |  |  |
| ш.                          | Address         | change        | Doing business as                                         |                                       | a) [Dtt-               |                                                  | 40.0004007                    |                                       |  |  |
| П                           | Name ch         | ange          | Number and street (or PO box if mail is n                 | of delivered to street address        | s) Room/suite          | _                                                | 13-3321837<br>E Telephone nui |                                       |  |  |
| $\equiv$                    |                 | •             | PO Box 5910                                               |                                       |                        |                                                  | E rerepnone nui               | mper                                  |  |  |
| LJ                          | Initial retu    | ım            | City or town                                              | State                                 | ZIP code               |                                                  | (609) 452-099                 | 0                                     |  |  |
| $\Box$                      | Final return    | n/terminated  | Princeton                                                 | NJ                                    | 08543                  |                                                  |                               |                                       |  |  |
| $\equiv$                    |                 |               | Foreign country name Foreig                               | n province/state/county               | Foreign postal         |                                                  |                               | - 40 500 040                          |  |  |
| <u> </u>                    | Amended         | l return      |                                                           | <del></del>                           |                        | <del>!</del>                                     | G Gross receipts              | s \$ 16,503,243                       |  |  |
| $\square$                   | Application     | on pending    | F Name and address of principal officer                   |                                       |                        | H(a) Is this                                     | a group return for s          | ubordinates? Yes X No                 |  |  |
| _                           |                 |               | Deirdre Simon 15 Roszel Road, Pri                         | nceton NJ 08543-59                    | 10                     |                                                  | all subordinates in           |                                       |  |  |
|                             |                 |               |                                                           |                                       |                        | 1                                                | lo," attach a list (s         |                                       |  |  |
|                             | ax-exem         | pt status     | X 501(c)(3) 501(c) ( )                                    |                                       | (a)(1) or 527          | "'                                               | to, attach a list (s          | iee manucuona)                        |  |  |
| <u>J \</u>                  | <b>Nebsite</b>  | e: ► Nor      | e                                                         |                                       |                        | H(c) Grou                                        | up exemption num              | ber ►                                 |  |  |
| KF                          | orm of o        | rganization   | X Corporation Trust Associ                                | cation Other ►                        | L Yea                  | r of format                                      | ion 1987                      | M State of legal domicile NJ          |  |  |
|                             | art I           |               |                                                           |                                       | 1                      |                                                  | 1307                          | 143                                   |  |  |
| تاجر                        | 7               |               | nmary                                                     |                                       |                        | <del></del>                                      |                               |                                       |  |  |
| Ф                           | 1               |               | escribe the organization's mission o                      |                                       |                        |                                                  | purpose is to p               | provide teachers                      |  |  |
| Š                           |                 |               | inistrators as well as facilities and e                   |                                       |                        | ty and                                           |                               |                                       |  |  |
| Ţ.                          |                 | administ      | rative services for a primary and se                      | condary school in Ista                | nbul, Turkey           |                                                  |                               |                                       |  |  |
| Activities & Governance     | 2               | Check tl      | nis box   ▶                                               | scontinued its operation              | ons or disposed        | of more                                          | than 25% of r                 | ts net assets                         |  |  |
| ဖွ                          | 3               |               | of voting members of the governing                        |                                       |                        |                                                  | t t                           | 3   13                                |  |  |
| ಳ                           | 4               |               | of independent voting members of t                        |                                       | •                      |                                                  |                               |                                       |  |  |
| <u>es</u>                   | 5               |               | mber of individuals employed in cale                      |                                       | •                      |                                                  | ٦ ا                           |                                       |  |  |
| <del>=</del>                | 6               |               | mber of volunteers (estimate if nece                      |                                       | RECEIVE                | ח                                                |                               |                                       |  |  |
| ᇴ                           |                 |               | •                                                         | , ,                                   |                        |                                                  | 7.J                           |                                       |  |  |
| _                           | 7a              |               | related business revenue from Part                        | 1                                     |                        | -<br>146 €                                       | $2 - \frac{7}{2}$             |                                       |  |  |
|                             | b               | Net unre      | lated business taxable income from                        | Form 990-1, line 34                   | NOV @ 9 20             |                                                  |                               |                                       |  |  |
|                             | _               |               |                                                           | 8                                     | MOA A S. C.            | 7.0                                              | Prior Year                    | Current Year                          |  |  |
| æ                           | 8               |               | tions and grants (Part VIII, line 1h)                     |                                       |                        | . 0557                                           |                               | 0 0                                   |  |  |
| Revenue                     | 9               | _             | service revenue (Part VIII, line 2g)                      |                                       | OGDEN,                 |                                                  | 16,955,80                     |                                       |  |  |
| § §                         | 10              | Investm       | ent income (Part VIII, column (A), Iir                    | es 3, 4, and 7d) 🖳                    | 0000.0                 |                                                  | 396,75                        | 55 392,210                            |  |  |
| ) DE                        | 11              | Other re      | venue (Part VIII, column (A), lines 5                     | , 6d, 8c, 9c, 10c, and                | 11e)                   |                                                  |                               | 0 0                                   |  |  |
| <i>D</i>                    | 12 <sup>.</sup> | Total rev     | enue—add lines 8 through 11 (must eq                      | ual Part VIII, column (A              | ), line 12)            |                                                  | 17,352,5                      | 16,503,243                            |  |  |
| 2                           | 13              |               | ind similar amounts paid (Part IX, co                     |                                       |                        |                                                  | 10,953,90                     |                                       |  |  |
| 2                           | 14              |               | paid to or for members (Part IX, col                      |                                       |                        |                                                  |                               | 0 0                                   |  |  |
| ]<br>  0                    | 15              |               | other compensation, employee benefit                      |                                       | lines 5–10)            |                                                  | 46,54                         | 42 46,841                             |  |  |
| Expenses                    | 16a             |               | onal fundraising fees (Part IX, colum                     |                                       |                        |                                                  | 10,0                          | 0 0                                   |  |  |
|                             | b               |               | draising expenses (Part IX, column                        |                                       | 0                      | 41 %                                             | SI / 1947 FE ARCS             | The factor was the factor of the      |  |  |
| ₹.                          |                 |               |                                                           |                                       |                        | <u> </u>                                         |                               |                                       |  |  |
| ط.                          | 17              |               | penses (Part IX, column (A), lines 1                      | · · · · · · · · · · · · · · · · · · · | 1 05)                  |                                                  | 4,896,65                      |                                       |  |  |
| п                           | 18              |               | penses Add lines 13–17 (must equa                         |                                       | line 25)               |                                                  | 15,897,10                     |                                       |  |  |
| <del>۔</del> د              | 19              | Revenue       | e less expenses Subtract line 18 fro                      | m line 12                             |                        |                                                  | 1,455,4                       |                                       |  |  |
| Net Assets or Fund Balances | Ì               |               |                                                           |                                       |                        | Beginnir                                         | ng of Current Yea             |                                       |  |  |
| 置る                          | 20              |               | sets (Part X, line 16)                                    |                                       |                        |                                                  | 20,223,57                     | 72 19,923,320                         |  |  |
| A A                         | 21              | Total liat    | ollities (Part X, line 26)                                |                                       |                        |                                                  | 10,783,94                     | 43 10,755,306                         |  |  |
| <u> </u>                    | 22              | Net asse      | ts or fund balances Subtract line 2                       | 1 from line 20                        |                        |                                                  | 9,439,62                      | 29 9,168,014                          |  |  |
|                             | irt II          | Sig           | nature Block                                              |                                       |                        |                                                  |                               |                                       |  |  |
| Unde                        | er penaltı      |               | , I declare that I have examined this return, inc         | luding accompanying sched             | ules and statements,   | and to the                                       | best of my knowle             | edge,                                 |  |  |
| and                         | belief, it is   | s true, corre | ct, and complete Declaration of prepare (other            | r than officer) is based on al        | I information of which | n preparer l                                     | has any knowledg              | e                                     |  |  |
| C:-                         |                 |               | Wendro a. in                                              | non                                   |                        |                                                  | 11/0                          | 1/2016                                |  |  |
| Sig                         |                 |               | Signature of officer                                      |                                       |                        |                                                  | Date                          | 7                                     |  |  |
| He                          | re              |               | Deirdre Simon, Asst Treasurer                             |                                       |                        |                                                  | •                             | <b>,</b>                              |  |  |
|                             |                 |               | Type or print name and title                              |                                       | · · · ·                |                                                  |                               |                                       |  |  |
|                             |                 | Print         | Type preparer's name                                      | Preparer's signature                  |                        | Date                                             | 1                             | PTIN                                  |  |  |
| Dai                         | id              |               | Type property a name                                      | 1 Toparor o digitataro                |                        | 100.0                                            | Chec                          | F 1 I                                 |  |  |
| Pai                         |                 | .             |                                                           |                                       |                        |                                                  |                               | employed                              |  |  |
|                             | parer           | _             | s name                                                    |                                       |                        | <del>-                                    </del> | Firm's EIN                    | · · · · · · · · · · · · · · · · · · · |  |  |
| US                          | e Only          | , <u> </u>    |                                                           | · · · · · · · · · · · · · · · · · · · |                        |                                                  | <del></del>                   |                                       |  |  |
|                             |                 | •             | s address ►                                               |                                       |                        |                                                  | Phone no                      |                                       |  |  |
| May                         | y thẹ IR        | RS discus     | s this return with the preparer showr                     | above? (see instruct                  | ions)                  |                                                  |                               | Yes No                                |  |  |
|                             | Dono            | l. Dad        | A N                                                       |                                       |                        |                                                  |                               | - 000                                 |  |  |

|    | 990 (2015) Istanbul International Community School .                                                                                                                                 | <u> 13-3321837</u>   | Page Z   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|
| Pa | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III                                                            |                      |          |
| 1  | Briefly describe the organization's mission                                                                                                                                          |                      |          |
|    | The primary purpose is to provide teachers and administrators 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 not listed on                                                                             |                      |          |
|    | the prior Form 990 or 990-EZ?                                                                                                                                                        | Yes                  | X No     |
| _  | If "Yes," describe these new services on Schedule O                                                                                                                                  |                      |          |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                                                         | Yes                  | X No     |
|    | If "Yes," describe these changes on Schedule O                                                                                                                                       |                      | <u> </u> |
| 4  | Describe the organization's program service accomplishments for each of its three largest program service                                                                            | s, as measured by    |          |
|    | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and at the total expenses, and revenue, if any, for each program service reported | locations to others, |          |
|    | 10.1                                                                                                                                                                                 |                      |          |
| 4a | Operation of a number and according polycol for International Community of International Triples. The                                                                                | ue \$16,111          |          |
|    | sale at the video to a place and administration as well as facilities. Ammericantaly 64.4 at ideate                                                                                  |                      |          |
|    | served                                                                                                                                                                               |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      | . — — -  |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
| 4b | (Code ) (Expenses \$ including grants of \$) (Reven                                                                                                                                  | ue \$                | )        |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
| 4c | (Code ) (Expenses \$ including grants of \$ ) (Reven                                                                                                                                 | ue \$                | )        |
|    | ••••••                                                                                                                                                                               |                      |          |
|    |                                                                                                                                                                                      |                      |          |
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|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
|    |                                                                                                                                                                                      |                      |          |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$                                                                                 | 0 )                  |          |
| 40 | (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$  Total program service expenses \$ 16.754.851                                                                                  |                      |          |

# Part IV Checklist of Required Schedules

| <b>3</b> 611 | Checklist of Required Schedules                                                                                                                                                                                                                |                |            |            |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------|
| _            | 1                                                                                                                                                                                                                                              |                | 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              | x          |            |
| 2            | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                              | 2              | ^          | Х          |
| 3            | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                                                                                                               |                |            |            |
|              | candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                            | 3              |            | X          |
| 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              |            | <u> </u>   |
| 5            | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                                                                                                                   |                | 1          |            |
|              | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,                                                                                                                                          | _              | Ī          | v          |
| 6            | Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                                                                                                                              | 5              |            | <u>X</u>   |
| ·            | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                                                                                                                                    |                |            |            |
|              | "Yes," complete Schedule D, Part I                                                                                                                                                                                                             | 6              |            | X          |
| 7            | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                      |                |            |            |
|              | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                           | 7              |            | _X_        |
| 8            | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                                                                                                            |                |            |            |
|              | complete Schedule D, Part III .                                                                                                                                                                                                                | 8              | <b></b> -∤ | X          |
| 9            | 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                                                                 | 9              |            | Х          |
| 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             |            | Х          |
| 11           | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                                                                                                                   |                |            | * 25°      |
|              | VII, VIII, IX, or X as applicable                                                                                                                                                                                                              | <b>等</b>       |            | 546        |
| а            | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete                                                                                                                                |                | .          |            |
| <b>h</b>     | Schedule D, Part VI .  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more                                                                                                            | 11a            | _X         |            |
|              | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                       | 11b            |            | Х          |
| 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            |            | X          |
| 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            |            | _X_        |
|              | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e            | X          |            |
| '            | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                         | 11f            |            | Х          |
| 12a          | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                            | <del>'''</del> |            |            |
|              | Schedule D, Parts XI and XII                                                                                                                                                                                                                   | 12a            |            | Х          |
| b            | 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 and XII is optional                                                                                                                                    | 12b            |            | _X_        |
| 13           | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                              | 13             | X          |            |
|              | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                                                  | 14a            | X          |            |
|              | 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            | x          |            |
| 15           | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                                                                                                              |                |            |            |
|              | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                   | 15             | Х          |            |
| 16           | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                                                                                                                     |                |            |            |
| 17           | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                      | 16             |            | <u>X</u> _ |
| 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             |            | v          |
| 18           | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                                                                                                                    | -''-           | $\dashv$   | <u>X</u> _ |
|              | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                             | 18             |            | Х          |
| 19           | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                                                                                                                   |                |            |            |
|              | If "Yes," complete Schedule G, Part III                                                                                                                                                                                                        | 19             |            | X          |
|              |                                                                                                                                                                                                                                                |                |            |            |

### Part IV Checklist of Required Schedules (continued)

|                 |                                                                                                                                                                                      |      | Yes      | No    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|-------|
| 20a             | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                          | 20a  | 1        | Х     |
|                 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                         | 20b  |          |       |
| 21              | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                          |      |          |       |
|                 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                    | 21   |          | Х     |
| 22              | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                        |      |          |       |
|                 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                          | 22   |          | X     |
| 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                                                                                  | 1    |          |       |
|                 | \$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  |          | _X_   |
| b               | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                    | 24b  |          | X     |
| 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  |          | X     |
| d               |                                                                                                                                                                                      | 24d  |          | Х     |
| 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  |          | X     |
| 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                             | 256  |          | ~     |
| 26              | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any                                                                           | 25b  |          | _X    |
| 20              | current or former officers, directors, trustees, key employees, highest compensated employees, or                                                                                    |      |          |       |
|                 | disqualified persons? If "Yes," complete Schedule L, Part II                                                                                                                         | 26   |          | Х     |
| 27              | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,                                                                             |      |          |       |
|                 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                              | 1 _  | _        | _     |
| _               | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                             | 27   |          | Х     |
| 28              | Was the organization a party to a business transaction with one of the following parties (see Schedule L,                                                                            | 482  | <b>新</b> |       |
|                 | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                   | 100  |          |       |
| а               | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                              | 28a  |          | Х     |
| b               | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete                                                                               |      |          |       |
|                 | 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)                                                                      |      |          |       |
|                 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .                                                                             | 28c  |          | Х     |
| 29              | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .                                                                           | 29   |          | Х     |
| 30              | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                                                       |      |          |       |
|                 | conservation contributions? If "Yes," complete Schedule M                                                                                                                            | 30   |          | _ X   |
| 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?                                                                                        |      |          | v     |
| 33              | 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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33   |          | _     |
| 34              | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,                                                                            | 33   |          | X     |
| J <del>-1</del> | III, or IV, and Part V, line 1                                                                                                                                                       | 34   |          | X     |
| 35a             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                              | 35a  |          | X     |
|                 | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled                                                                   | 554  |          | _^_   |
| _               | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                       | 35b  |          |       |
| 36              | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related                                                                         | 1    |          |       |
|                 | organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                          | 36   |          | Х     |
| 37              | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                     |      |          |       |
|                 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part                                                                            |      |          |       |
|                 | VI                                                                                                                                                                                   | 37   |          | Х     |
| 38              | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                                                           |      |          |       |
|                 | 19? Note. All Form 990 filers are required to complete Schedule O                                                                                                                    | 38   | X        |       |
|                 |                                                                                                                                                                                      | Form | 990 (    | 2015) |

|     |                                                                                                                                    | 21837    | P            | age 5            |
|-----|------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance                                                                      |          |              | _                |
|     | ' Check if Schedule O contains a response or note to any line in this Part V                                                       |          |              | $\sqcup$         |
|     |                                                                                                                                    |          | Yes          | No               |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .                                                      | 0        |              |                  |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b                                                  | ō        |              |                  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable                        | 7        |              |                  |
|     | gaming (gambling) winnings to prize winners?                                                                                       | 1c       |              |                  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                    |          |              |                  |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a                                   | 2        |              | <u> </u>         |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b       | Х            |                  |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |          |              | ·                |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a       |              | X                |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                        | 3b       |              |                  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                  |          | 1            |                  |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                     |          |              |                  |
|     | account)?                                                                                                                          | 4a       |              | X                |
| b   | If "Yes," enter the name of the foreign country                                                                                    |          |              |                  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts                        |          |              | ,±»              |
|     | (FBAR)                                                                                                                             |          | ١            | ár               |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a       |              | Х                |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b       |              | Х                |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                  | 5c       |              | Г                |
| 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       |              | X                |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |          |              |                  |
|     | gifts were not tax deductible?                                                                                                     | 6b       |              |                  |
| 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 goods -                      |          |              |                  |
|     | and services provided to the payor?                                                                                                | 7a       |              | Х                |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b       |              |                  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |          |              |                  |
|     | required to file Form 8282?                                                                                                        | 7c       |              | Х                |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                               |          |              |                  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e       | L            | X                |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f       |              | X                |
| 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? | 7h       |              |                  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               | <u> </u> | <u> </u>     | " 15.<br>2.      |
|     | sponsoring organization have excess business holdings at any time during the year?                                                 | 8        |              | ļ                |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                          |          | ( )·         | ļ <u>.</u>       |
| 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       | <b>.</b>     | <u> </u>         |
| 0   | Section 501(c)(7) organizations. Enter                                                                                             | *        | <b>₽</b> 1   | , ,              |
| а   | Initiation fees and capital contributions included on Part VIII, line 12                                                           | 4        | 51 L         |                  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                        | - *      |              | , ağı            |
| 11  | Section 501(c)(12) organizations. Enter                                                                                            |          | ,,           | , r5             |
| а   | Gross income from members or shareholders                                                                                          | _        |              | ٠,               |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources                                                   |          |              | ١,               |
| _   | against amounts due or received from them )                                                                                        | _        |              |                  |
| 2a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a      | ļ            | <b></b>          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                              | _        |              |                  |
| 3   | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                   |          | <u> </u>     | <del> </del>     |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                               | 13a      | ļ            | <b></b>          |
|     | Note. See the instructions for additional information the organization must report on Schedule O                                   |          |              | -                |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which                                       |          |              |                  |
|     | the organization is licensed to issue qualified health plans  13b                                                                  | . s.     |              |                  |
| С   | Enter the amount of reserves on hand                                                                                               |          | ļ            | <del>  '</del> - |
| 4a  | Did the organization receive any payments for indoor tanning services during the tax year?                                         | 14a      | <del> </del> | _X               |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                          | 14b      |              |                  |

Part VI

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

|          | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                     | •                     |             |                                                  | [X]                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--------------------------------------------------|--------------------|
| Sec      | ion A. Governing Body and Management                                                                                                                                                                            |                       |             |                                                  |                    |
| 4.       | Enter the number of voting members of the government had not the and of the towner.                                                                                                                             | 4                     | 40          | Yes                                              | No                 |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or                                 | 1a                    | 13          |                                                  |                    |
|          | if the governing body delegated broad authority to an executive committee or similar                                                                                                                            |                       |             |                                                  |                    |
|          | committee, explain in Schedule O                                                                                                                                                                                |                       |             | * *                                              |                    |
| b        | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                              | 1b                    | 12          | Se. 5                                            | *                  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh                                                                                                         | nip with              |             |                                                  | -42                |
|          | any other officer, director, trustee, or key employee?                                                                                                                                                          |                       | 2           | Х                                                |                    |
| 3        | Did the organization delegate control over management duties customarily performed by or under t                                                                                                                |                       |             |                                                  |                    |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other                                                                                                              |                       | 3           | <u> </u>                                         | <u>X</u> _         |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 wa                                                                                                        |                       | 4           | <u> </u>                                         | X                  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's a                                                                                                            | ssets?                | 5           | <del> </del>                                     | X                  |
| 6        | Did the organization have members or stockholders?.                                                                                                                                                             |                       | 6           | <b>∤</b> —                                       | X                  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or a one or more members of the governing body?                                                                    | appoint               | 72          | 1                                                | l v                |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                                                                                               |                       | 7a          | ╁┈┈                                              | <u> </u>           |
| -        | stockholders, or persons other than the governing body?                                                                                                                                                         |                       | 7b          |                                                  | x                  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken                                                                                                                 | ı durına              | 1.0         | 1                                                |                    |
|          | the year by the following                                                                                                                                                                                       | <b>3</b>              |             | 1                                                |                    |
| а        | The governing body?                                                                                                                                                                                             |                       | 8a          | Х                                                |                    |
| b        | Each committee with authority to act on behalf of the governing body?                                                                                                                                           |                       | 8b          | X                                                | <u> </u>           |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re                                                                                                        | ached                 |             |                                                  |                    |
| 0 4      | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                  |                       | 9           | <u> </u>                                         | LX_                |
| Sect     | ion B. Policies (This Section B requests information about policies not required by the I                                                                                                                       | nternai Revenu        | e Coae      | .)<br>Yes                                        | No                 |
| _<br>10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                              |                       | 10a         |                                                  | X                  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such c                                                                                                          | hapters.              | 100         |                                                  | <u> </u>           |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt pur                                                                                                           | •                     | 10b         |                                                  |                    |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body befor                                                                                                       | e filing the form?    | 11a         | X                                                |                    |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                    |                       | 1.35        | 1700                                             | , i                |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                         |                       | 12a         |                                                  |                    |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could g                                                                                                   |                       | 12b         | X                                                |                    |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " describe in Schedule O how this was done                                                                   | res,"                 | 425         |                                                  |                    |
| 13       | Did the organization have a written whistleblower policy?                                                                                                                                                       |                       | 12c<br>13   | X                                                | X                  |
| 14       | Did the organization have a written document retention and destruction policy?                                                                                                                                  |                       | 14          | <del>                                     </del> | $\hat{\mathbf{x}}$ |
| 15       | Did the process for determining compensation of the following persons include a review and approve                                                                                                              | al by                 |             |                                                  | <u> </u>           |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation a                                                                                                               |                       | . 65        |                                                  | 1                  |
| а        | The organization's CEO, Executive Director, or top management official                                                                                                                                          |                       | 15a         |                                                  | Х                  |
| b        | Other officers or key employees of the organization                                                                                                                                                             |                       | 15b         |                                                  | X                  |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                              |                       | <b>安徽</b> 公 | 1                                                | 100                |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange                                                                                                      | ment                  |             | A                                                |                    |
|          | with a taxable entity during the year?                                                                                                                                                                          |                       | 16a         | 1.88                                             | X                  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and take steps to safeg |                       |             |                                                  |                    |
|          | the organization's exempt status with respect to such arrangements?                                                                                                                                             | uaru                  | 16b         | · , 2 ·                                          | 824 . · ·          |
| Sect     | ion C. Disclosure                                                                                                                                                                                               | •                     | 1100        | L                                                | L                  |
| 17       | List the states with which a copy of this Form 990 is required to be filed                                                                                                                                      |                       | <del></del> |                                                  |                    |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990                                                                                                              | -T (Section 501(c)    | (3)s onl    | y)                                               |                    |
|          | available for public inspection. Indicate how you made these available. Check all that apply                                                                                                                    |                       |             |                                                  |                    |
| 4.0      |                                                                                                                                                                                                                 | olain in Schedule (   |             |                                                  |                    |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, or                                                                                                               | onflict of interest p | olicy, ar   | nd                                               |                    |
| 20       | financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's bo                                               | ooks and records      |             |                                                  |                    |
|          | International Schools Services, Inc                                                                                                                                                                             |                       | 90          |                                                  |                    |
|          | 15 Roszel Road, Princeton, NJ 08540                                                                                                                                                                             | (555) 152-05          | <del></del> |                                                  |                    |

| Istanbul | International | Community | School |
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| istanbui | michialional  | Committee | JUNIOU |

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Page 7

## Form 990 (2015)

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

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

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

- **1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title    | (B)<br>Average<br>hours per                                       | box,<br>offic                  | unles<br>er an        | Pos<br>neck<br>ss pe<br>d a d | rson         | than o                       | an<br>ee) | (D)<br>Reportable<br>compensation     | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of                                      |
|--------------------------|-------------------------------------------------------------------|--------------------------------|-----------------------|-------------------------------|--------------|------------------------------|-----------|---------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
|                          | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer                       | Key employee | Highest compensated employee | Former    | from the organization (W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Luc Grillet          | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | , 2 00                                                            | X                              |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| (2) Dilo Kruyswijk       | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Treasurer                | 2 00                                                              | Х                              |                       | Х                             |              |                              |           |                                       |                                                  |                                                                    |
| (3) Meils Alaiuf         | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | Х                              |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| (4) Ayse Ataman Kececı   | 5 00                                                              |                                |                       |                               |              |                              |           | <u> </u>                              |                                                  |                                                                    |
| Chairperson              | 2 00                                                              | Х                              | 1                     | Х                             |              |                              |           |                                       |                                                  |                                                                    |
| (5) Ferhan Ferhangil     | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | X                              | Х                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| (6) Elizabeth Duffy      | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| President                | 2 00                                                              | Х                              |                       | Х                             |              |                              |           |                                       |                                                  |                                                                    |
| (7) Deirdre A Sımon      | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Asst Secretary/Treasurer | 2 00                                                              | Х                              |                       | Х                             |              |                              |           |                                       |                                                  | _                                                                  |
| (8) Robert Romain        | 5 00                                                              |                                | }                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| Direcotor _              | 2 00                                                              | Х                              |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| (9) Bert Bender          | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | X                              | Х                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| (10) Omer Kıpman         | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  | <u> </u>                                                           |
| Director                 | 2 00                                                              | Х                              | Х                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| (11) Susan Unruh         | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | X                              | Х                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| (12) Jane Thompson       | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | Х                              | Х                     |                               |              |                              |           |                                       |                                                  |                                                                    |
| (13) Susan Taylor        | 5 00                                                              |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| Director                 | 2 00                                                              | Х                              |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
| (14)                     |                                                                   |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |
|                          |                                                                   |                                |                       |                               |              |                              |           |                                       |                                                  |                                                                    |

| P     | art VII Section A. Officers, Directors, Tru         | istees, Key Em                | oloye                          | es,                   | and     | iH t                                             | ghes                            | t Ç      | ompensated Em      | ployees               | (contin | ued)                        |
|-------|-----------------------------------------------------|-------------------------------|--------------------------------|-----------------------|---------|--------------------------------------------------|---------------------------------|----------|--------------------|-----------------------|---------|-----------------------------|
|       | •                                                   |                               |                                |                       |         | C)                                               |                                 |          |                    |                       |         |                             |
|       | (A)                                                 | (B)                           | (do i                          | not cl                |         | more                                             | than :                          | one      | (D)                | (E)                   |         | (F)                         |
|       | Name and title                                      | Average                       | box,                           | unie                  | ss pe   | rson                                             | ıs botl                         | h an     | Reportable         | Reporta               |         | Estimated                   |
|       |                                                     | hours per                     |                                | 1                     |         |                                                  | or/trus                         |          | compensation       | compens               |         | amount of                   |
|       |                                                     | week (list any<br>hours for   | 유교                             | l Ing                 | Officer | €                                                |                                 | Former   | from<br>the        | from rela<br>organiza |         | other compensation          |
|       |                                                     | related                       | Individual to<br>or director   | ₫                     | 8       | en                                               | of est                          | ॿ        | organization       | (W-2/1099             |         | from the                    |
|       |                                                     | organizations<br>below dotted | 호호                             | 200                   |         | employee                                         | 88                              |          | (W-2/1099-MISC)    |                       |         | organization<br>and related |
|       |                                                     | line)                         | Individual trustee or director | 2                     | l       | )ee                                              | l pe                            |          |                    |                       |         | organizations               |
|       |                                                     |                               | #                              | Institutional trustee |         |                                                  | Highest compensated<br>employee | 1        |                    |                       |         |                             |
|       |                                                     |                               |                                | -                     |         |                                                  | e e                             |          |                    |                       |         |                             |
| (15)  |                                                     |                               |                                |                       |         |                                                  |                                 | T        |                    |                       |         |                             |
|       |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| (16)  |                                                     |                               |                                | Г                     |         |                                                  |                                 |          |                    |                       |         |                             |
|       |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| (17)  |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
|       |                                                     |                               | [                              |                       |         |                                                  |                                 | ļ        |                    |                       |         |                             |
| (18)  |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         | -                           |
| 77.77 |                                                     |                               |                                |                       |         |                                                  |                                 | İ        |                    |                       |         |                             |
| (19)  |                                                     |                               |                                | _                     |         |                                                  |                                 |          |                    |                       |         |                             |
| 7.117 |                                                     |                               |                                |                       |         | ĺ                                                |                                 |          |                    |                       |         |                             |
| (20)  |                                                     |                               |                                |                       |         | $\vdash$                                         |                                 |          |                    |                       |         |                             |
| 7.77  |                                                     |                               |                                |                       |         |                                                  |                                 |          | ,                  |                       |         |                             |
| (21)  |                                                     |                               | <u> </u>                       | $\vdash$              |         | <del>                                     </del> |                                 | _        |                    |                       |         |                             |
| 74.17 |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| (22)  |                                                     |                               |                                | -                     |         |                                                  |                                 | $\vdash$ |                    |                       |         |                             |
| 1441  |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| (22)  |                                                     |                               |                                | $\vdash$              |         | -                                                |                                 |          |                    |                       |         |                             |
| (23)  |                                                     |                               | _                              |                       | -       |                                                  |                                 | ŀ        |                    | -                     |         |                             |
| (04)  |                                                     |                               |                                | -                     | -       |                                                  |                                 |          |                    |                       |         |                             |
| (24)  | ••                                                  |                               | ļ                              |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| (05)  |                                                     |                               |                                |                       |         |                                                  |                                 | $\vdash$ |                    |                       |         | <del></del> .               |
| (25)  |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| 45    | 0.1.4.4.1                                           |                               |                                |                       |         |                                                  |                                 | <u> </u> |                    |                       |         | <del></del>                 |
| 1b    | Sub-total                                           | 4 4                           |                                |                       |         |                                                  |                                 |          | 0                  |                       | 0       |                             |
| C     | Total from continuation sheets to Part VII, Se      | ection A                      |                                |                       |         |                                                  |                                 |          | 0                  |                       | 0       |                             |
| d_    | Total (add lines 1b and 1c)                         |                               |                                |                       |         |                                                  |                                 | <u> </u> | 0                  |                       | 0       |                             |
| 2     | Total number of individuals (including but not lir  |                               | ted a                          |                       |         | /ho                                              | recei                           | ved      | more than \$100    | ,000 of               |         |                             |
|       | reportable compensation from the organization       | <u>P</u>                      |                                |                       | 0       |                                                  |                                 |          |                    |                       |         |                             |
|       |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       | 1       | Yes No                      |
| 3     | Did the organization list any former officer, dire  |                               | -                              | -                     | oye     | e, o                                             | r high                          | nest     | compensated        |                       |         | <u> </u>                    |
|       | employee on line 1a? If "Yes," complete Sched       | ule J for such inc            | dividu                         | ıaı                   |         |                                                  |                                 |          | •                  |                       |         | 3 X                         |
| 4     | For any individual listed on line 1a, is the sum of |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
|       | the organization and related organizations grea     | ter than \$150,00             | )0? If                         | "Ye                   | es," (  | com                                              | plete                           | Sc.      | hedule J for sucl  | ከ                     |         | 14 TO                       |
|       | ındıvıdual                                          |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         | 4 X                         |
| 5     | Did any person listed on line 1a receive or accr    | ue compensatio                | n fror                         | n ar                  | ıv u    | nrel                                             | ated                            | ora      | anization or indiv | ndual                 |         |                             |
|       | for services rendered to the organization? If "Ye   |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         | 5 X                         |
| Sec   | tion B. Independent Contractors                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
| 1     | Complete this table for your five highest compe     | nsated independ               | lent o                         | cont                  | ract    | ors                                              | that r                          | ece      | ived more than 9   | \$100 000             | of      |                             |
| -     | compensation from the organization Report co        |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         | ax                          |
|       | year                                                |                               |                                |                       |         |                                                  | _                               | 3        |                    | J                     |         |                             |
|       | (A)                                                 |                               |                                |                       | -       |                                                  |                                 | Γ        | (B)                |                       | _       | (C)                         |
|       | Name and business addi                              | ess                           |                                |                       |         |                                                  |                                 |          | Description of sen | vices                 | c       | compensation                |
|       |                                                     |                               |                                | -                     |         |                                                  |                                 | <u> </u> |                    | ***                   |         |                             |
|       | <del></del>                                         |                               |                                |                       | -       |                                                  |                                 |          |                    |                       |         |                             |
|       |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |
|       | <u></u>                                             |                               | -                              |                       |         |                                                  |                                 | $\vdash$ |                    |                       |         |                             |
|       |                                                     |                               |                                |                       |         |                                                  |                                 |          |                    |                       |         |                             |

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Form 990 (2015) Part VIII

| Ш | Statement of Revenue                                                          |  |
|---|-------------------------------------------------------------------------------|--|
|   | Check if Schedule O contains a response or note to any line in this Part VIII |  |

| ı aı                                                      | · · · · · · | Check if Schedule O contains          | s a response o                          | or r      | note to any line | ın        | this         | Part           | VIII                                   |                                                  |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          |              |
|-----------------------------------------------------------|-------------|---------------------------------------|-----------------------------------------|-----------|------------------|-----------|--------------|----------------|----------------------------------------|--------------------------------------------------|--------------------|---------------------------------------|------------|----------------------------------------|----------------------------------------|--------------------|-----------------------|----------------------------------------|--------------------------|--------------|
|                                                           |             |                                       |                                         |           |                  |           |              | (A)<br>tal rev |                                        |                                                  | Rela<br>exe<br>fun | B)<br>ted or<br>empt<br>ction<br>enue |            | l t                                    | (C)<br>Inrelat<br>ousine<br>revenu     | ss                 | 1                     | (D<br>Reve<br>xclude<br>under<br>512-  | nue<br>d from<br>section |              |
| સ થ                                                       | 1a          | Federated campaigns                   |                                         | 1a        |                  | 0         |              | ,              | i,                                     |                                                  |                    |                                       | ,          | ~                                      | ~                                      |                    |                       |                                        |                          |              |
| Gifts, Grants<br>Ilar Amounts                             | b           | Membership dues                       |                                         | 1b        |                  | 0         |              |                |                                        |                                                  |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          |              |
| S, S                                                      | С           | Fundraising events                    | L                                       | <u>1c</u> |                  | 이         |              | *              | =                                      |                                                  |                    |                                       |            |                                        |                                        |                    | ŀ                     |                                        | ٠                        |              |
| Sifts<br>lar/                                             | d           | Related organizations                 |                                         | 1d        |                  | 이         | ,            | ,              |                                        |                                                  | wê.                | 2                                     | ^\go       | \$                                     | s                                      | 3.*                | કં,                   | 3                                      | § .                      | 1            |
| ns, (<br>lml                                              | е           | Government grants (contribution       | -' ⊢                                    | <u>1e</u> |                  | 이         | *            |                |                                        |                                                  |                    |                                       | Í          |                                        |                                        |                    | ٠                     | 6                                      | \$i.                     | 2.           |
| 함                                                         | f           | All other contributions, gifts, grain |                                         |           |                  |           | Ŷ            |                | * 1                                    | 1                                                |                    | •                                     | *          | ~                                      | ,                                      | ٠.                 | *                     | A.                                     | 2000                     |              |
| 를 됨                                                       |             | similar amounts not included abo      |                                         | 1f        |                  | 0         | *            | 13             | ≪                                      |                                                  |                    | 4                                     |            | ~                                      |                                        | 47                 | Þ                     |                                        | es.                      | 4            |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 9           | Noncash contributions included in     | lines 1a-1f                             | \$        |                  | 이         |              |                |                                        | 4                                                |                    |                                       |            |                                        | ,a,                                    | a                  |                       |                                        | Å.                       |              |
|                                                           | h           | Total. Add lines 1a-1f                | •                                       |           | D                | •         |              |                | 0                                      | 1                                                | <i>₹</i>           | <u> </u>                              | \$         | *                                      | <u> 4</u>                              | *                  | #                     | (June                                  | <u> </u>                 | 4            |
| une                                                       |             | Edua Command Comman                   |                                         |           | Business Code    | <u>`</u>  | -            | 40.4           | 44.000                                 | <u> </u>                                         | 40                 | 444.6                                 | 300        | <u> </u>                               | -dh                                    | út.                | 2                     | _ <u> </u>                             |                          | _            |
| 946                                                       | 2a          | Educ Support Services                 |                                         |           | 611710           | +         |              | 16,1           | 11,033                                 | 1                                                | 16,                | 111,0                                 | 133        |                                        |                                        |                    | H                     |                                        |                          | —            |
| ě.                                                        | b           |                                       |                                         |           |                  | +         |              |                | 0                                      | +                                                |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          | —            |
| Š                                                         | C           |                                       |                                         |           |                  | +         |              |                | 0                                      | _                                                |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          | —            |
| ຮູ                                                        | d           |                                       |                                         |           |                  | $\dashv$  |              |                | 0<br>0                                 | +                                                |                    |                                       |            |                                        |                                        |                    |                       | —                                      |                          |              |
| Jran                                                      | •           | All other program service revenu      |                                         |           |                  | +         |              |                | 0                                      | -                                                |                    |                                       |            |                                        |                                        |                    | -                     |                                        |                          | —            |
| Program Service Revenue                                   | ,           | Total. Add lines 2a–2f                | 16                                      |           | •                | +         |              | 16 1           | 11,033                                 |                                                  |                    | All Services                          |            | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |                                        | ο <b>μ</b> (Σ)   3 | <b>W</b> :            | 4                                      | -41.EV                   | <del>/</del> |
|                                                           | 3           | Investment income (including div      | udends intere                           | est.      | • •              | $\dagger$ |              | 10, 1          | 11,000                                 | 157                                              | Ne For             |                                       | 200000     | 79827                                  | 7885                                   |                    |                       |                                        | 2000                     |              |
|                                                           | _           | other similar amounts)                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,         | •···•            | •         |              | 39             | 92,210                                 |                                                  |                    |                                       |            |                                        |                                        |                    |                       | 3                                      | 92,2°                    | 10           |
|                                                           | 4           | Income from investment of tax-e       | xempt bond p                            | roc       | eeds <b>&gt;</b> | •         |              |                | 0                                      | 1                                                |                    | -                                     |            |                                        |                                        |                    |                       |                                        |                          |              |
|                                                           | 5           | Royalties .                           | •                                       |           | •                | • [       |              |                | 0                                      |                                                  |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          | _            |
|                                                           |             | •                                     | (ı) Real                                |           | (II) Personal    | -         | <b>X</b> (1) |                | 4                                      | \$\langle 1\frac{1}{2}                           | <b>1</b> %, -      | 1 m                                   | ، میر<br>- | sh fire                                | * ************************************ | 3,1877             | ?*> 48 <sup>6</sup> 2 | - "                                    | 1                        | 7            |
|                                                           | 6a-         | Gross-rents                           |                                         |           | -                |           | . Ž.,        |                | . and                                  | Ĭ.,                                              |                    | Ž.,,                                  |            | in a                                   | - 101 -<br>- 301                       | endigen of         | -1.<br>-1.            |                                        | - 3                      |              |
|                                                           | b           | Less rental expenses                  |                                         |           |                  | _[        | . 1880       |                |                                        | ž                                                |                    |                                       |            | 2                                      | 1                                      | . X                | San .                 |                                        |                          | . "          |
|                                                           | С           | Rental income or (loss)               |                                         | 0         |                  | 0         | 3 - 01       | ă,⇔,           | · 33,44 .                              |                                                  |                    | 7                                     | 7          |                                        | 11                                     | J. 18              | *                     | AND A SE                               | 1.25                     | M            |
|                                                           | d           | Net rental income or (loss)           |                                         |           | <b>•</b>         | •         |              |                | 0                                      |                                                  |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          |              |
|                                                           | 7a          | Gross amount from sales of            | (i) Securities                          |           | (II) Other       | _ *       |              |                | ************************************** | ľ                                                | · ·                | . 6.A.                                | 1°2545     | ** *****                               | 200                                    | 215500             | 395                   |                                        | 7                        |              |
|                                                           |             | assets other than inventory .         |                                         | 0         |                  | 0         |              | r<br>P         |                                        | 1 × ±                                            | <b>13.</b> "       | \$ \$ \tau \tau                       |            | M. F                                   | *******                                | ه د پېږ            | : '~∗                 | - <b>"</b>                             | . *-                     | 4            |
|                                                           | b           | Less cost or other basis              |                                         | _         |                  |           | 3            |                |                                        | le c                                             |                    | J.                                    | Ñ          | radille in                             |                                        | street (%). ··     | ribe.                 | -4.5°                                  | ₩. T.E.                  | . 1          |
|                                                           |             | and sales expenses                    |                                         | _0        |                  | 약         | ; ; , L   ?  |                | 28/801.2                               |                                                  |                    |                                       | *          |                                        |                                        |                    | 8777                  |                                        | 5. No.                   | - ]          |
|                                                           | C .         | Gain or (loss)                        |                                         | 0         |                  | 이         | edrá.        | nik .          |                                        | <u> </u>                                         |                    |                                       | Œ.         | <u>. A.</u>                            |                                        | <u> </u>           | ña.                   | -46                                    | <u> </u>                 | œ.           |
|                                                           | d           | Net gain or (loss)                    | •                                       |           |                  | 1         | 28,          | 4.7%<br>100 m  | <u>0</u>                               | f.,                                              | ike L              |                                       | ٠,         | ****                                   | 54%                                    | ~7:03,             | 148                   | 6333                                   |                          | .438<br>1844 |
| o                                                         | 8a          | Gross income from fundraising         |                                         |           |                  | ľ         |              | Miles.         |                                        | 1                                                |                    | 3,1                                   | -          | , ,                                    | <i></i>                                | ***                | ~~                    | Ţ                                      |                          | 1            |
| 2                                                         | Oa          | events (not including \$              | 0                                       |           |                  | د         | A.           | <b>\$</b>      | <b>(</b>                               | <b>*</b>                                         | <b>%</b>           | wije.                                 | right s    | . 45.                                  | F. 12                                  | ~                  | ,è•                   | 4                                      |                          | *            |
| ě                                                         |             | of contributions reported on line     |                                         |           |                  |           | i.e.         | · ·            | .As                                    | l <sub>so</sub>                                  | .22                | ŵ.                                    |            |                                        | alike.                                 | ak *.              | Ĺ                     | ,<br><u>A</u>                          |                          | 1            |
| Ř                                                         |             | See Part IV, line 18.                 | •                                       | а         |                  | اه        | 19           |                | , 🦓 ,                                  |                                                  |                    |                                       |            |                                        | *                                      | Mary J.            | ľ                     | ************************************** |                          | į            |
| Other Revenue                                             | b           | Less direct expenses                  |                                         | b         |                  | ō         | ۲.           | 3              | . 🦠                                    | \$ h                                             |                    | J.                                    | 4          | 1.46                                   | <b>*</b> :-                            | × 5                | 1.5                   | *                                      | -/#\chi_1.               | 3            |
| δ                                                         | С           | Net income or (loss) from fundra      | ising events                            |           | <b>&gt;</b>      | -         |              |                | 0                                      |                                                  | Andrew             | Å.                                    | الأعد      |                                        |                                        |                    |                       |                                        |                          |              |
|                                                           | 9a          | Gross income from gaming activ        | ities                                   |           |                  | Т         |              |                |                                        | ."                                               | ~qr                | ¥;                                    | 3          |                                        |                                        |                    | 34                    | ж.                                     |                          | $\neg$       |
|                                                           |             | See Part IV, line 19                  |                                         | а         |                  | 0         | هر           | 2ª             | 158                                    | ř                                                | ije.               | ą.                                    | 1/582      | ٠ <                                    |                                        | 1                  | *                     | - 3                                    | 1                        | de que       |
|                                                           | b           | Less direct expenses .                |                                         | b         | - "              | 0         |              |                |                                        | 1                                                |                    |                                       |            |                                        | ٠.                                     |                    | À                     |                                        |                          | <u>.</u>     |
|                                                           | С           | Net income or (loss) from gaming      | g activities                            |           | <u> </u>         | ╚         |              |                | 0                                      |                                                  |                    |                                       |            |                                        |                                        |                    | <u> </u>              |                                        |                          |              |
|                                                           | 10a         | Gross sales of inventory, less        |                                         |           |                  |           | ¥            | ا<br>مستر      | 4                                      | á.                                               | \$                 | *                                     | Q.         | *                                      | . 🛊                                    | 4                  | \$                    | <b>F</b>                               |                          | 1            |
|                                                           |             | returns and allowances                |                                         | а         |                  | 의         |              | w.m.           | .*                                     | ĺ.,                                              |                    |                                       | , j        | di                                     |                                        | s <del>ile</del> . | *~                    | <u></u>                                | Ž.                       |              |
|                                                           | b           | Less cost of goods sold               |                                         | b         |                  | 익         | <u> </u>     |                | **                                     | <u> </u>                                         |                    |                                       |            | A/ber                                  |                                        |                    | <u> </u>              |                                        |                          | _]           |
|                                                           | С           | Net income or (loss) from sales of    | of inventory                            |           | •                | +         | *            | ·····          | 0                                      | ├                                                |                    |                                       | Ψ.         |                                        |                                        |                    | <u> </u>              |                                        |                          |              |
|                                                           | 14.5        | Miscellaneous Revenue                 |                                         | _         | Business Code    | +         |              |                |                                        | <del> </del>                                     |                    |                                       |            |                                        |                                        |                    |                       |                                        |                          |              |
|                                                           | 11a         |                                       |                                         | 1         |                  | +         |              |                | 0                                      | <del>                                     </del> |                    |                                       |            |                                        |                                        |                    | ├—                    |                                        |                          | _            |
|                                                           | b           |                                       |                                         |           |                  | +         |              |                | 0                                      | -                                                |                    |                                       | $\dashv$   |                                        |                                        |                    | $\vdash$              |                                        |                          | —            |
|                                                           | c<br>d      | All other revenue                     |                                         |           |                  | +         |              |                | 0                                      | -                                                |                    |                                       | $\dashv$   |                                        |                                        |                    | $\vdash$              |                                        |                          |              |
|                                                           | e           | Total. Add lines 11a–11d              |                                         | ١         | •                | +         |              |                | 0                                      | 100                                              | *                  | ide                                   |            |                                        |                                        |                    | $\vdash$              | - 1<br>X                               | "Sú                      | $\neg$       |
|                                                           | 12          | Total revenue. See instructions       |                                         |           | •                | ۱.        | 1            | 6,50           | 3,243                                  | 900.00                                           | 16.                | 111,0                                 | 33         | ~                                      | -                                      | 0                  |                       | <u></u> 3                              | 92,2                     | '<br>10      |

#### 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)

| <u></u>   | Check if Schedule O contains a response or note                                               |                       |                                                    | rempiete delamin (r )                     |                                |
|-----------|-----------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-------------------------------------------|--------------------------------|
|           | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                    | (A)<br>Total expenses | (B)<br>Program service<br>expenses                 | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1         | Grants and other assistance to domestic organizations                                         |                       |                                                    | <i>3.</i> € 4                             | 10 W W 2.                      |
| _         | domestic governments See Part IV, line 21                                                     | 0                     |                                                    |                                           | <del>_</del>                   |
| 2         | Grants and other assistance to domestic                                                       |                       |                                                    |                                           | •                              |
| •         | individuals See Part IV, line 22                                                              | 0                     |                                                    | <u> </u>                                  | <u> </u>                       |
| 3         | Grants and other assistance to foreign                                                        |                       |                                                    | Sa Sa Sa                                  |                                |
|           | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16     | 11,319,592            | 11,319,592                                         | 7 Y 1                                     | ,                              |
| 4         | Benefits paid to or for members                                                               | 11,319,592            | 11,519,592                                         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     | 2 T 1                          |
| 5         | Compensation of current officers, directors,                                                  |                       | · · <del>- · · - · · - · · · · · · · · · · ·</del> |                                           |                                |
|           | trustees, and key employees .                                                                 | 0                     |                                                    | l 0                                       |                                |
| 6         | Compensation not included above, to disqualified                                              |                       | -                                                  |                                           | <u> </u>                       |
|           | persons (as defined under section 4958(f)(1)) and                                             |                       |                                                    |                                           | •                              |
|           | persons described in section 4958(c)(3)(B)                                                    | o                     |                                                    |                                           |                                |
| 7         | Other salaries and wages                                                                      | 43,512                | 43,512                                             |                                           |                                |
| 8         | Pension plan accruals and contributions (include                                              |                       | -                                                  |                                           |                                |
|           | section 401(k) and 403(b) employer contributions)                                             | 0                     |                                                    |                                           |                                |
| 9         | Other employee benefits .                                                                     | 0                     |                                                    |                                           |                                |
| 10        | Payroll taxes                                                                                 | 3,329                 | 3,329                                              |                                           |                                |
| 11        | Fees for services (non-employees)                                                             |                       |                                                    |                                           |                                |
| a         | Management                                                                                    | 15,673                | <del></del>                                        | 15,673                                    |                                |
| b         | Legal .                                                                                       | 0                     | <del>-</del>                                       |                                           |                                |
| C         | Accounting                                                                                    | 0                     | ·                                                  |                                           |                                |
| d         | Lobbying                                                                                      | 0                     |                                                    |                                           |                                |
| — е-<br>f | Professional fundraising services. See Part IV, line 17 Investment management fees            | 0                     |                                                    |                                           |                                |
| g         | Other (If line 11g amount exceeds 10% of line 25, column                                      | 0,                    |                                                    |                                           |                                |
| 9         | (A) amount, list line 11g expenses on Schedule O)                                             | اه                    |                                                    |                                           |                                |
| 12        | Advertising and promotion .                                                                   | 42,571                | 42,571                                             |                                           | <u> </u>                       |
| 13        | Office expenses                                                                               | 0                     | 42,011                                             |                                           |                                |
| 14        | Information technology                                                                        | 0                     | ,                                                  |                                           |                                |
| 15        | Royalties                                                                                     | 0                     |                                                    |                                           |                                |
| 16        | Occupancy .                                                                                   | 1,208,231             | 1,208,231                                          |                                           |                                |
| 17        | Travel                                                                                        | 0                     | -                                                  |                                           |                                |
| 18        | Payments of travel or entertainment expenses                                                  |                       |                                                    |                                           |                                |
|           | for any federal, state, or local public officials                                             | . 0                   |                                                    |                                           |                                |
| 19        | Conferences, conventions, and meetings                                                        | 0                     |                                                    |                                           |                                |
| 20        | Interest                                                                                      | 228,706               | 228,706                                            |                                           |                                |
| 21        | Payments to affiliates                                                                        | 0                     |                                                    |                                           | · <del> </del>                 |
| 22        | Depreciation, depletion, and amortization                                                     | 522,095               | 522,095                                            | 0                                         | 0                              |
| 23        | Insurance Other expanses Itemize expanses not severed                                         | 4,334                 |                                                    | 4,334                                     |                                |
| 24        | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If | 4 4 4 A               | i sin de d                                         | An han h                                  | 4 - 19 - 19                    |
|           | line 24e amount exceeds 10% of line 25, column                                                |                       | 7 5                                                |                                           |                                |
|           | (A) amount, list line 24e expenses on Schedule O)                                             |                       | * * *                                              | 水 子 安 寿                                   |                                |
| а         | Currency Translation (loss)                                                                   | 138,362               | 138,362                                            |                                           | <u></u>                        |
| b         | Operation and Maintenance of Plant                                                            | 1,096,185             | 1,096,185                                          |                                           |                                |
| c         | Educational Support                                                                           | 1,530,784             | 1,530,784                                          |                                           |                                |
| d         | Corporate Taxes                                                                               | 376,772               | 376,772                                            |                                           |                                |
| е         | All other expenses                                                                            | 244,712               | 244,712                                            |                                           |                                |
| 25        | Total functional expenses. Add lines 1 through 24e                                            | 16,774,858            | 16,754,851                                         | 20,007                                    | 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 ► X if                                                    |                       |                                                    |                                           |                                |
|           | following SOP 98-2 (ASC 958-720)                                                              | <u> </u>              |                                                    |                                           |                                |

Part X

|                             | •        | Check if Schedule O contains a response or note to any line in th                                                    | is Part X               |     |                                       |
|-----------------------------|----------|----------------------------------------------------------------------------------------------------------------------|-------------------------|-----|---------------------------------------|
|                             |          |                                                                                                                      | (A)                     | ·   | (B)                                   |
|                             |          |                                                                                                                      | Beginning of year       |     | End of year                           |
|                             | 1        | Cash—non-interest-bearing .                                                                                          |                         | 1   |                                       |
|                             | 2        | Savings and temporary cash investments                                                                               | 8,007,940               | 2   | 7,374,331                             |
|                             | 3        | Pledges and grants receivable, net                                                                                   | 0                       | 3   | 0                                     |
|                             | 4        | Accounts receivable, net                                                                                             | 83,764                  | 4   | 122,994                               |
|                             | 5        | Loans and other receivables from current and former officers, director                                               | ors,                    |     |                                       |
|                             |          | trustees, key employees, and highest compensated employees                                                           |                         |     |                                       |
|                             |          | Complete Part II of Schedule L                                                                                       |                         | 5   |                                       |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under sec                                    | tion                    |     |                                       |
|                             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer                                   | s and                   | ,   |                                       |
|                             |          | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary                                       | 4 5 3 8                 | ,   |                                       |
| Assets                      |          | organizations (see instructions) Complete Part II of Schedule L                                                      |                         | 6   |                                       |
| SS                          | 7        | Notes and loans receivable, net .                                                                                    | 0                       | 7   | 0                                     |
| Ä                           | 8        | Inventories for sale or use                                                                                          |                         | 8   | <u> </u>                              |
|                             | 9        | Prepaid expenses and deferred charges                                                                                | 243,105                 | 9   | 511,511                               |
|                             | 10a      | Land, buildings, and equipment cost or                                                                               | A A A A                 | ŧ,· | , & & & &                             |
|                             |          | other basis Complete Part VI of Schedule D   10a   18,                                                               | 161,559                 |     |                                       |
|                             | b        | Less accumulated depreciation 10b 6,                                                                                 | 354,760 11,648,040      | 10c | 11,806,799                            |
|                             | 11       | Investments—publicly traded securities                                                                               | 0                       | 11  | 0                                     |
|                             | 12       | Investments—other securities See Part IV, line 11                                                                    | . 0                     | 12  | 0                                     |
|                             | 13       | Investments—program-related See Part IV, line 11                                                                     | . 0                     | 13  | 0                                     |
|                             | 14       | Intangible assets                                                                                                    | 0                       | 14  | 0                                     |
|                             | 15       | Other assets See Part IV, line 11                                                                                    | 240,723                 | 15  | 107,685                               |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 34)                                                            | 20,223,572              | 16  | 19,923,320                            |
| _                           | 17 _     | Accounts payable and accrued expenses                                                                                | 1,252,585               | 17  | 1,123,462                             |
|                             | 18       | Grants payable .                                                                                                     |                         | 18  |                                       |
|                             | 19       | Deferred revenue                                                                                                     | 4,779,667               | 19  | 5,280,603                             |
|                             | 20       | Tax-exempt bond liabilities                                                                                          |                         | 20  |                                       |
|                             | 21       | Escrow or custodial account liability Complete Part IV of Schedule D                                                 |                         | 21  | · · · · · · · · · · · · · · · · · · · |
| 8                           | 22       | Loans and other payables to current and former officers, directors,                                                  |                         |     |                                       |
| ≡                           |          | trustees, key employees, highest compensated employees, and                                                          |                         | ŧŧ  |                                       |
| Liabilities                 |          | disqualified persons Complete Part II of Schedule L.                                                                 |                         | 22  |                                       |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties                                                       | 4,028,386               | 23  | 3,390,664                             |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties                                                         | 0                       | 24  | 0                                     |
|                             | 25       | Other liabilities (including federal income tax, payables to related third                                           | d                       |     |                                       |
|                             |          | parties, and other liabilities not included on lines 17-24) Complete                                                 |                         | ĺ   |                                       |
|                             |          | Part X of Schedule D .                                                                                               | 723,305                 | 25  | 960,577                               |
|                             | 26       | Total liabilities. Add lines 17 through 25                                                                           | 10,783,943              | 26  | 10,755,306                            |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here ►                                                           | Cand * * *              | •   |                                       |
| 89                          |          | complete lines 27 through 29, and lines 33 and 34.                                                                   |                         |     |                                       |
| an                          | 27       | Unrestricted net assets                                                                                              | 9,439,629               | 27  | 9,168,014                             |
| Bal                         | 28       | Temporarily restricted net assets .                                                                                  |                         | 28  |                                       |
| ᅙ                           | 29       | Permanently restricted net assets                                                                                    |                         | 29  |                                       |
| ΞĒ                          |          | Organizations that do not follow SFAS 117 (ASC958), check here                                                       | and                     | 1   | 7                                     |
| ᄓ                           |          | complete lines 30 through 34.                                                                                        | _J and                  |     | 4 2 % 4 A                             |
| Net Assets or Fund Balances | 30       |                                                                                                                      | \$                      | 20  |                                       |
| 380                         | 30<br>31 | Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund |                         | 30  |                                       |
| Ä                           | 31<br>32 | Retained earnings, endowment, accumulated income, or other funds                                                     |                         | 31  |                                       |
| Nei                         | 33       | Total net assets or fund balances                                                                                    |                         | 32  | 0.469.044                             |
| _                           | 34       | Total liabilities and net assets/fund balances                                                                       | 9,439,629<br>20,223,572 | 33  | 9,168,014                             |
|                             |          | Total nabilities and het assets/fulld balatices                                                                      | 20,223,572              | 34  | 19,923,320                            |

| Form | 990 (2015) Istanbul International Community School                                                                                                                                                                                                                                                                                            | 1  | 3-3321837 | Pag   | e 12  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|-------|-------|
| Par  | t XI 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  | 10        | 6,503 | ,243  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                      | 2  | 10        | 6,774 | ,858  |
| 3    | Revenue less expenses Subtract line 2 from line 1                                                                                                                                                                                                                                                                                             | 3  |           | -271  | ,615  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                                                                                                                                                                                                                                     | 4  |           | 9,439 | ,629  |
| 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 | ,         | 9,168 | ,014  |
| Part | XII Financial Statements and Reporting                                                                                                                                                                                                                                                                                                        |    |           | ,     |       |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                                                                                                                                                                                                                                                  |    |           | . [   |       |
| 1    | Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                |    | _         | Yes   |       |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  X Consolidated basis  Both consolidated and separate basis |    |           |       | X     |
| b    | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                            |    | 2b        | X     |       |
|      | 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  Separate basis  X 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                                                                                                                                                                                                                                | 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 Schedule O                                                                                                                                                                                                                      |    |           |       |       |
| 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 ( | 2015) |

#### SCHEDULĘ 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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

| Name     | e or t | ne organization                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer identification                                                                              | n number                                        |   |
|----------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------|---|
| Istar    | nbul   | International Community Schoo                                                                                                                                                                                                                         | l                                                                                                                                            |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13-33                                                                                                | 21837                                           |   |
| Pai      | rt I   | Reason for Public Char                                                                                                                                                                                                                                | ity Status (All or                                                                                                                           | ganizations must co                                                                                                                               | mplete tl                               | nis part.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | See instructions.                                                                                    |                                                 |   |
| The      | orga   | anization is not a private foundat                                                                                                                                                                                                                    | •                                                                                                                                            | •                                                                                                                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                    |                                                 |   |
| 1        |        | A church, convention of church                                                                                                                                                                                                                        | es, or association o                                                                                                                         | f churches described in                                                                                                                           | n section                               | 170(b)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (A)(i).                                                                                              |                                                 |   |
| 2        | X      | A school described in section                                                                                                                                                                                                                         | <b>170(b)(1)(A)(ii)</b> . (Att                                                                                                               | ach Schedule E (Form                                                                                                                              | 990 or 99                               | 90-EZ))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                 |   |
| 3        |        | A hospital or a cooperative hos                                                                                                                                                                                                                       | pital service organiz                                                                                                                        | ation described in <b>sec</b>                                                                                                                     | tion 170(                               | b)(1)(A)(ii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | i).                                                                                                  |                                                 |   |
| 4        |        | A medical research organizatio hospital's name, city, and state                                                                                                                                                                                       |                                                                                                                                              | nction with a hospital c                                                                                                                          | lescribed                               | n section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 170(b)(1)(A)(iii). En                                                                                | ter the                                         |   |
| 5        |        | An organization operated for th section 170(b)(1)(A)(iv). (Com                                                                                                                                                                                        |                                                                                                                                              | e or university owned                                                                                                                             | or operate                              | ed by a go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | vernmental unit desc                                                                                 | cribed in                                       |   |
| 6        |        | A federal, state, or local govern                                                                                                                                                                                                                     | ment or governmen                                                                                                                            | ital unit described in <b>s</b> e                                                                                                                 | ection 170                              | )(b)(1)(A)(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (v).                                                                                                 |                                                 |   |
| 7        |        | An organization that normally redescribed in section 170(b)(1)                                                                                                                                                                                        |                                                                                                                                              |                                                                                                                                                   | m a gove                                | rnmental (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | unit or from the gene                                                                                | ral public                                      |   |
| 8        | $\Box$ | A community trust described in                                                                                                                                                                                                                        | section 170(b)(1)(/                                                                                                                          | A)(vi). (Complete Part                                                                                                                            | II)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 |   |
| 9        |        | An organization that normally receipts from activities related to support from gross investment acquired by the organization af                                                                                                                       | to its exempt function income and unrelated                                                                                                  | ns—subject to certain<br>ed business taxable in                                                                                                   | exception come (les                     | s, and (2)<br>s section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | no more than 33 1/3<br>511 tax) from busine                                                          | 3% of its                                       |   |
| 10       |        | An organization organized and                                                                                                                                                                                                                         |                                                                                                                                              | , , ,                                                                                                                                             | •                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                 |   |
| 11       |        | An organization organized and of one or more publicly support Check the box in lines 11a thro                                                                                                                                                         | operated exclusivel<br>ed organizations de                                                                                                   | y for the benefit of, to escribed in <b>section 50</b> 9                                                                                          | perform th<br>9(a)(1) or s              | e function<br>section 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns of, or to carry out to carry out to 09(a)(2). See section                                         | n 509(a)(3).                                    |   |
| a        | ·      | Type I. A supporting organize the supported organization (so organization You must con Type II. A supporting organization organization(s) You must control or management of the organization(s) You must control or management of the organization(s) | cation operated, sup<br>s) the power to regu<br>nplete Part IV, Sect<br>zation supervised or<br>ie supporting organi<br>complete Part IV, Se | ervised, or controlled to<br>larly appoint or elect a<br>ions A and B.<br>controlled in connection<br>zation vested in the sa<br>ections A and C. | oy its supporting on with its ame perso | oorted organized the direct of | anization(s), typically<br>ctors or trustees of the<br>d organization(s), by<br>introl or manage the | by giving ne supporting having supported        |   |
| С        |        | Type III functionally integrates its supported organization(s)                                                                                                                                                                                        | ) (see instructions)                                                                                                                         | You must complete F                                                                                                                               | Part IV, Se                             | ctions A,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D, and E.                                                                                            | •                                               |   |
| d        |        | Type III non-functionally in<br>that is not functionally integr<br>requirement (see instruction                                                                                                                                                       | ated The organizat                                                                                                                           | ion generally must sati                                                                                                                           | isfy a distr                            | ibution red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | quirement and an att                                                                                 |                                                 |   |
| е        |        | Check this box if the organiz functionally integrated, or Ty                                                                                                                                                                                          |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type I, Type II, Type                                                                                | e III                                           |   |
| f        |        | Enter the number of supported                                                                                                                                                                                                                         | •                                                                                                                                            |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | 0 |
| g        |        | Provide the following information                                                                                                                                                                                                                     |                                                                                                                                              |                                                                                                                                                   | L.,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | _ |
|          | (1)    | Name of supported organization                                                                                                                                                                                                                        | (ii) EIN                                                                                                                                     | (iii) Type of organization<br>(described on lines 1–9<br>above (see instructions))                                                                | listed in you                           | organization<br>or governing<br>ment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (v) Amount of monetary support (see instructions)                                                    | (vi) Amount of other support (see instructions) |   |
|          |        |                                                                                                                                                                                                                                                       | , ,                                                                                                                                          |                                                                                                                                                   | Yes                                     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                 |   |
| (A)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | _ |
| (B)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   | <u> </u>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 |   |
| (B)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 |   |
| (C)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 |   |
| (D)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | _ |
| (E)      |        |                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                 | _ |
| <b>.</b> |        |                                                                                                                                                                                                                                                       | * * * * * * * * * * * * * * * * * * *                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                             | 3 16                                    | 64 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                 | _ |

| Sch | edule A (Form 990 or 990-EZ) 2015 Istanbul li                         | nternational Comr       | nunity School         |                        |                      | 13-3321837                            | Page 2    |
|-----|-----------------------------------------------------------------------|-------------------------|-----------------------|------------------------|----------------------|---------------------------------------|-----------|
| Pa  | rt II Support Schedule for Org                                        | anizations Des          | scribed in Sec        | tions 170(b)(1         | )(A)(iv) and 17      | 0(b)(1)(A)(vi)                        |           |
|     | ` (Complete only if you check                                         | ed the box on li        | ine 5, 7, or 8 of     | Part I or if the       | organization fa      | iled to qualify und                   | ler       |
|     | Part III. If the organization f                                       | ails to qualify ur      | nder the tests lis    | sted below, ple        | ase complete F       | Part III.)                            |           |
| Se  | ction A. Public Support                                               |                         |                       |                        |                      |                                       |           |
| Cal | endar year (or fiscal year beginning in) 🕨                            | (a) 2011                | (b) 2012              | (c) 2013               | (d) 2014             | (e) 2015                              | (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                            | ì                       |                       |                        |                      |                                       |           |
|     | 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                                          | 0                       | 0                     | 0                      | 0                    | 0                                     | 0         |
| 5   | The portion of total contributions by each                            | <b>*</b>                |                       |                        |                      |                                       |           |
|     | person (other than a governmental unit                                | 16.                     |                       | 4.                     | A 420 M              |                                       |           |
|     | or publicly supported organization)                                   |                         |                       | ***                    | 9 90                 |                                       |           |
|     | included on line 1 that exceeds 2%                                    |                         |                       | 4                      |                      | * * * * * * * * * * * * * * * * * * * |           |
|     | of the amount shown on line 11,                                       |                         |                       |                        |                      |                                       |           |
|     | column (f)                                                            | A A A                   |                       |                        | 4                    |                                       |           |
| _6_ | Public support. Subtract line 5 from line 4                           |                         |                       |                        |                      |                                       | 0         |
| Se  | ction B. Total Support                                                |                         |                       |                        |                      |                                       |           |
| Cal | endar year (or fiscal year beginning in) 🕨                            | (a) 2011                | (b) 2012              | (c) 2013               | (d) 2014             | (e) 2015                              | (f) Total |
| 7   | Amounts from line 4                                                   | 0                       | 0                     | 0                      | 0                    | 0                                     | 0         |
| 8   | Gross income from interest, dividends,                                |                         |                       |                        |                      |                                       |           |
|     | payments received on securities loans,                                |                         |                       |                        |                      |                                       |           |
|     | rents, royalties and income from similar                              |                         |                       |                        |                      |                                       |           |
|     | sources                                                               |                         |                       |                        |                      |                                       | 0         |
| 9   | Net income from unrelated business                                    |                         |                       |                        |                      |                                       |           |
|     | activities, whether or not the business is                            |                         |                       |                        |                      |                                       |           |
|     | regularly carned 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.                                |                         |                       |                        |                      |                                       | 0         |
| 12  | Gross receipts from related activities, etc. (s                       | see instructions)       |                       |                        |                      | 12                                    |           |
| 13  |                                                                       | organization's first, s | second, third, fourth | n, or fifth tax year a | as a section 501(c)  | (3)                                   |           |
|     | organization, check this box and stop here                            |                         |                       | •                      |                      |                                       | <u> </u>  |
| Sec | ction C. Computation of Public Su                                     | pport Percenta          | age                   |                        | ·                    |                                       |           |
| 14  | Public support percentage for 2015 (line 6,                           | column (f) divided b    | y line 11, column (f  | "))                    |                      | 14                                    | 0.00%     |
| 15  | Public support percentage from 2014 Scheo                             | dule A, Part II, line 1 | 4 .                   |                        |                      | 15                                    | 0.00%     |
| 16a | 33 1/3% support test—2015. If the organization                        | zation did not check    | the box on line 13    | , and line 14 is 33    | 1/3% or more,        |                                       | _         |
|     | and stop here. The organization qualifies a                           | s a publicly support    | ed organization.      | -                      | -                    |                                       | ▶∟        |
| b   | 33 1/3% support test-2014. If the organize                            |                         |                       | •                      |                      | , check this                          |           |
|     | box and stop here. The organization qualifi                           | es as a publicly sup    | ported organizatio    | n                      |                      |                                       | . ▶ 🔼     |
| 17a | 10%-facts-and-circumstances test—201                                  | 5. If the organization  | n did not check a b   | ox on line 13, 16a     | , or 16b, and line 1 | 4                                     |           |
|     | is 10% or more, and if the organization mee                           |                         |                       |                        |                      |                                       |           |
|     | Part VI how the organization meets the "fac                           |                         | <del>-</del>          |                        | a publicly support   | ed                                    | . —       |
| _   | organization                                                          |                         |                       |                        |                      |                                       | ▶∟        |
| b   | 10%-facts-and-circumstances test—201                                  | •                       |                       |                        |                      |                                       |           |
|     | 15 is 10% or more, and if the organization in                         |                         |                       | •                      | •                    | oplain in                             |           |
|     | Part VI how the organization meets the "fact supported organization." |                         | so test the organ     | izadon qualines as     | a publiciy           |                                       |           |
| 40  | •                                                                     |                         | l 40 40 40°           | 47 471                 |                      | •                                     |           |
| 18  | Private foundation. If the organization did instructions              | not check a box on      | ıme 13, 16a, 16b, 1   | ı≀a, or 1/b, check     | unis box and see     |                                       | . ┌       |
|     | manuuuulla                                                            |                         |                       |                        | _                    |                                       |           |

#### 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.)

| Se        | ction A. Public Support                                                                    |                        |                      |                       |                      |              |           |
|-----------|--------------------------------------------------------------------------------------------|------------------------|----------------------|-----------------------|----------------------|--------------|-----------|
| Cal       | endar year (or fiscal year beginning in)                                                   | (a) 2011               | <b>(b)</b> 2012      | (c) 2013              | (d) 2014             | (e) 2015     | (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                                             |                        |                      |                       | i                    |              |           |
|           | 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         | Total. Add lines 1 through 5                                                               | 0                      | 0                    | 0                     | 0                    | 0            | 0         |
| 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                                                 |                        |                      |                       |                      |              |           |
|           | amount on line 13 for the year                                                             |                        |                      |                       |                      |              | 0         |
| c         | Add lines 7a and 7b                                                                        | 0                      | 0                    | 0                     | 0                    | 0            | 0         |
| 8         | Public support (Subtract line 7c from                                                      | A ME A                 |                      |                       |                      |              |           |
|           | line 6.)                                                                                   |                        |                      | A A A                 | 4 . 7 . 1            |              | 0         |
| Sec       | tion B. Total Support                                                                      |                        |                      |                       |                      |              |           |
| Cale      | endar year (or fiscal year beginning in) 🕨                                                 | (a) 2011               | (b) 2012             | (c) 2013              | (d) 2014             | (e) 2015     | (f) Total |
| 9         | Amounts from line 6                                                                        | 0                      | 0                    | 0                     | 0                    | 0            | 0         |
| 10a       | Gross income from interest, dividends,                                                     |                        |                      |                       | ;                    |              |           |
|           | payments received on securities loans,                                                     | l                      |                      |                       |                      |              |           |
|           | rents, royalties and income from similar sources.                                          |                        |                      |                       |                      |              | 0         |
| b         | Unrelated business taxable income (less                                                    |                        |                      |                       |                      |              |           |
|           | section 511 taxes) from businesses                                                         |                        |                      |                       |                      | ł            |           |
|           | 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                                                       | İ                      |                      |                       |                      |              |           |
|           | loss from the sale of capital assets                                                       |                        |                      |                       |                      |              |           |
|           | (Explain in Part VI )                                                                      |                        |                      |                       |                      |              | 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    | ganization's first, se | econd, third, fourth | , or fifth tax year a | is a section 501(c)( | 3) .         | <u> </u>  |
| 500       | ction C. Computation of Public Sup                                                         | nort Porconto          | · ·                  | ·                     | ·                    | ·            |           |
|           | Public support percentage for 2015 (line 8, co                                             | •                      |                      |                       | <del></del>          | 45           | 0.000/    |
| 15<br>16  | Public support percentage from 2014 Schedu                                                 | •                      | •                    | •                     |                      | 15           | 0.00%     |
|           | ction D. Computation of Investment                                                         |                        |                      | • • •                 | · · ·                | 10           | 0.00%     |
|           |                                                                                            |                        |                      | lump (f)\             |                      | 47           | 0.0001    |
| 17<br>18  | Investment income percentage for 2015 (line                                                |                        | •                    | iumn (i))             | · · ·                | 17           | 0.00%     |
| 18<br>19a | Investment income percentage from 2014 Sci 33 1/3% support tests—2015. If the organiz      |                        |                      | l and line 15 is m    | ore than 22 1/20/    | 18           | 0.00%     |
| 134       | not more than 33 1/3%, check this box and st                                               |                        |                      |                       |                      | mu me 17 IS  |           |
| b         | 33 1/3% support tests—2014. If the organiz                                                 | -                      | •                    |                       | •                    | I3 1/3% and  | . •       |
| ~         |                                                                                            |                        |                      | rougano mn            |                      | - 17070, and |           |
|           | line 18 is not more than 33 1/3%, check this b                                             | ox and stop here.      |                      | qualifies as a publ   | icly supported orga  | inization .  | ▶□        |

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on 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 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name     | of the organization                                      |                                                  | Employer identification number             |
|----------|----------------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| Istan    | bul International Community School                       |                                                  | 13-3321837                                 |
| Par      |                                                          | or Advised Funds or Other Similar                | Funds or Accounts.                         |
|          |                                                          | rered "Yes" on Form 990, Part IV, line           |                                            |
|          |                                                          | (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)             |                                                  |                                            |
| 4        | Aggregate value at end of year                           |                                                  |                                            |
| 5        | Did the organization inform all donors and do            | nor advisors in writing that the assets held     | in donor advised                           |
|          | funds are the organization's property, subject           | to the organization's exclusive legal contr      | ol? Yes No                                 |
| 6        | Did the organization inform all grantees, done           | ors, and donor advisors in writing that gran     | nt 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 ben             | efit? .                                          | Yes No                                     |
| Par      | Conservation Easements.                                  |                                                  |                                            |
|          |                                                          | ered "Yes" on Form 990, Part IV, line            | . 7                                        |
| 1        | Purpose(s) of conservation easements held to             |                                                  |                                            |
| -        | Preservation of land for public use (e.g., recr          | · · · · · · · · · · · · · · · · · · ·            | on of a historically important land area   |
|          | Protection of natural habitat                            | ·                                                | on of a certified historic structure       |
|          |                                                          | Freservation                                     | on of a certified historic structure       |
| _        | Preservation of open space                               |                                                  |                                            |
| 2        | Complete lines 2a through 2d if the organizat            | ion held a qualified conservation contribut      |                                            |
|          | easement on the last day of the tax year                 |                                                  | Held at the End of the Tax Year            |
| a        | Total number of conservation easements .                 |                                                  | 2a                                         |
| <u>b</u> | Total acreage restricted by conservation ease            |                                                  | 2b                                         |
| C        | Number of conservation easements on a cert               |                                                  | 2c                                         |
| d        | Number of conservation easements included                |                                                  |                                            |
| •        | historic structure listed in the National Register       |                                                  |                                            |
| 3        | Number of conservation easements modified the tax year ▶ | , transferred, released, extinguished, or te     | iminated by the organization during        |
| 4        | Number of states where property subject to c             | onsonyation passement is located                 |                                            |
| 5        | Does the organization have a written policy re           |                                                  | n handling of                              |
| 3        | violations, and enforcement of the conservati            |                                                  | Yes No                                     |
| 6        | Staff and volunteer hours devoted to monitoring, i       |                                                  |                                            |
|          | ►                                                        | nopeoling, nandling of violations, and emoronic  | g conservation easements during the year   |
| 7        | Amount of expenses incurred in monitoring, inspe         | cting handling of violations, and enforcing cor  | servation easements during the year        |
| •        | <b>▶</b> \$                                              | oung, mananing of violations, and officially con | issivation substitution to during the year |
| 8        | Does each conservation easement reported of              | on line 2(d) above satisfy the requirements      | of section 170(h)(4)(B)(i)                 |
|          | and section 170(h)(4)(B)(II)?                            | ( ) ( ) ( ) ( )                                  | Yes No                                     |
| 9        | In Part XIII, describe how the organization rep          | oorts conservation easements in its reveni       |                                            |
|          | balance sheet, and include, if applicable, the           |                                                  |                                            |
|          | the organization's accounting for conservation           | n easements                                      |                                            |
| Par      | III Organizations Maintaining Colle                      | ections of Art, Historical Treasures             | , or Other Similar Assets.                 |
|          | Complete if the organization answ                        | ered "Yes" on Form 990, Part IV, line            | 8                                          |
| 1a       | If the organization elected, as permitted unde           | r SFAS 116 (ASC 958), not to report in its       | revenue statement and balance sheet        |
|          | works of art, historical treasures, or other sim         |                                                  |                                            |
|          | of public service, provide, in Part XIII, the text       | · · · · · · · · · · · · · · · · · · ·            | ·                                          |
| b        | If the organization elected, as permitted unde           |                                                  |                                            |
|          | works of art, historical treasures, or other sim         |                                                  |                                            |
|          | of public service, provide the following amour           |                                                  |                                            |
|          | (i) Revenue included on Form 990, Part VIII,             |                                                  | ▶ \$                                       |
|          | (ii) Assets included in Form 990, Part X                 |                                                  | <b>&gt;</b> \$                             |
| 2        | If the organization received or held works of a          | irt, historical treasures, or other similar ass  | sets for financial gain, provide the       |
| _        | following amounts required to be reported und            |                                                  |                                            |
| а        | Revenue included on Form 990, Part VIII, line            |                                                  | <b>▶</b> \$                                |
| b        | Assets included in Form 990, Part X                      |                                                  | <b>▶</b> \$                                |
|          |                                                          |                                                  | <del></del>                                |

|             | Starbur Internation                            |                      |            |                 |                |           | 10-00               |              |            | Page Z   |
|-------------|------------------------------------------------|----------------------|------------|-----------------|----------------|-----------|---------------------|--------------|------------|----------|
| Part        |                                                |                      |            |                 |                |           |                     |              |            | <u> </u> |
| 3           | Using the organization's acquisition, ac       | cession, and other   | records,   | check any       | of the follow  | ing tha   | t are a significar  | nt use of it | S          |          |
|             | collection items (check all that apply)        |                      | _          | _               |                |           |                     |              |            |          |
| а           | Public exhibition                              |                      | d          | Loan            | or exchange    | prograi   | ms                  |              |            |          |
| b           | Scholarly research                             |                      | е          | Other           |                |           |                     |              |            |          |
| С           | Preservation for future generation             | ne                   | <u> </u>   |                 |                |           |                     |              |            |          |
|             |                                                |                      | ovelen b   | and the are for |                |           |                     | I            |            |          |
| 4           | Provide a description of the organization XIII | n's collections and  | explain n  | iow they it     | artner the org | anizatio  | on's exempt puri    | pose in Pa   | ırt        |          |
| _           |                                                |                      |            |                 |                |           |                     |              |            |          |
| 5           | During the year, did the organization so       |                      |            |                 |                |           |                     | П.,          | _          | ١        |
|             | assets to be sold to raise funds rather t      |                      | ed as par  | t of the or     | ganization's ( | collectic | on? .               | Ye           | s          | No       |
| <u>Part</u> |                                                |                      |            |                 |                |           |                     |              |            |          |
|             | Complete if the organization                   | answered "Yes"       | on Form    | า 990, Pa       | rt IV, line 9, | or rep    | orted an amo        | unt on Fo    | orm        |          |
|             | 990, Part X, line 21.                          |                      |            |                 |                |           |                     |              |            |          |
| 1a          | Is the organization an agent, trustee, co      | istodian or other in | termediai  | ry for conti    | ributions or o | ther as   | sets not            |              |            |          |
|             | included on Form 990, Part X?                  |                      |            |                 |                |           |                     | Ye           | s 🗀        | No       |
| b           | If "Yes," explain the arrangement in Pai       | t XIII and complete  | the follo  | wing table      | !              |           |                     |              |            | •        |
|             |                                                | ·                    |            | Ū               |                |           |                     | Amount       |            |          |
| С           | Beginning balance .                            |                      |            |                 |                | 10        | С                   |              |            | 0        |
| ₊d          | Additions during the year .                    |                      |            |                 |                | 10        | d                   |              |            |          |
| е           | Distributions during the year                  |                      |            |                 |                | 10        | e                   |              |            |          |
| f           | Ending balance .                               |                      |            |                 |                | 1         | _                   |              |            | 0        |
| 2a          | Did the organization include an amount         | on Form 990 Part     | Y line 2   | 1 for eccr      | ow or custod   |           | •                   | Ye           | s X        | No       |
| _           | _                                              |                      |            |                 |                |           | •                   |              | "<br>      | 140      |
| b           | If "Yes," explain the arrangement in Pai       | TAIII Check nere     | r tne expi | anation na      | as been prov   | ided on   | Part XIII           |              |            |          |
| Part        |                                                |                      |            |                 |                |           |                     |              |            |          |
|             | Complete if the organization                   | answered "Yes"       | on Form    | <u>1990, Pa</u> | rt IV, line 10 | ).        |                     |              |            |          |
|             |                                                | (a) Current year     | (b) Pn     | or year         | (c) Two years  | back      | (d) Three years bac | ck (e) Fo    | ur years   | back     |
| 1a          | - Beginning of year balance                    | 0                    |            | 0               |                |           | <del></del>         | 0            |            | 0        |
| b           | Contributions                                  |                      |            |                 |                |           |                     |              |            |          |
| С           | Net investment earnings, gains,                |                      |            |                 |                |           |                     |              |            |          |
|             | and losses .                                   |                      |            |                 |                |           |                     |              |            |          |
| d           | Grants or scholarships                         |                      |            |                 |                |           |                     |              |            |          |
| е           | Other expenditures for facilities              |                      |            |                 |                | ]         |                     |              |            |          |
|             | and programs                                   |                      |            |                 |                |           |                     |              |            |          |
| f           | Administrative expenses                        |                      |            |                 |                |           |                     |              |            |          |
| g           | End of year balance                            | 0                    |            | 0               |                | 0         |                     | 0            |            | 0        |
| 2           | Provide the estimated percentage of the        | e current year end   | balance (  | line 1g, co     | olumn (a)) he  | ld as     |                     |              |            |          |
| а           | Board designated or quasi-endowment            | <b>•</b>             | %          |                 |                |           |                     |              |            |          |
| b           | Permanent endowment                            | <u></u>              |            |                 |                |           |                     |              |            |          |
| С           | Temporarily restricted endowment               | <b>&gt;</b> %        |            |                 |                |           |                     |              |            |          |
|             | The percentages on lines 2a, 2b, and 2         |                      |            |                 |                |           |                     |              |            |          |
| 3a          | Are there endowment funds not in the p         | ossession of the o   | rganızatıc | on that are     | held and ad    | mınıste   | red for the         | r            |            |          |
|             | organization by                                |                      |            |                 |                |           |                     |              | Yes        | No       |
|             | (i) unrelated organizations                    |                      |            |                 |                |           |                     | 3a(i)        |            |          |
|             | (ii) related organizations                     |                      |            |                 |                |           |                     | 3a(ii)       |            |          |
| b           | If "Yes" on line 3a(ii), are the related org   |                      | •          |                 |                |           |                     | 3b           | 1          |          |
| 4           | Describe in Part XIII the intended uses        |                      | s endowr   | ment funds      | <u>s</u>       |           |                     |              |            |          |
| art         |                                                |                      | _          |                 |                |           |                     |              |            |          |
|             | Complete if the organization                   | answered "Yes"       | on Form    | 990, Pa         | rt IV, line 1  | a See     | e Form 990, P       | art X, line  | <u> 10</u> |          |
|             | Description of property                        | (a) Cost or oti      |            |                 | st or other    |           | Accumulated         | (d) Bo       | ok value   | е        |
|             |                                                | (investm             | ent)       | bası            | s (other)      | C         | depreciation        |              |            |          |
| 1a          | Land                                           |                      | 0          |                 | 1,369,903      |           |                     |              | 1,36       | 9,903    |
| b           | Buildings                                      |                      | 0          |                 | 13,143,219     |           | 3,669,257           |              | 9,94       | 2,126    |
| С           | Leasehold improvements                         |                      | 0          |                 | 380,762        | L         | 372,703             |              |            | 8,059    |
| d           | Equipment                                      |                      | 0          |                 | 2,911,162      |           | 2,718,216           |              | 38         | 2,921    |
| е           | Other .                                        |                      | 0          |                 | 356,513        |           | 268,565             |              | 10         | 3,790    |
| Total.      | . Add lines 1a through 1e (Column (d) m        | ust equal Form 99    | 0, Part X, | column (E       |                |           | <b>•</b>            |              |            | 6,799    |

| Schedule D (Form 990) 2015 Istanbul International Col                | mmunity School           |                                        | 13-3321837                                        | Page             |
|----------------------------------------------------------------------|--------------------------|----------------------------------------|---------------------------------------------------|------------------|
| Part VII Investments—Other Securiti                                  | es.                      |                                        | _                                                 |                  |
| Complete if the organization as                                      | nswered "Yes" on Form 9  | 90, Part IV, line 11b. See For         | rm 990, Part X                                    | , line <u>12</u> |
| (a) Description of security or category (including name of security) | (b) Book value           | (c) Method of v<br>Cost or end-of-year |                                                   |                  |
| 1) Financial derivatives                                             | 0                        |                                        |                                                   |                  |
| 2) Closely-held equity interests                                     | 0                        |                                        |                                                   |                  |
| 3) Other                                                             |                          |                                        |                                                   |                  |
| (A)                                                                  |                          |                                        | <del>"</del>                                      |                  |
| (B)                                                                  |                          |                                        |                                                   |                  |
| (C)                                                                  |                          |                                        |                                                   |                  |
| (D)                                                                  |                          |                                        |                                                   |                  |
| (E)                                                                  |                          |                                        | · <del>-</del>                                    |                  |
| (F)                                                                  |                          |                                        |                                                   |                  |
| (G)                                                                  |                          |                                        |                                                   |                  |
| (H)                                                                  |                          |                                        |                                                   |                  |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12)      | 0                        | range and some some some some          | å. d= 3- *                                        |                  |
| Part VIII Investments—Program Related                                | ted.                     |                                        |                                                   |                  |
| Complete if the organization ar                                      | nswered "Yes" on Form 99 | 90, Part IV, line 11c See For          | m 990, Part X                                     | line 13          |
| (a) Description of investment                                        | (b) Book value           | (c) Method of v<br>Cost or end-of-year |                                                   |                  |
| (1)                                                                  | -                        |                                        |                                                   |                  |
| (2)                                                                  |                          |                                        |                                                   |                  |
| (3)                                                                  |                          |                                        |                                                   |                  |
| (4)                                                                  |                          |                                        |                                                   |                  |
| (5)                                                                  |                          |                                        |                                                   |                  |
| (6)                                                                  |                          |                                        |                                                   |                  |
| (7)                                                                  |                          |                                        |                                                   |                  |
| (8)                                                                  |                          |                                        |                                                   |                  |
| (9)                                                                  |                          | , 4 -                                  |                                                   |                  |
| Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)    | 0                        |                                        | 7 7                                               |                  |
| Part IX Other Assets. Complete if the organization ar                | nswered "Ves" on Form 0  | On Part IV line 11d See For            | -m 000 Part Y                                     | lino 15          |
|                                                                      | a) Description           | 50, 1 alt 14, line 114. Gee 1 61       | (b) Book v                                        |                  |
| (1)                                                                  | a, 2000p.d               |                                        | (5) 500 (1)                                       |                  |
| (2)                                                                  |                          |                                        | <del>  -                                   </del> |                  |
| (3)                                                                  |                          | -                                      | <u> </u>                                          |                  |
| (4)                                                                  |                          |                                        |                                                   |                  |
| (5)                                                                  |                          |                                        |                                                   |                  |
| (6)                                                                  |                          |                                        |                                                   |                  |
| (7)                                                                  |                          |                                        | -                                                 |                  |
| (8)                                                                  |                          | <del>-</del>                           | <u> </u>                                          |                  |
| (9)                                                                  | <del></del>              |                                        |                                                   |                  |
| Total. (Column (b) must equal Form 990, Part X, co                   | ol (B) line 15.)         | <b>•</b>                               |                                                   |                  |
| Dort V                                                               | . 12/                    |                                        | <del></del>                                       |                  |

#### Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

| 1. (a) Description of liability                                    | (b) Book value | 4  | 3 | ń.        | ý |  |   |  | 48 | • | ¥- |
|--------------------------------------------------------------------|----------------|----|---|-----------|---|--|---|--|----|---|----|
| (1) Federal income taxes                                           | 568,618        | 1  |   |           |   |  |   |  |    |   |    |
| (2) Termination and retirement liability                           | 326,198        | \$ |   |           |   |  | 4 |  |    |   | *  |
| (3) Other Liabilities                                              | 65,761         | 4  |   |           |   |  | * |  |    |   |    |
| (4) Corporate Tax liability                                        |                |    |   |           |   |  |   |  |    |   |    |
| (5)                                                                |                | *  |   |           |   |  |   |  |    |   |    |
| (6)                                                                |                |    |   |           |   |  |   |  |    |   |    |
| (7)                                                                |                |    |   |           |   |  |   |  |    |   |    |
| (8)                                                                |                |    |   |           |   |  |   |  |    |   |    |
| (9)                                                                |                | ,  |   |           |   |  |   |  |    |   |    |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 960,577        |    |   | <br>- 141 |   |  |   |  |    |   |    |

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

| Par              |                                                                                                                                                                                                |                         | nue per Return.                  |        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|--------|
|                  | Complete if the organization answered "Yes" on Form 990                                                                                                                                        | , Part IV, line 12a     |                                  |        |
| 1                | Total revenue, gains, and other support per audited financial statements                                                                                                                       |                         | 1                                |        |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                                                                                                             |                         | ,*                               |        |
| а                | Net unrealized gains (losses) on investments                                                                                                                                                   | 2a                      |                                  |        |
| b                | Donated services and use of facilities .                                                                                                                                                       | 2b                      | ^                                |        |
| С                | Recoveries of prior year grants .                                                                                                                                                              | 2c                      |                                  |        |
| d                | Other (Describe in Part XIII )                                                                                                                                                                 | 2d                      |                                  |        |
| е                | Add lines 2a through 2d                                                                                                                                                                        |                         | 2e                               | _ 0    |
| 3                | Subtract line 2e from line 1                                                                                                                                                                   |                         | 3                                | 0      |
| 4                | Amounts included on Form 990, Part VIII, line 12, 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      |
| 5                | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12                                                                                                                   | 2)                      | 5                                |        |
|                  | XII Reconciliation of Expenses per Audited Financial Stat                                                                                                                                      |                         | enses per Return.                |        |
|                  | Complete if the organization answered "Yes" on Form 990                                                                                                                                        |                         | choco per recum.                 |        |
| 1                | Total expenses and losses per audited financial statements                                                                                                                                     | , r art rv, mic 12a.    | 1                                | -      |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25                                                                                                                               |                         |                                  |        |
| a                | Donated services and use of facilities                                                                                                                                                         | 2a                      |                                  |        |
| b                | Prior year adjustments                                                                                                                                                                         | 2b                      |                                  |        |
|                  | Other losses                                                                                                                                                                                   | 2c 2c                   |                                  |        |
| C                | Other losses Other (Describe in Part XIII )                                                                                                                                                    | 2d                      |                                  |        |
| d                | · ·                                                                                                                                                                                            | 20                      | 30                               | ^      |
| e                | Add lines 2a through 2d                                                                                                                                                                        |                         | 2e                               | 0<br>0 |
| 3                | Subtract line 2e from line 1                                                                                                                                                                   | 1 1                     | 3                                | U      |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1                                                                                                                              | 4-                      |                                  |        |
| a                | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                               | 4a                      |                                  |        |
| b                | Other (Describe in Part XIII )                                                                                                                                                                 | 4b                      |                                  |        |
|                  | Taradina a Fia a Tarada G                                                                                                                                                                      |                         |                                  |        |
| C                | Add lines 4a and 4b                                                                                                                                                                            | 40.)                    | 4c                               | 0      |
| 5                | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line                                                                                                                     | 18) .                   | 4c   5                           | 0      |
| 5<br>Part        | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.                                                                                      |                         | 5                                | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.                                                                                      | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |
| <b>5</b><br>Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4, Part IV, lines 1b ai | 5<br>nd 2b, Part V, line 4, Part | 0      |

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

**Schools** 

Complete if the organization answered "Yes" on Form 990. Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

programs, and scholarships?

nondiscriminatory basis?

Does the organization maintain the following?

with student admissions, programs, and scholarships?

Part I

2

3

bylaws, other governing instrument, or in a resolution of its governing body?

describe If "No," please explain If you need more space, use Part II

Istanbul International Community School 13-3321837

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions.

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media 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

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing

Non discriminatory policy is posted on website and on applications and in the student handbooks

Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially

|             |                                       | YES          | NO       |
|-------------|---------------------------------------|--------------|----------|
|             | 1                                     | ×            |          |
|             | *                                     | <b>\$</b>    | 10 (10)  |
|             | 2                                     | Х            |          |
|             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ¥.           |          |
|             | 3                                     | Х            |          |
| -<br>-<br>- |                                       |              |          |
|             | 4a                                    | X            | <b>5</b> |
|             | 4b                                    | х            |          |
| _           | 4c                                    | _ <b>X</b> _ |          |
|             | 4d                                    | Х            |          |
| -<br>-<br>  | 5a                                    |              | ×        |
|             |                                       |              |          |
|             | 5b                                    |              | X        |
|             | 5c                                    |              | Х        |
|             | 5d                                    |              | <u>x</u> |
|             | 5e                                    |              | x        |
|             | 5f                                    |              | X        |
|             | 5g                                    |              | Х        |
|             | 5h                                    |              | Х        |
| -           |                                       |              | *        |
| -           | 1                                     |              |          |
| -           | 6a                                    |              | Х        |
|             | 6b                                    |              | X        |
|             | 6b                                    |              | Art .    |
|             | 7                                     | Χ            |          |

| <br><br>5 D<br>a S | f you answered "No" to any of the above, please explain. If you need more space, use Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4              |      |          |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|----------|
| a S                | Ooes the organization discriminate by race in any way with respect to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |          |
| a S                | Does the organization discriminate by race in any way with respect to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | X 3: | 133      |
|                    | Students' rights or privileges?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 1800 | 1        |
| b A                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5a             |      | Х        |
|                    | Admissions policies? .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5b             |      | X        |
| c E                | Employment of faculty or administrative staff?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5c             |      | X        |
| d S                | Scholarships or other financial assistance? .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5d             |      | <u>x</u> |
| e E                | Educational policies?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5e             |      | <u>x</u> |
| f U                | Jse of facilities?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5f             |      | <u>x</u> |
| g A                | Athletic programs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5g             |      | х        |
| h O                | Other extracurricular activities?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5h             |      | X        |
| lf                 | f you answered "Yes" to any of the above, please explain. If you need more space, use Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1              | ***  | <b>(</b> |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | - 64 | 4        |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - <del>1</del> |      | <b>4</b> |
| a D                | Ooes the organization receive any financial aid or assistance from a governmental agency?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a             |      | Χ        |
|                    | las the organization's right to such aid ever been revoked or suspended?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6b             |      | X        |
|                    | f you answered "Yes" on either line 6a or line 6b, explain on Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A              |      |          |
|                    | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 15 to 50 per 17 to 50 per 18 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per 19 per | 7              | ÷.   |          |
|                    | rwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.  Schedule E (Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /              |      |          |

|         | form 990 or 990-EZ) 2015 ISTANDUI INTERNATIONAL COMMUNITY SCHOOL                                                                                                           | 13-3321837                              | Page 2    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|
| Part II | <b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, applicable Also provide any other additional information (see instructions) | 6b, and 7, as                           |           |
|         |                                                                                                                                                                            |                                         |           |
|         |                                                                                                                                                                            |                                         |           |
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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.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name of the organization                            |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | Employer identification number |
|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------|
| Istanbul International Comm                         | 13-3321837                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
|                                                     | ormation on A<br>n 990, Part IV, lin |                                                                        | side the United States.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complete if the organizat                                                                                | ion answered                   |
|                                                     | es' eligibility for ti               |                                                                        | ords to substantiate the amount istance, and the selection c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          | r Yes No                       |
| 2 For grantmakers. Desc<br>assistance outside the l |                                      | e organization's                                                       | procedures for monitoring the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | he use of its grants and o                                                                               | ther                           |
| 3 Activities per Region (1                          | he following Par                     | t I, line 3 table c                                                    | an be duplicated if additiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | al space is needed)                                                                                      |                                |
| (a) Region                                          | (b) Number of offices in the region  | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (e) If activity listed in (d)<br>a program service,<br>describe specific type of<br>service(s) in region | expenditures for               |
| Europe                                              |                                      |                                                                        | Program Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | School                                                                                                   |                                |
| (1)                                                 |                                      | , 2                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | 16,754,851                     |
| (2)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (3)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (4)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (5)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (6)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (7)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (8)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
|                                                     |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***                                                                                                      |                                |
| (9)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (10)                                                |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| (11)                                                |                                      |                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                |
| (12)                                                |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                        |                                |
| 13)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| 14)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| 15)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| 16)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| 17)                                                 |                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                |
| 3a Sub-total                                        | 0                                    | 2                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | 16,754,851                     |
| b Total from continuation sheets to Part I          | o                                    | 0                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | 0                              |
| C Totals (add lines 3a and 3b)                      | 0                                    | 2                                                                      | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | 1.528 (3.54 1.54 1.54 1.54 1.54 1.54 1.54 1.54 1                                                         | 16,754,851                     |

13-3321837

Schedule F (Form 990) 2015 \_\_\_\_ Istanbul International Community School

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. Part II

| (i) Method of valuation (book, FMV, appraisal, other)                                           |                               |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
|-------------------------------------------------------------------------------------------------|-------------------------------|------|-------------|-----|-----|-----|---|-----|-----|------|--------|----|------|--------|-----------------|---------------------------------------|
| (h) Description of non-cash assistance                                                          | Program Services              |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
| (g) Amount of non-cash assistance                                                               | 11,319,692                    |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
| e of (b) IRS code (c) Region (d) Purpose of cash grant cash grant (f applicable) (f applicable) |                               |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
| (e) Amount of cash grant                                                                        | -                             | :    | -           | · - | -   |     | - | -   | -   |      | -      | -  | - 1  | -      |                 | _                                     |
| (d) Purpose of grant                                                                            | Educational Support           |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
| (c) Region                                                                                      | Europe (Including Iceland and |      |             |     |     |     |   |     |     |      |        |    |      |        |                 |                                       |
| (b) IRS code section and EIN (if applicable)                                                    |                               | ٩    | <b>4</b> 5, |     | **  | ž   |   |     |     |      | *      | ĝ. | 9    | è      | · d. —diss. iii | · · · · · · · · · · · · · · · · · · · |
| 1 (a) Name of organization                                                                      | (CD)                          | (23) | (B)         |     | (G) | (9) |   | (9) | (8) | (40) | (((1)) |    | (US) | (1923) | (JE)            | (10)                                  |

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.

3 Enter total number of other organizations or entities

7

Schedule F (Form 990) 2015

Page 3

13-3321837

Istanbul International Community School

Schedule F (Form 990) 2015

Part III

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) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (I) 2 ව € 9 9 9 11 (12)13 (14) (15) (18) 8 8 9 16 3

| Part | IV 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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)                                                                                                                                      | Yes | X No |

#### 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
2015

Department of the Treasury Internal Revenue Service Name of the organization

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

gov/form990.

Open to Public Inspection

Employer identification number

| Istanbul International Community School                                                       | 13-3321837 |
|-----------------------------------------------------------------------------------------------|------------|
| Form 990, Part VI, Section B, Line 11B Copies of form 990 are reviewed by the Board prior to  |            |
| submission to the IRS                                                                         |            |
| Form 990, Part VI, Section B, Line Line 12C Per Board of Directors and policy manual, the     |            |
| board members must disclose any situation that may appear as a conflict of interest at any    |            |
| time                                                                                          |            |
| Form 990, Part VI, Section Section C, Line Line 19 The Organizations 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) (2015)  | Page 2                         |
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| Nàme of the organization                | Employer identification number |
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| Istanbul International Community School | 13-3321837                     |
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