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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	e 2015 ca	lendar year, or tax	year begi	nning	7/1	/2015	, a	and er	nding		6/30/2	2016			
В	Check if	applicable	C Name of organization	on Inte	ernational S	chool of Ke	enya Foun	dation, li	nc		D Emp	loyer id	entification	numbe	ŗ	
	Address	change	Doing business as													
	Alama b		Number and street	(or PO box	ıf mail is not de	livered to stre	et address)	Room/s	uite		52-174	6307				
느	Name ch	ange	PO Box 5910								E Telep	phone nu	ımber		_	
	Initial retu	ım	City or town				State	ZIP cod			(609) 4	52_NQC	2 Ω			
	Constratura	/terminated	Princeton			1	۸J	08543	3		(003) 4	02-093				
믬	rmanetun	Memmalea	Foreign country na	me	Foreign pro	ovince/state/c	ounty	Foreign	postal	code	i					
	Amended	l return									G Gros	s receip	ts \$		<u>11,6</u>	69,082
	Application	on pending	F Name and address	of principal	officer				l	H(a) is th	ns a oroun r	eturn for	subordinates?	, _	Tyes	X No
ب	, .pp		John Roberts, c/c	USS 15 F	Roszel Road	Princeton	N.I. 0854	ın			e all subor			<u> </u>	Yes	三
						Г	i i		-						7 162	***
<u>_</u>	Tax-exem	pt status	X 501(c)(3)	501(c) (nsert no)	4947(a)(1) or	527	, ,,	NO, allac	n a nst (see instruct	.ons)		
<u>J</u>	Website	e: 🕨 Nor	ne	 _				·		H(c) Gr	oup exemp	otion nur	nber 🕨			
K	Form of o	rganization	X Corporation	Trust	Associatio	n Othe	er 🕨		L Yea	r of forma	ation 1	992	M State of	legal do	omicile	NJ
	art I	Su	mmary													
<u> </u>	1		lescribe the organi	zation's n	nission or me	ost signific	ant activiti	es	The p	orimary	purpos	e of the	e organiz	ation is	s	
ვ	1		de financial and otl										Y			
ĕ.		and abr														
*	_		his box ▶ if t	ho oraco		ntiniiod ito				of mo-		E0/ of	to not on			
翁	2							s or arsp	osea	or more	e man z	5% OI	net as	sets		
95	3		of voting member	•	•				41.3				3			4
S	, 4 -		of independent vo						(סו־			_ ⊢	4			3
€	5		mber of individuals			•	5 (Part V,	line 2a)				<u> </u>	5			72
늉	6		mber of volunteers	•									6			
Activities & Governance	7a											0				
		Net unre	elated business tax	kable inco	me from Fo	rm 990-1, I	ine 34						7b			0
Revenue, 67	Ĭ					DEC	EIVEC		- 1		Prior Ye			Currer	nt Yea	
ģ	₹ 8		utions and grants (· n —	ا ما سالا ا	🗸 🖵 🖳	!	ļ			8,9				6,668
ē	9	Progran	n service revenue	(Part VIII,	line 2g)			78			10	,890,8				19,800
. ≥	10	Investm	ent income (Part V	/III, colum	ın (A), linesi	3, 4) and 7	d)3 2618	; Q	į			54,7	10			42,614
	133	Other re	evenue (Part VIII, c	column (A), lines 5,*6d	l, 8c, 9c, 10	oc, and 11	e) 👸	ļ				_0			0
	12	lotal rev	enue—add lines 8 t	hrough 11	(must equal-	Part-VIII , c c	lumn-(A),-I	ine-1:2) !			10	,954,5	85		<u>11,6</u>	69,082
	13		and similar amoun						j		11	,529,4	38		3,4	64,050
	14					lumn-(A), line-4)							0			0
es	15		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)							7,791,568				8,1	03,280	
SUS	16a	Profess	ional fundraising fe	es (Part l	s (Part IX, column (A), line 11e)					0						0
Expenses	b	Total fur	ndraising expenses	s (Part IX,	column (D)	, lıne 25)			0		. W.	<u> </u>	in d	<u> </u>	<u></u>	<u> </u>
ш	17		xpenses (Part IX, o						ļ			85,3				93,078
	18	Total ex	penses Add lines	13–17 (m	ust equal Pa	art IX, colu	mn (A), lın	e 25)			19	,406,3	38		11,6	60,408
	19	Revenu	e less expenses S	Subtract In	ne 18 from l	ine 12				_	-8	3,451,7	53			8,674
Net Assets or	8									Beginn	ing of Cu			End o	of Year	
Set	20	Total as	sets (Part X, line 1	6)							3	,816,4	06		3,4	24,704
Ž,	21	Total lia	bilities (Part X, line	26)								3,011,2	57		7,6	10,881
žį	22	Net ass	ets or fund balance	es Subtra	act line 21 fro	om line 20					4	,194,8	<u> 51 </u>		-4,1	86,177
	art II		nature Block													
	,		y, I declare that I have e				-					•	-			
and	beller, it i	is true corre	ect and complete Decla	A A	sparer (other tha			iormation c	or which	prepare	r nas any i			2//		
Si	gn		Signature of officer	cu	$\frac{\alpha}{2}$	mor	<u> </u>					ate		016		
He	ere		-	Traccure							υ	ate				
			Deirdre A Simon		ži											
		Pop	Type or print name and	ı iiue	Tp	reparer's sign	aturo			Date		т		PTIN		
D-	اما		w type preparers name			ichaici a sign	atul C			Date	c	Chec	ck I if	- 1111		
Pa		_										1	employed			
	epare	-	n's name								Firm's El	N ▶				
US	se Only	, —							-							
_			n's address ▶								Phone no	<u>'</u>				<u> </u>
_	<u> </u>		s this return with t				instruction	1S)							es	No
Fo	r Papen	work Red	luction Act Notice,	see the se	eparate instr	ructions.								For	m 99	0 (201 6)

Form 9	990 (2015)	International School of Kenya Foundation, Inc	52-1746307	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	The prim	escribe the organization's mission ary purpose of the organization is to provide financial and other assistance to hal institutions in the United States and abroad		
2	the prior	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	services'	rganization cease conducting, or make significant changes in how it conducts, any program describe these changes on Schedule O	Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest program services, s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported	•	
4a	School o	Konyo in Nairobi, Konyo a school for children. Approximately 972 students corved		
4b) (Expenses \$ including grants of \$) (Revenue		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
4d	Other pro	ogram services (Describe in Schedule O) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		gram service expenses 11 571,220		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>		
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ_
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		_X_
10	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,	· 1 8		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	
h	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
D	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		Χ_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ļ	
^	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
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	126		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		_ <u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	Ì	Ì	
4.5	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	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-"	-^-	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		_X_
	If "Yes," complete Schedule G, Part III	19		X
		Form	990 (2	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1
22	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	j	Ì	
	employees? If "Yes," complete Schedule J	22]	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 -	X
270	\$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	İ	х
b		24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 - 1 -		
	to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	- [
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	- } -		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		_X_
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	8 8 N		1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		() ()	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	مدد سکت	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1 }		ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
24	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, Part I	34	- {	V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
JL	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	1 32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	j	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		``-
	III, or IV, and Part V, line 1	34	l	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	} }	ł	
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1	j	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	1	v
38		37	\dashv	_X
30	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		2015
		, only	J J J (,	-013)

Form **990** (2015)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			4
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		16	2 %
	Statements, filed for the calendar year ending with or within the year covered by this return 72			1 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	***	1 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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a	1	X
b	If "Yes," enter the name of the foreign country	表多	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	A - S	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	1	\top
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\top
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	l	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			\top
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1 8	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			13
	and services provided to the payor?	7a	1 100 10 11	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\top	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		12	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Atton Manage	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		\Box
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\Box
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Ž i	1 ()	
	sponsoring organization have excess business holdings at any time during the year?	8	, Sec	1
9	Sponsoring organizations maintaining donor advised funds.			. 5
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		•
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1 + 1	4
а	Initiation fees and capital contributions included on Part VIII, line 12		333	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			200
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			S 3
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 3
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		3 5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	* 5		
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			
С	Enter the amount of reserves on hand	100		, â.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Part VI

International School of Kenya Foundation, Inc

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		4	2, 2	
	If there are material differences in voting rights among members of the governing body, or		3.	~	2.
	if the governing body delegated broad authority to an executive committee or similar		1/2	4	4 4
_	committee, explain in Schedule O		FK. 1	533	** ;
b	Enter the number of voting members included in line 1a, above, who are independent		3 ::*	V 3	* j
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	- %		- L
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or othe	•	3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		_X_
6	Did the organization have members or stockholders?		6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
	stockholders, or persons other than the governing body?		7b		Χ_
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			3 8
	the year by the following			. Š. ()	
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	1 1		_
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Χ_
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	<u>Code</u>)	
				Yes	No
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 of		} }	- 1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	· ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	re filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990				`a ``.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	yes,	1		
40	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?	!	14	X	· ·
15	Did the process for determining compensation of the following persons include a review and approximate an approximate an expension of the deliberation of the delibera	•	1 1		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation as The organization's CEO, Executive Director, or top management official	and decision?	150	7/3	* <i>,</i> "
a			15a		
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		15b		X ,
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.				
16a	with a taxable entity during the year?	emeni		3 3	3 2
L	, •	-40.40	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safety				
	the organization's exempt status with respect to such arrangements?	guaru	16b	.: [4]	
Sect	ion C. Disclosure		luon		
<u> 36Ը։</u> 17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(c)(3)s only)	
	available for public inspection. Indicate how you made these available. Check all that apply	(0.23//30//0//0	, i i y	,	
		olaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		icv. and	d	
	financial statements available to the public during the tax year		.,	-	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•		
	International Schools Services, Inc	(000) 450 0000			
	15 Roszel Road, Princeton, NJ 08540				

								-	-	_
Form 990 (2015) International School of Kenya Four	ndation, Inc								52-17463	307 Page 7
Part VII Compensation of Officers, Dire	ctors, Trustee	es, K	ey	Em	plo	yee	s, ł	lighest Comp	ensated	
. Employees, and Independent C										
Check if Schedule O contains a re	esponse or no	te to	any	y lır	ne ii	n this	Pa	art VII		
Section A. Officers, Directors, Trustees, Key E	mployees, and	Highe	est	Con	npe	nsate	ed E	mployees		
1a Complete this table for all persons required to be I	isted Report co	mpen	satı	on 1	for t	he ca	lend	dar year ending v	with or within the	,
organization's tax year										
List all of the organization's current officers, di						luals	or o	rganizations), re	gardless of amo	unt
of compensation Enter -0- in columns (D), (E), and (I List all of the organization's current key emplo	•			•		d a f		of !!!	a = !!	
List the organization's current key emplo List the organization's five current highest con										weel
who received reportable compensation (Box 5 of Form										
organization and any related organizations										
 List all of the organization's former officers, ke 							ed e	employees who r	eceived more th	an
\$100,000 of reportable compensation from the organ	•			•						
List all of the organization's former directors of the same state of the organization and the organization are stated as a second of the organization and the organization are stated or the organization and the organization are stated or th										the
organization, more than \$10,000 of reportable compe		_						•		
List persons in the following order individual trustees compensated employees, and former such persons	or directors, ins	titutic	inai	trus	stee	s, om	cers	s, key employees	s, nignest	
Check this box if neither the organization nor any	related organiz	ation	con	nno	neat	tod a	3V C	urrant officer du	ractor or trustoo	
Check this box in heither the diganization nor any	Telated organiz	I	COI			- a	ıy C	T onicer, di	ector, or trustee	
		1			C) ation					
(A)	(B)			neck	more	than c		(D)	(E)	(F)
Name and Title	Average hours per				irecto	ıs both or/trust		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for				6	en H		from	from related	other
	related	Individual trustee or director	Institutional	Officer	Key employee	hest	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted	ctor in	ona		old	e g	-	(W-2/1099-MISC)		organization and related
	line)	atsu.	trustee		ee ee	nper				organizations
		ő	i i i i			Highest compensated employee				
(A) Karan Da la	4.00			<u> </u>	<u> </u>	۵	<u> </u>			
(1) Kevin Doyle	4 00 0 00	l x		Х						
President (2) John Roberts	40 00	├^	 	^		<u> </u>	 			-
Vice President	0 00	х		Х		X		213,728		
(3) Deirdre Simon	4 00				<u> </u>	<u> </u>	[2.13,7.23		
Secretary/Treasurer	0 00	Х		x			L			
(4) Elizabeth Duffy	4 00									

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (contir	ued)		
	•					C)							
	(A)	(B)	٠,		eck		than o		(D)	(E)		(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		timated lount of	
		week (list any				1			from	from related		other	
		hours for related	d vic	stitu	Officer	еу е	Highest co	Former	the organization	organizations (W-2/1099-MISC)		pensation om the	
		organizations	Individual to	ģ		Key employee	yee cc	, T	(W-2/1099-MISC)	(,	orga	anization	
		below dotted line)	Individual trustee or director	2		уее] Ā				1	l related nizations	
		,	ee	Institutional trustee			Highest compensated employee	ŀ					
							l E						
(15)										,			
(16)													
(17)													_
(18)													_
(19)		. <u>-</u> .			_								_
(20)						-					-		_
			-		<u> </u>	<u> </u>			_				
(21)													
(22)			.										
(23)													
(24)													
(25)			-										
1b	Sub-total Sub-total		1	<u>!</u>	J	<u></u>	!		718,942	0			0
С	Total from continuation sheets to Part VII, S	ection A						>	0	· · · · · · · · · · · · · · · · · · ·			0
d	Total (add lines 1b and 1c)								718,942	0			0
2	Total number of individuals (including but not li		sted a	abov		who	rece	ivec	I more than \$100	,000 of			
	reportable compensation from the organization	<u> </u>			5							Van Na	_
•	Did the organization list any former officer, dire	otor or trustoo	kova	mn	love		or bia	hoc	t compensated		2	Yes No	<u>,</u>
3	employee on line 1a? If "Yes," complete Sched				Юус	.c, c	Ji riig	nes	Compensated		3	~~~ X	å
4	For any individual listed on line 1a, is the sum				on a	and	other	COL	mnensation from			7	- ×
	the organization and related organizations great	ater than \$150.0	00? <i>I</i>	f "Y	es."	con	nplet	e Sa	chedule J for suc	h			
	ındıvıdual	,			•		•				4	X	-400
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									vidual	5	X	
Soc	tion B. Independent Contractors	es, complete s	criedi	JIC C	101	Suc	JII pe	1301	1		1 3 1	^	-
1	Complete this table for your five highest compe	ensated indepen	dent	con	trac	tors	that	rec	eived more than	\$100,000 of			_
•	compensation from the organization Report co	ompensation for	the c	aler	ndar	yea	ar en	dıng	with or within th	e organization's	tax		
	(A)	droce					-		(B) Description of ser	NICES	(C) Compens		
	Name and business add			_	-			\vdash	2000, p. 101 01 301				0
	0											_	
-													0
								\Box					0
							 .	<u>L</u>		3/ % %			0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to ►	o the	ose	uste	ed abو ۲) who received				>

Check if Schedule O contains a response or note to any line in this Part VIII											
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections			
<u>*</u>	1a	Federated campaigns	1a	Ŏ	7733373	Tevende	. 4 \$ 1 6 7 4 . 7	512-514			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0							
or or	c	Fundraising events	1c	0							
GIfts, ilar An	1 4	Related organizations	1d	0							
2 5	d	•	_	0							
Sir	e	Government grants (contributions)	1e	} <u>∪</u>							
E E	f	. 3									
름물	1	similar amounts not included above	1f	6,668							
Contributions, and Other Simi	g	Noncash contributions included in lines 1a-1f	\$	0							
	h	Total. Add lines 1a–1f		<u>,</u>	6,668			41531333			
97	}			Business Code							
Program Service Revenue	2a	Int'l School of Kenya - Educ fees		611710	11,619,800	11,619,800					
æ	b				0						
<u>8</u>	C				0						
2	d				0						
E	e				0						
gra	f	All other program service revenue			0						
<u>و</u>	q	Total. Add lines 2a-2f			11 619 800						
	3	Investment income (including dividends, inter	est	and	1,5,5,500	* * * * * * * * * * * * * * * * * * *	<u> </u>	* * * *			
	_	other similar amounts)	•,	▶	42,614			42,614			
	4	Income from investment of tax-exempt bond	חזחר	shaa:	0			42,014			
	5	Royalties	pioc	.ccus	0						
	1	(i) Real		(II) Personal		21.11.834	1 8 9 1 1 1 1 2 2	* * * * * * * * * * * * * * * * * * *			
				(ii) Following							
	6a	Gross rents		 							
	b	Less rental expenses									
	С	Rental income or (loss)	_0	0			12 (2) * 1 2 ()	14.12.12.12.12.12.1			
-	d	Net rental income or (loss)		<u> </u>	0						
	7a	Gross amount from sales of (i) Securitie		(II) Other							
	į	assets other than inventory	_ 0	0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
	b	Less cost or other basis									
	1	and sales expenses	0	0							
	С	Gain or (loss)	0	0							
	d	Net gain or (loss)		>	0						
	Í										
ne	8a	Gross income from fundraising									
ē	ł	events (not including \$ 0									
ě	Ì	of contributions reported on line 1c)									
i.	1	See Part IV, line 18	а	0							
Other Revenue	b	Less direct expenses	b	0							
Ö	c	Net income or (loss) from fundraising events	,	>	ol			AMMON' VAIA E			
	9a	Gross income from gaming activities			W 3 3 2 5 3 3 3 5 3						
	Ì	See Part IV, line 19	а	O							
	Ь	Less direct expenses	b	0							
	c	Net income or (loss) from gaming activities	- 1	<u> </u>	د یک شدند. های ششسسه ر ا	a a a a a a a a a a a a a a a a a a a	** * * * * * * * * * * * * * * * * * * *	*			
	10a	Gross sales of inventory, less	1		2 8 2 3 4 3 3 4 4 3	*******	71.32.00	117,381,13			
		returns and allowances	а	0							
		Less cost of goods sold	b	0							
	b	-	ย			La. Carilla i.	A				
	C	Net income or (loss) from sales of inventory		Puerross C-4:	U	* * * \$ > * £ ^	~{~~~~~~				
	44-	Miscellaneous Revenue		Business Code							
	11a			 	0						
	b	***************************************			0						
	С		1		0						
1	d	All other revenue	(0			 			
	e	Total. Add lines 11a-11d		>	0	*	v 55				
	12	Total revenue. See instructions		>	11,669,082	11,619,800	0	42,614			
								Form 990-(2015)			

Form **990** (2015)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A)
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	domestic governments See Part IV, line 21	0	 		
2	Grants and other assistance to domestic	1			
_	individuals See Part IV, line 22	ļ			
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign	2 464 050	3,464,050		
	Individuals See Part IV, lines 15 and 16	3,464,050	3,464,050		
4 5	Benefits paid to or for members Compensation of current officers, directors,	F	 		<u> </u>
5	trustees, and key employees	254,678	254,678	0	
6	Compensation not included above, to disqualified	204,010	254,070	ļ	
Ů	persons (as defined under section 4958(f)(1)) and	Ì			
	persons described in section 4958(c)(3)(B)	}		1	
7	Other salaries and wages	6,852,728	6,852,728		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	258,110	258,110		
9	Other employee benefits	439,533	439,533		
10	Payroll taxes	298,231	298,231		
11	Fees for services (non-employees)				
а	Management	42,596		42,596	
b	Legal	0			
С	Accounting	14,189		14,189	<u></u>
d	Lobbying	0			·
e	Professional fundraising services See Part IV, line 17	0 700		20 700	
f	Investment management fees	.23,768	 	23,768	
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	0			
12 13	Advertising and promotion Office expenses	1,488		1,488	
14	Information technology	1,460	 	1,400	
15	Royalties	0			
16	Occupancy	0			
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	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	7,147	W	7,147	V 2.2 &
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	3,890	3,890	X \ 3 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2 \ 2	<u> </u>
a b	Miscellaneous	3,690	3,690		
c		<u> </u>			L
d		0			
e	All other expenses	0		 	
25	Total functional expenses. Add lines 1 through 24e	11,660,408	11,571,220	89,188	0
26	Joint costs. Complete this line only if the	,,,,,,,,			<u>~</u>
	organization reported in column (B) joint costs	[
	from a combined educational campaign and	}			
	fundraising solicitation Check here ► I if	1			
	following SOP 98-2 (ASC 958-720)	(

52-1746307

Pá	art X	Balance Sheet			
	4	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing		1	·
	2	Savings and temporary cash investments	870,516	2	469,668
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	2,147	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		***** 5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net	0	7	0
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,757	9	3,468
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0		The second secon	
	b	Less accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities	2,939,986	11	2,951,568
	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	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,816,406	16	3,424,704
	17	Accounts payable and accrued expenses	11,257	17	72,419
	18	Grants payable Deferred revenue		18 19	
	19 20	Tax-exempt bond liabilities	 	20	ļ
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,		2 1 T	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	8,000,000	23	7,538,462
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	8,011,257	26	7,610,881
seo		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	-4,194,851	27	-4,186,177
B	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
šet	30	Capital stock or trust principal, or current funds	ļ	30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	-4,194,851	33	-4,186,177
	34	Total liabilities and net assets/fund balances	3,816,406	34	3,424,704

Form	990 (2015) International School of Kenya Foundation, Inc	52	-1746307 Page	12
Par	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	11,669,	082
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,660,4	408
3	Revenue less expenses Subtract line 2 from line 1	3	8,6	674
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,194,8	851
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	-4,186,1	<u> 177</u>
ran	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	No " " " " " " " " " " " " " " " " " " "
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 Consolidated basis Both consolidated and separate basis		2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis		2b X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		88 S C 3 S	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			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 (20)15)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public

Inspection

Employer identification number 52-1746307 International School of Kenya Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 1X receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		· ·	ts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly support	ed	▶□
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b							ر ا
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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		_	ts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly		ـــا ،
		.,	_					▶
matructions	18	Private foundation. If the organization did instructions	not check a box on	i line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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

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

Sec	ction A. Public Support						
Cale	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")					6,668	6,668
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	10,572,106	9,068,842	12,359,368	10,899,875	11,619,800	54,519,991
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the	-					
	organization without charge						0
6	Total. Add lines 1 through 5	10,572,106	9,068,842	12,359,368	10,899,875	11,626,468	54,526,659
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u> </u>	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					1	
	amount on line 13 for the year	1,589,003	1,448,281	830,978		\	3,868,262
С	Add lines 7a and 7b	1,589,003	1,448,281	830,978	0.	0	3,868,262
8	Public support (Subtract line 7c from	(:))					
	line 6)						50,658,397
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	10,572,106	9,068,842	12,359,368	10,899,875	11,626,468	54,526,659
10a	Gross income from interest, dividends,				ļ		
	payments received on securities loans,	}					
	rents, royalties and income from similar sources	75,658	12,658	106 569	54,710	122,685	372,280
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses	ì				}	
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	75,658	12,658	106,569	54,710	122,685	372,280
11	Net income from unrelated business					j	
	activities not included in line 10b, whether	l					
	or not the business is regularly carried on						0
12	Other income Do not include gain or	Ì				}	
	loss from the sale of capital assets					j	
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)	10,647,764	9,081,500	12,465,937	10,954,585	11,749,153	54,898,939
14	First five years. If the Form 990 is for the or	rganızatıon's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2015 (line 8, c	olumn (f) divided b	y line 13, column (f))		15	92 28%
16	Public support percentage from 2014 Sched	ule A, Part III, line 1	15			16	89 29%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2015 (line	e 10c, column (f) dr	vided by line 13, co	olumn (f))		17	0 68%
18	Investment income percentage from 2014 Se	chedule A, Part III,	line 17		ł	18	0 67%
19a	33 1/3% support tests—2015. If the organi			•	· ·	and line 17 is	p
	not more than 33 1/3%, check this box and s				•		► X
b	33 1/3% support tests—2014. If the organi						. [
	line 18 is not more than 33 1/3%, check this						▶∐
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	•	▶ [_]

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

	Yes	No
(2 ; 3	Yes	
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Part	Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	* *		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			·
_	below, the governing body of a supported organization?	11a		∔
b	A family member of a person described in (a) above?	11b	├	┼
Soct	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Seci	ion B. Type I Supporting Organizations		Vac	T NI=
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1000	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		2 2 3	
	controlled the organization's activities of the organization had more than one supported organization,		2 5 5	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	3 3 3		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1	* *	13 8 8
2	Did the organization operate for the benefit of any supported organization other than the supported	7 1.	-	1357
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	- * /		1.3
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	In time	1 2 % (
Sect	ion C. Type II Supporting Organizations		L	ــــــــــــــــــــــــــــــــــــــ
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	4 1	1 4 8	1 2 3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.5	, a	
	or management of the supporting organization was vested in the same persons that controlled or managed	1 4		
	the supported organization(s)	1		£ 1 .5 '
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	4 . 5	3 8 7	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	7 3 8		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		* * * * * * * * * * * * * * * * * * *	\$ 70 B
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		111	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	* 1 3		1 7
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 4 5 4	, , , , , , , , , , , , , , , , , , ,	1 2 7
	supported organizations played in this regard	3		
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instruc	tions)	j
2	Activities Test Answer (a) and (b) below.	Г	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	13.73	163	No
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1 1 2	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		4 3 g	
	how the organization was responsive to those supported organizations, and how the organization determined	3	115	
	that these activities constituted substantially all of its activities	2a		1.114
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.5		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	3 % %)	
	reasons for the organization's position that its supported organization(s) would have engaged in these		3 4	*
	activities but for the organization's involvement	2b	.1:	د سخش هو د
3	Parent of Supported Organizations Answer (a) and (b) below.	187	32 3	3 1 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_ [, {]		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	- 4 5 1	المتعدد
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2.	533	2260
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		& %

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rga	nizations	1 290 0
1 . Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con	nple	te Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		Ì	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	- -	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1 8		
instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	\$ 4		
factors (explain in detail in Part VI)	3 %		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	{ o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functionally instructions)	/-inte	egrated Type III supporting	

Part		<u>(3</u>) Supporting Organi	zations (continued)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exe	m	pt purposes of supported	t	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	os	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				0
8	Distributions to attentive supported organizations to which	า t	he organization is respoi	nsive	
	(provide details in Part VI) See instructions				
9	Distributable amount for 2015 from Section C, line 6				0
10	Line 8 amount divided by Line 9 amount				0 000
s	ection E - Distribution Allocations (see instructions)		(i)	(ii) Underdistributions	(iii) Distributable
	,		Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		4 1 4 4 3 1 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		0
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015				
а					
b					
С			Y 2 8 6 6 6 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8		
d	From 2013	0			
e	From 2014	0			
f	Total of lines 3a through e		0		
g	Applied to underdistributions of prior years			0	
h	Applied to 2015 distributable amount		\$ 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0
i	Carryover from 2010 not applied (see instructions)				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		0		
4	Distributions for 2015 from Section	-			
	D, line 7 \$	0			
а	Applied to underdistributions of prior years			0	
b	Applied to 2015 distributable amount				0
С	Remainder Subtract lines 4a and 4b from 4		0		
5	Remaining underdistributions for years prior to 2015, if			}	
	any Subtract lines 3g and 4a from line 2 (if amount			}	3 4 3 3 3 3 3 3 4 4 4 4 4 4 4
	greater than zero, see instructions)			0	
6	Remaining underdistributions for 2015 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)				0
7	Excess distributions carryover to 2016. Add lines 3j		}		
	and 4c	_	0		
8	Breakdown of line 7				
a		_			
b					
С		0			
d	Excess from 2014	0			
е	Excess from 2015	0			Control Villian Control

Schedule A (Form 990 or 990-EZ) 2015_

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number International School of Kenya Foundation, Inc. 52-1746307 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	dule D (Form 990) 2015 International S	School of Kenya Fo	oundation, Inc				52-17	46307		Page 2
Par	rt III Organizations Maintai	ning Collection	s of Art, Hist	orical Ti	reasures, c	or Other	Similar Ass	sets (cor	ntınue	d)
3	Using the organization's acquisition	on, accession, and	other records,	check any	of the follow	ving that	are a significar	nt use of i	ts	
	collection items (check all that ap	oly)		_						
а	Public exhibition		d [Loan	or exchange	program	s			
b	Scholarly research		e 「	Other						
С	Preservation for future gen	erations	<u> </u>				<i>.</i>			
4	Provide a description of the organ		is and explain h	ow they fo	urther the org	ganizatior	n's exempt pur	pose in P	art	
	XIII									
5	During the year, did the organizat assets to be sold to raise funds ra							Y	es [] No
Par	Complete if the organize 990, Part X, line 21	_		990, Pa	art IV, line 9	, or repo	orted an amo	unt on F	orm	
1a	Is the organization an agent, trust	ee, custodian or o	ther intermediar	y for cont	ributions or o	other asse	ets not			
	included on Form 990, Part X?							Y	es	No
þ	If "Yes," explain the arrangement	in Part XIII and co	mplete the follow	wing table	!		- _T			
						ļ	-	Amount		
C	Beginning balance					1c				0
d	Additions during the year					1d				
e	Distributions during the year					1e	-}			
f	Ending balance					1f	.1			0
2a	Did the organization include an ar	nount on Form 990	0, Part X, line 2	1, for escr	ow or custod	tial accou	nt liability?	Ye	es X	No
b	If "Yes," explain the arrangement	in Part XIII Check	here if the expl	anation h	as been prov	rided on F	Part XIII			
Part	t V Endowment Funds.									
	Complete if the organiza	ation answered "	'Yes" on Form	990, Pa	irt IV, line 1	0				
		(a) Current y	ear (b) Pri	or year	(c) Two year	s back (d) Three years ba	ck (e) Fo	ur years	back
1a	Beginning of year balance	ļ	0	0		0		0		0
b	Contributions									
С	Net investment earnings, gains,		}			1				
	and losses	 			<u></u>					
đ	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs	ļ								
f	Administrative expenses									
g	End of year balance		0	0	L	0]_		0		0
2	Provide the estimated percentage		-	line 1g, co	olumn (a)) ne	eid as				
a	Board designated or quasi-endow		%							
b	Permanent endowment	%	%							
С	Temporarily restricted endowment The percentages on lines 2a, 2b,									
3a	Are there endowment funds not in			n that are	hold and ad	lministora	d for the			
Ja	organization by	the possession of	the organizatio	ii tilat ald	neid and ad	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	a for the	{	Yes	No
	(i) unrelated organizations							3a(ı)	-163	140
	(ii) related organizations							3a(iı)		
b	If "Yes" on line 3a(ii), are the relat	ed organizations li	sted as required	Lon Sche	dule R?			3b		
4	Describe in Part XIII the intended									
Part				TOTAL TOTAL						
	Complete if the organiza		Yes" on Form	990 Pa	rt IV line 1	1a See	Form 990 P.	art X line	<u>-</u> 10	
	Description of property		ost or other basis		st or other	T	ccumulated		ok value	
		1 ' '	investment)		s (other)		preciation	(4)	varue	-
1a	Land		0		0	101111				0
b	Buildings		0		0	 	0			0
С	Leasehold improvements		0		0		o			0
d	Equipment		0		0		0			0
e_	Other		0		0		0			0
Total	II. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990, Part X,	column (l	3), line 10c)		>			0

Schedule D (Forr	n 990) 2015 International School of	Kenya Foundation, Inc		52-1746307 Page
Part VII	Investments—Other Secur	ities.		
,	Complete if the organization	answered "Yes" on Form 9	90, Part IV, line 11b. See Fo	rm 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial	derivatives	0		
(2) Closely-he	eld equity interests	C)	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			ļ	
(G)			 	·
(H)				× * * 3 × / 3 × / 3 × . 5 × 6 .
	77001 04007 0777 070, 7 0777, 007 (2) 7770 727			
Part VIII	Investments—Program Rel		00 Dort IV line 11 a Coo Fee	000 Dad V I 40
	Complete if the organization		[
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				×
		<u> </u>		
Part IX	Other Assets.			
	Complete if the organization		90, Part IV, line 11d See For	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		(a) Description		(b) Book value
_(1)				
_(2)				
(3)				
<u>(4)</u> (5)				
(6)	 			<u> </u>
(7)				
(8)				
(9)				†
	n (b) must equal Form 990, Part X,	col (B) line 15)	•	
Part X	Other Liabilities.			
	Complete if the organization line 25.	answered "Yes" on Form 99	90, Part IV, line 11e or 11f S	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ı		(b) Book Value		
(2)	, iou iou iou iou	†		
(3)				
(4)				
(5)				
(6)				
(7)			Na 53 et a * 1 1 1 2 2 3 3 3 3 3 5 4 3 5 4 8 8	多きるようでもでもできる。第十階を着む。

Total (Column (b) must equal Form 990 Part X col (B) line 25)

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8)

Pai	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 9		ue per Return.	, age
1	Total revenue, gains, and other support per audited financial statements	50, 1 art 1V, line 12a	1 1	11,669,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			11,009,002
	Net unrealized gains (losses) on investments	2a		
a	Donated services and use of facilities	2b		
b				
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		•
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	11,669,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	11,669,082
Pai	t XII Reconciliation of Expenses per Audited Financial St	-	nses per Returr	١.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	11,660,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		\$ * \$ \$	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	11,660,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	}	* 1, 2, 4	
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	<u> </u>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	11,660,408
Par	t XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
-+	· 			**
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			

Schedule D (Form 9		International School of Kenya Foundation, Inc	52-1746307 Page <b>5</b>
Part XIII	Supple	emental Information (continued)	
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			**************************************
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Schedule D (Form 990) 2015

#### Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International School of Kenya Foundation, Inc.

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

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

Employer identification number 52-1746307

Part I		ormation on A n 990, Part IV, lin		side the United States.	Complete if the organization an	swered
assista		es' eligibility for t		ords to substantiate the amo istance, and the selection c	_	Yes No
-	ntmakers. Desc ce outside the t		e organization's	procedures for monitoring th	ne use of its grants and other	
3 Activities	s per Region (1	The following Par	t I, line 3 table c	an be duplicated if additiona	al space is needed )	
(a) F	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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Sah	naran Africa		72	Educational Services	Teachers salaries & benefits	8,103,280
	naran Africa			Educational Support	Grant Making	500,000
	aran Africa			Educational Support	School Supplies	2,964,050
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						<del></del>
(10)						<del></del>
(11)						
(12)						
(13)					-	
(14)						
(15)						
(16)						
(17)						~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
3a Sub-total		0	72			11,567,330
<b>b</b> Total from sheets to	continuation		0			0
	lines 3a and 3b)	0	72			0 11,567,330

Schedule F (Form 990) 2015 International School of Kenya Foundation, Inc.

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 (g) Amount of non-cash assistance (f) Manner of cash disbursement WIRE 500,000 (e) Amount of cash grant (d) Purpose of grant General Support Sub-Saharan Africa (c) Region Come of the control o The state of the s A STATE OF THE STA A STATE OF THE STA on the second of e de la companya de la co (b) IRS code section and EIN (if applicable) THE STATE OF THE S Contract moderate me A CONTRACTOR OF THE STATE OF TH the sun of a fact white a will be a fact of a A Company of the comp The state of the s (15) (2) the state of the s Man (7) and the second and the same of th miles of the state of the court of the tell of the A REPORT OF THE PARTY OF THE PA (10) 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 Washing to a Sign Careford (4) (a) Name of organization (13) (5)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

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Schedule F (Form 990) 2015

52-1746307

International School of Kenya Foundation, Inc

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2015

Part III Grants

(a) Type of grant or assistance	yrant or assistance (b) Region (c) Nur	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)					•		
(7)							
(8)							
(6)							
(10)		•					
(11)							
(12)							
(13)							
(14)							
. (15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2015

art	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 F (Form 990) 2015

#### 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.

2015

Employer identification number

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

Open to Public Inspection

OMB No 1545-0047

International School of Kenya Foundation, Inc	52-1746307				
Form 990, Part VI, Section B, Line 19 The Form 990 is reviewed by all Board Members prior to					
being submitted to the Internal Revenue Service	·····				
Form 990, Part VI, Section B, Line 12C. The Board adopted a comprehensive Goverance Policy					
including Business Ethics, Conflict of Interest Policy and Record Retention Policy Directors					
are required to review and sign the Conflict of Interest Policy each year at the time of their					
appointment or reappointment					
Form 990, Part VI, Section C, Line 19 The Organization's governing documents, conflict of	····				
interest policy and financial statements are available to the public upon request					

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization	Employer identification number
International School of Kenya Foundation, Inc	52-1746307
	777-7
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