DLN: 93493274016049 OMB No 1545-0047 Return of Organization Exempt From Income Tax **2018** 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 Open to Public Department of the ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization INTERNATIONAL STUDENT HOUSE D Employer identification number **B** Check if applicable

_	me change		53-60094	05				
	tial return	Doing business as						
	al return/terminated	<u> </u>	E Telephone	number				
	nended return plication pending	Number and street (or P O box if mail is not delivered to street address) Room/sui 1825 R STREET NW	te (202) 232					
— лр	plication penaling	City or town, state or province, country, and ZIP or foreign postal code	(202) 232	-4007				
		WASHINGTON, DC 200091603	G Gross rece	pts \$ 2.	330.002			
		F Name and address of principal officer	H(a) Is this a group retu		,			
		LAWRENCE DUNHAM 1825 R STREET NW	subordinates?		□Yes ☑No			
		WASHINGTON, DC 200091603	H(b) Are all subordinates	5	☐ Yes ☐No			
I Ta	x-exempt status	✓ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	included? If "No," attach a lisi	t (see				
J W	ebsite: ► WV	VW ISHDC ORG	H(c) Group exemption n	•	•			
K Fori	n of organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of formation 1963	1 State	of legal domicile DC			
P	art I Sum	mary						
		scribe the organization's mission or most significant activities						
<i>a</i> .		RFOREIGN AND AMERICAN STUDENTS AN IN-DEPTH EXPERIENCE IN INTER ANDING AMONG PEOPLE OF DIFFERENT RACES, CULTURES, RELIGIONS AN		CREAT	E BETTER			
nce	ONDERST	ANDING AMONG FEOFEE OF DIFFERENT RACES, COLTORES, RELIGIONS AN	D SOCIAL BACKGROONDS					
Ē								
Activities & Governance	- Charala th	is box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of m	N 250/ -f-tt	- 1				
Ğ		is box $ ightharpoonup$ if the organization discontinued its operations or disposed of m of voting members of the governing body (Part VI, line 1a) \cdot \cdot \cdot \cdot \cdot		ets 3	27			
≫ 5 √1		mber of independent voting members of the governing body (Part VI, line 1b)						
£ e		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	8			
Ę	6 Total nur	mber of volunteers (estimate if necessary)						
ď	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	0			
	b Net unre	lated business taxable income from Form 990-T, line 34		7b	0			
			Prior Year		Current Year			
<u>a</u> ,	8 Contribu	tions and grants (Part VIII, line 1h)	453,76	8	461,869			
Rəvenue	9 Program	service revenue (Part VIII, line 2g)	1,474,95	4	1,624,693			
Ŗÿ	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	57,95	9	67,112			
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,47		23,509			
		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,021,15	+	2,177,183			
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
		paid to or for members (Part IX, column (A), line 4)		0	622.470			
83	1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	609,14	_	622,478			
Expens		onal fundraising fees (Part IX, column (A), line 11e)		0	С			
푎		raising expenses (Part IX, column (D), line 25) ►108,759 penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,440,23	0	1,537,660			
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,049,38	+	2,160,138			
	1	less expenses Subtract line 18 from line 12	-28,22		17,045			
አው	25 Revenue	ress expenses subtract mic 10 from mic 12 i i i i i i i i	Beginning of Current Yea		End of Year			
anc of								
Bal		ets (Part X, line 16)	4,985,31	1	4,927,238			
Net Assets or Fund Balances		ollities (Part X, line 26)	284,10	+	333,740			
		ts or fund balances Subtract line 21 from line 20	4,701,21	1	4,593,498			
		eature Block perjury, I declare that I have examined this return, including accompanying	schodules and statement-	and to	the best of mir			
know		erjury, I declare that I have examined this return, including accompanying ef, it is true, correct, and complete Declaration of preparer (other than offic						
<u> </u>	l k							
	Signat	ture of officer	2019-10-01 Date					
Sign Here								
Here	5 N	AS O'COIN EXECUTIVE DIRECTOR						

Use Only Firm's address ► 4242 SIX FORKS ROAD SUITE 1500 Phone no (919) 719-6400 RALEIGH, NC 27609 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Preparer's signature

Date

PTIN

P01226973

Check I If

self-employed

Fırm's EIN ► 52-1446779

THOMAS O'COIN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name

Firm's name ► JOHNSON LAMBERT LLP

Paid

Preparer

Form	990 (2018)					Page 2
Pa	till Stater	ment of Program Servic	e Accomplish	ments		
	Check ı	f Schedule O contains a respo	nse or note to a	ny line in this Part III .		🗹
1		e the organization's mission		•		
RESI	DENTIAL EXPER	IENCE TO A HIGHLY DIVERSE	INTERNATIONA	L COMMUNITY OF GRA	F WASHINGTON, DC, PROVIDES AI DUATE STUDENTS, INTERNS, AND TIONS, AND FOSTERS GLOBAL CIT	VISITING SCHOLARS
2	Did the organiz	zation undertake any significa	nt program serv	ıces durıng the year wh	nich were not listed on	
	the prior Form	990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Sch	edule O			
3	Did the organiz	zation cease conducting, or m	ake significant c	hanges in how it condu	icts, any program	
	services? .					🗌 Yes 🗹 No
	If "Yes," descri	be these changes on Schedule	● O			
4	Section 501(c)		ns are required	to report the amount o	largest program services, as measi f grants and allocations to others, t	
4a	(Code) (Expenses \$	1,639,433	including grants of \$) (Revenue \$	1,624,693)
	See Additional D					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program	n services (Describe in Schedu	le O)	.) (Revenue \$)
	• •				, (Nevenue p	1
4e	_ i otal prograi	m service expenses ▶	1,639,43	53		

15

16

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19

21

Form	990 (2018)			Page 3
Par	tIV 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," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
	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		No
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐿	11b		No
	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E			

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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 foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

13

14a

14b

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20a

20b

21

Yes

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Νo

No

Form **990** (2018)

Form	990 (2018)			Page 4
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Nο

No

No

36

37

38

0

1a

Yes

Yes

Form 990 (2018)

36

37

38

Part V

13c

14a

14b

15

No

No

Form **990** (2018)

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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					<u>~</u>
Se	ction A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
Ь	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.	or ur	der the direct supervision?	3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	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?					
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following	under	aken during the year by			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C	annot	be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ		v the Internal Revenu	e Cod	e.)	
	, , , , , , , , , , , , , , , , , , , ,		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt policies.			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernın •	g body before filing the	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?	erests	that could give rise to	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14				14	Yes	
	_					—

ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	C + C104		·	

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 18 Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►LAWRENCE DUNHAM 1825 R STREET NW WASHINGTON, DC 200091603 (202) 232-4007 20

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wdirector/trustee) organizations (Wany hours from the 2/1099-MISC) for related 2/1099-MISC) organization and Highest compensated employee Former Office Individual trustee organizations related Ŀ Institutional director. below dotted organizations employee line) Trustee See Additional Data Table c Total from continuation sheets to Part VII, Section A . • 128.986 6,449 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

3 4

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual		4		No	
5	services rendered to the organization?If "Yes," complete Schedule J for such person					
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comfrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A)	(B)		(C)	

Name and business address Description of services Compensation SODEXO INC & AFFILIATES FOOD SERVICE FOR RESIDENTS 512,067 PO BOX 360170

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

HOUSEKEEPING & MAINTENANCE

141,360

Form 990 (2018)

PITTSBURGH, PA 15251

PO BOX 8500 BOSTON, MA 02241

AMERICAN BUILDING MAINTENANCE CO

compensation from the organization ▶ 2

	Check if Schedule	O contains a respo	onse 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 512 - 514
	1a Federated campaign	ıs . 1a			revenue		312 - 314
nts T	b Momborship dues		<u> </u>				
<u>a</u> a	b Membership dues .						
غِ دَ	c Fundraising events	1c	161,593				
E FE	d Related organization	ns 1d					
5 🖺	e Government grants (co	ntributions) 1e					
ns, ïï	f All other contributions,	gifts, grants,					
	and similar amounts no above		300,276				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a - 1f \$	16	<u>,593</u>				
⊼ د	h Total. Add lines 1a-	1f		461,869			
<u> </u>			Business		589,982 1,	589,982	
Service Revenue	2a ROOM & BOARD			721310	·		
æ	b CONFERENCE			900099	34,711	34,711	
ş							
PΓΛ							
Š	u						
ran	-						
Program	f All other program ser		1 4	524,693	•	•	·
٩	gTotal. Add lines 2a-2f	•	>				
	3 Investment income (in		nterest, and other	65,47	3		65,47
	similar amounts)						357
	4 Income from investme			-			
	5 Royalties		· · · •	` <u> </u>			
	_	(ı) Real	(II) Personal	_			
	6a Gross rents	115,853					
	b Less rental expenses	29,380		1			
	B coss remaines periods	25,500					
	c Rental income or (loss)	86,473					
	d Net rental income or	(loss)		86,47	3		86,47
	Г	(ı) Securities	(II) Other				
	7a Gross amount						
	from sales of assets other	55,214					
	than inventory						
	b Less cost or			1			
	other basis and sales expenses	53,575					
	C Gain or (loss)	1,639		-			
	_		•	1,63	9		1,63
	8a Gross income from fu			1			
Other Revenue		161,593 of					
E	See Part IV, line 18	а	6,900				
Re	b Less direct expenses	ь	69,864				
ē	c Net income or (loss) f	from fundraising ev	ents	-62,96	4		-62,96
ŧ	9a Gross income from ga						
0	See Part IV, line 19		ļ				
		а		_			
	b Less direct expenses						
	c Net income or (loss) f	from gaming activit	ies >				
	10aGross sales of invento returns and allowance						
		a					
	b Less cost of goods so	old b]			
	c Net income or (loss) f	from sales of invent	cory ►	_			
	Miscellaneous I		Business Code				
	11a			7			
	h			1	+		
	b						
				<u> </u>	<u>l</u>		
	c						
	d All other revenue .				+		
	Q All other revenue .		L	1			

12 Total revenue. See Instructions .

90,621

1,624,693

Page **9**

form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			3	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,435	54,330	60,826	20,279
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	391,537	157,086	175,828	58,623
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,038	6,815	7,667	2,556
9 Other employee benefits	37,393	14,957	16,827	5,609
10 Payroll taxes	41,075	16,430	18,484	6,161
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	77,502	2,356	75,146	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	303		303	
g Other (If line 11g amount exceeds 10% of line 25, column	2,615	1,046	1,177	392
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	28,691	14,543	7,097	7,051
13 Office expenses	118,549	108,192	2,269	8,088
14 Information technology	12,651	12,018	633	
15 Royalties				
16 Occupancy	405,795	394,523	11,272	
17 Travel	4,164		4,164	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	44,803	44,803		
20 Interest	2,529	2,403	126	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,959	80,711	4,248	
23 Insurance	47,253	33,077	14,176	
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)				
a FOOD SERVICE	513,403	507,058	6,345	
b CLEANING SERVICE	176,092	170,745	5,347	
c				
d				
e All other expenses	18,351	18,340	11	
25 Total functional expenses. Add lines 1 through 24e	2,160,138	1,639,433	411,946	108,759
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	2,100,130	1,005,100	111,540	100,733

Form 990 (2018)

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Fund Balances

Assets or 30

Net

Liabilities 22 Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or note to any line in this Part IX			🛚
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	147,270	1	86,523
	2	Savings and temporary cash investments	140,623	2	248,214
	3	Pledges and grants receivable, net	97,000	3	101,900
	4	Accounts receivable, net	12,867	4	14,116
	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	
φ.	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	
eţe	7	Notes and loans receivable, net		7	
S	_			_	

18.259

3,328,682 1,101,044

28.500 4.927.238 186,760

12.940

36.957

97.083

333.740

4.171.245

422.253

4,593,498

4,927,238 Form **990** (2018)

12.940

50,000

114,445

284,100

4.324.686

376,525

4,701,211

4,985,311

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22 23

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27 28

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31 32

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34

s		section 4958(f)(1)), persons described in section or an arrange of the section of	tions o (see in	of section 501(c)(9) structions) Complete		6	
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges			20,500	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,759,462			
	ь	Less accumulated depreciation	10 b	1,430,780	3,383,324	10c	
	11	Investments—publicly traded securities .			1,155,227	11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .	•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			28,500	15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	4,985,311	16	
					100 -11		

•	9	Prepaid expenses and deferred charges	20,500	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,759,462			
	b	Less accumulated depreciation	10 b	1,430,780	3,383,324	10 c	
	11	Investments—publicly traded securities .	1,155,227	11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[28,500	15	
	16	Total assets.Add lines 1 through 15 (must equa	34)	4,985,311	16		
	17	Accounts payable and accrued expenses		106,715	17		
	18	Grants payable		18			

Audit Act and OMB Circular A-133? 3a Nο

3b

Form 990 (2018)

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

Additional Data

Software ID:

Software Version: **EIN:** 53-6009405

Name: INTERNATIONAL STUDENT HOUSE

Form 990 (2018)

Form 990, Part III, Line 4a:

APPROXIMATELY 250-300 INTERNATIONAL STUDENTS WERE PROVIDED ROOM, BOARD, AND RELATED SERVICES ALONG WITH AN EXTENSIVE PROGRAM OF SOCIAL AND CULTURAL ACTIVITIES. ISH ALSO ENCOURAGES RESIDENT SCHOLARS TO PARTICIPATE IN OUTREACH AND VOLUNTEER ACTIVITIES SUCH AS ASSISTING LOCAL SOCIAL SERVICE AGENCIES AND OTHER COMMUNITY ORGANIZATIONS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	famous lateral	unu	u un			uotee,	<i>'</i>	(14/ 3/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CYNTHIA BUNTON PRESIDENT	10 00	×		×				0	0	0
SHERRY L MUELLER FIRST VICE PRESIDENT	4 00	х		х				0	0	0
ERIC MELBY SECOND VICE PRESIDENT	4 00	х		х				0	0	0
BARBARA SLAVIN SECRETARY	6 00	×		x				0	0	0
MCGRATH JEAN THOMAS	8 00	х		х				0	0	0

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BARBARA SLAVIN
SECRETARY
MCGRATH JEAN THOMAS
TREASURER

LISA BARRY

DIRECTOR

MALCOLM BENGE

HON MICHELE BOND

WILLIAM J BONSTRA

GREG COBLE

DIRECTOR

DIRECTOR (FROM APR '18)

DIRECTOR (FROM APR '18)

DIRECTOR (FROM APR '18)

.......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

......

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SUSAN GUTCHESS

DR RIAZ HAIDER

DIRECTOR (TO APR '18)

LINDA DONAVAN HARPER

LORRAINE RIFFLE HAWLEY

KATHRYN MANN HORLICK

	any nours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldtue Petitschedtuos tsetfilt	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ISABEL CUTLER DIRECTOR	1 00	1						0	0	0	
MINH DANG DIRECTOR (FROM APR '18)	1 00	X						0	0	0	
AARON T DOWD DIRECTOR (TO APR '18)	1 00	1						0	0	0	
LAWRENCE P DUNHAM	1 00										

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DIRECTOR (FROM APR '18)	•••••	Х			0	
AARON T DOWD	1 00	×			0	
DIRECTOR (TO APR '18)		,,				
LAWRENCE P DUNHAM	1 00	×			0	
DIRECTOR (TO APR '18)		^			Ŭ	
MAGGIE GAGE	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
IGNACIO JAUREGUI DIRECTOR	1 00	×						0	0	0	
HON H MARTIN LANCASTER DIRECTOR	1 00	×						0	0	0	
TANGLEY C LLOYD DIRECTOR	1 00	х						0	0	0	
DD CHCAN BLUMENTHAL MADVEY	1 00										

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TANGLEY C LLOYD
DIRECTOR
DR SUSAN BLUMENTHAL MARKEY
DIRECTOR

SELBY MCPHEE

JARREL PRICE

SAMBIA SCHIVERS-BARCLAY

HON PHILLIP C WILCOX JR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JILL WELCH

DIRECTOR

DIRECTOR

BETTY ANN TANNER

and Independent Contractors

and Independent Contractors (A)

THOMAS O'COIN

EXECUTIVE DIRECTOR

Name and Title

hours per week (list any hours for related organization below dotte line)
40 (

(B)

Average

Position (do not check more Individual Institutio

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

than one box, unless person is both an officer and a director/trustee) employee

from the organization (W- 2/1099-MISC)

(D)

Reportable

Reportable compensation compensation from related organizations (W- 2/1099-128,986

(E)

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

6,449

SCHEDUI Form 990 o 90EZ)		Complete if the o	Charity Statu organization is a sect 4947(a)(1) nonexe ► Attach to Form	a section	2018		
epartment of the internal Revenue Stame of the o	eruse		o <u>www.irs.gov/Form</u>	Employer identific	Open to Public Inspection		
TERNATIONAL S	STUDENT HOU	SE					ation number
Part I R	eason for	Public Charity Sta	tus (All organization	s must comple	te this part.) S	53-6009405 See instructions.	
ne organizatio	n is not a pr	ıvate foundation becaus	se it is (For lines 1 thro	ough 12, check o	nly one box)		
1	hurch, conv	ention of churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school descr	bed in section 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3	nospital or a	cooperative hospital se	rvice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
na	me, city, an			·			·
	-	n operated for the bene • (Complete Part II)	fit of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
		e, or local government of	or governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).	
		n that normally receives (1)(A)(vi). (Complet		s support from a	ı governmental u	ınıt or from the gener	al public described ii
B	community t	rust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
		research organization of college of agriculture					ege or university or
fro inv	m activities estment inc	n that normally receives related to its exempt fu ome and unrelated busi section 509(a)(2). (0	inctions—subject to cert ness taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its si	upport from gross
	•	n organized and operate	. ,	r public safety S	See section 509	(a)(4).	
mo	ore publicly s	n organized and operate supported organizations rough 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty	pe I. A supp ganization(s)	porting organization ope the power to regularly t IV, Sections A and E	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
ma	nagement c	pporting organization su of the supporting organi te Part IV, Sections A	zation vested in the sar				
		tionally integrated. A anization(s) (see instruc					ited with, its
I 🗌 Ty fui	pe III non- nctionally int	functionally integrate egrated The organizati ou must complete Pa	ed. A supporting organion generally must satis	zation operated fy a distribution	in connection wirequirement and	th its supported organ	
: Ch	eck this box	if the organization rece	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
_		Type III non-functionall supported organizations	, , , ,	organization		_	
		information about the s		T'			1
	ame of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing docu					(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
.tal							
otal	k Poduction	Act Notice, see the I	Instructions for	L Cat No 1128!		 Schedule A (Form 9	00 or 000-E7\ 20'

Page 2

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59 110 %

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Schedule A (Form 990 or 990-EZ) 2018

	III. If the organization fai	ls to qualify und	er the tests list	ed below, please	e complete Part	III.)	
S	ection A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2018	(I) Iotai
1	Gifts, grants, contributions, and						
	membership fees received (Do not	672,943	389,819	421,737	453,768	461,869	2,400,136
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	672,943	389,819	421,737	453,768	461,869	2,400,136
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						482,816
	supported organization) included on						402,010
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						1,917,320
	line 4						1,917,320
S	ection B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(D)2015	(0)2016	(u)2017	(e)2018	(1)Total
7	Amounts from line 4	672,943	389,819	421,737	453,768	461,869	2,400,136
8	Gross income from interest,						
	dividends, payments received on	128,619	122,321	167,087	166,807	101 226	766,160
	securities loans, rents, royalties and	128,619	122,321	167,087	100,807	181,326	766,160
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						2.166.206
	10						3,166,296
12	Gross receipts from related activities, e	tc (see instruction	ns)	•		12	7,729,856
13	First five years. If the Form 990 is for			ed fourth or fifth	tay year as a sest		
13	•	the organization's	s mst, secona, thir	a, iourth, or fifth	tax year as a secti		
	check this box and ston here						

Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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

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 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 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

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

and stop here. The organization qualifies as a publicly supported organization

organization

instructions

supported organization

box and stop here. The organization qualifies as a publicly supported organization

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P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, ,			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	membership fees received (Do not						
	include any "unusual grants")						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

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

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

S	ection A. All Supporting Organizations		
		Yes	No
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,		

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	1
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)	

	describe the designation If historic and continuing relationship, explain	1	
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		
	ın section 509(a)(1) or (2)	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	3a	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	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	3a	
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	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
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	3b	
С	Old 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 12a or 12b in Part I, answer (b) and (c) below		

	determination	3b	'	
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	checked 12a or 12b ın 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	4b		
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	_	$\overline{}$	

U	Did the organization have ditimate 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	4b	
С	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	4c	
5а	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)	5a	
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?	5b	
		_	

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	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		

6	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.	6	
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		

	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)	7	
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)	8	
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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

Pa	rt IV Supporting Organizations (continued)					
			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				
h	A family member of a person described in (a) above?	11b		\vdash		
	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				
	ection B. Type I Supporting Organizations					
_	cetton b. Type I Supporting Organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year					
		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
_	action C. Tuna II Summarting Organizations					
3	ection C. Type II Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	103	110		
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
S	ection 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 tayear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard					
_						
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)				
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)				
	b					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
	a 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? <i>Provide details in Part VI</i> .	of 3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b				
		, 55	1	i		

instructions)

	Type 111 Non-1 unctionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
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 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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
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		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 53-6009405

Name: INTERNATIONAL STUDENT HOUSE

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

DLN: 93493274016049OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization		E	mployer ide	ntification	number
TIMI	ERNATIONAL STUDENT HOUSE		5	3-6009405		
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	nds or A	Accounts.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds		(L) [d		
1	Total number at end of year	(a) Donor advised funds		(b)Funds	and other	accounts
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 advisor	re in writing that the assets held in don	or advis	ed funds are	the	
,	organization's property, subject to the organization's ex		ioi auvisi	ed fullds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?]Yes □ Ne
Pa	rt II Conservation Easements. Complete if the	ne organization answered "Yes" on	Form 9	90, Part IV	, lıne 7.	
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)				
	\square Preservation of land for public use (e g , recreation	n or education)	of an his	torically imp	ortant land	area
	Protection of natural habitat	Preservation	of a cert	ified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in th	he form (of the Year
а	Total number of conservation easements		2		t the End (or the rear
b	Total acreage restricted by conservation easements		21	b		
С	Number of conservation easements on a certified histori	c structure included in (a)	2	с		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06, and not on a historic	c 2 0	d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminate	ed by the	organization	during the	
4	Number of states where property subject to conservation	on easement is located >				
5	Does the organization have a written policy regarding the	ne periodic monitoring, inspection, hand	dling of v	uolations,		
	and enforcement of the conservation easements it hold				☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforci	ing conse	ervation ease	ments durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing co	onservati	ion easement	s during the	e year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section	ion 170(h)(4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the organization's financial			and	
Par	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other	Similar As	sets.	
1 a	Complete if the organization answered "Yes If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenu				
Ь	provide, in Part XIII, the text of the footnote to its finar If the organization elected, as permitted under SFAS 11			t and balance	sheet work	s of art,
	historical treasures, or other similar assets held for pub following amounts relating to these items	lic exhibition, education, or research in	furthera	nce of public	service, pro	ovide the
(i) Revenue included on Form 990, Part VIII, line 1			> \$		
(ii)Assets included in Form 990, Part X			> \$		28,500
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		r financia	·		
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			▶ \$		

Par	2111	Organizations Ma	aintaining Collec	ctions of	Art, Histor	rical T	reası	ures, or (Other Sim	ilar As	ssets (ca	ntınued)	
3		the organization's acq (check all that apply)	juisition, accession, a	and other re	ecords, check	any of	the fo	llowing tha	at are a sign	ıfıcant ı	use of its o	collection	
а		Public exhibition			d		Loan	or exchan	ige program	s			
b		Scholarly research			e	✓	Othe	_r PRIVATE	E DISPLAY				
c		Preservation for future	e generations										
4	Provid Part >	de a description of the	organization's collect	tions and e	xplain how th	ney furt	her the	e organizat	tion's exemp	ot purpo	se in		
5		g the year, did the org s to be sold to raise fur									☐ Yes	☑ No	
Par	t IV	Escrow and Cust Complete if the ory X, line 21.			on Form 99	0, Part	IV, lı	ne 9, or i	reported a	n amou	unt on Fo	orm 990, Pa	rt
1a		e organization an agent ded on Form 990, Part I		or other in	termediary fo	r contr	ibution	s or other	assets not		☐ Yes	□ No	
ь	If "Ye	es," explain the arrange	ement in Part XIII an	d complete	the followin	a table				Α	mount		
c		ining balance		,		_			1c				
d	Addıtı	ions during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endın	ig balance							1f				
2a		ne organization include									_	□ No	
		es," explain the arrange											
Pa	rt V	Endowment Fun	·									\- \	
1a	Beainn	ing of year balance .		(a)Current y	year (D)	Prior yea	ar	(c)Two yea	rs back (a)	inree yea	ars back (e)Four years b	ack_
	-	outions	· · · · ⊢										
		estment earnings, gair	ns and losses										—
		or scholarships	<u> </u>										
		expenditures for facilities											
		ograms											
f	Admını	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated perce	ntage of the current	year end b	alance (line	1g, colu	ımn (a)) held as					
а	Board	d designated or quasi-e	endowment 🟲										
b	Perm	anent endowment 🟲											
c	Temp	orarily restricted endo	wment 🟲										
	The p	ercentages on lines 2a	, 2b, and 2c should e	equal 100%	6								
3a		here endowment funds nization by	not in the possession	n of the or	ganization th	at are h	neld an	id administ	ered for the			Yes N	lo
	• •	nrelated organizations									3a(-	
		elated organizations .				 ⊐ مانامہ					3a(3l		
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	-		•							<u>, </u>	
	t VI	Land, Buildings,		garneacion :	- chaowinelle								
e i		Complete if the or		ed "Yes"	on Form 99	0, Part	IV, lı	ne 11a. S	See Form 9	90, Pa	ırt X, lıne	10.	
	Descri	ption of property	(a) Cost or other I (Investment)	basis (b) Cost or othe	er basıs ((other)	(c) Accum	nulated depre	ciation	(d) Book value	
1a	Land					2	05,335					20	5,335
	Buildin	gs				3,8	23,599		8	85,588		2,93	88,011
		old improvements											
		nent				7	30,528		5	45,192		18	35,336
			-										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Schedule D (Form 990) 2018 Part VII Investments—Other Securities. Complete if the o	organizati	on answered	d "Yes" on Form 990, P	Page 3 art IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Method of	
(including name of security)		Book value	Cost or end-of-yea	
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fori	m 990. Pa	ırt IV. lıne 1	1c. See Form 990, Part	: X, line 13.
(a) Description of investment		ok value	(c) Method of Cost or end-of-yea	valuation
(1)	<u> </u>		Cost of enu-or-yea	di Net Yaide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answered 'Ye (a) Description	es' on Form	990, Part IV	line 11d See Form 990,	Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				116
Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered Ye			r 11f.
1. (a) Description of liability (1) Federal income taxes		(b) Book v	alue	
RESIDENT ROOM DEPOSITS			70,400	
DEFERRED RENT (3)			26,683	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
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	e footnote	to the organi	97,083 ation's financial statemen	ts that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740				

Part XI

2

а

b

5

1

2

c

d

e 3

b

C

Part XIII

5

4

Part XII

Schedule D (Form 990) 2018

Page 4

-13,1202,176,880

303

2,177,183

2,271,473

111,638

303

2,159,835

2.160.138

Schedule D (Form 990) 2018

Donated services and use of facilities .

Recoveries of prior year grants . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities

d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line
а	Investment expenses not included on Form 9
b	Other (Describe in Part XIII)

Add lines 4a and 4b .

Prior year adjustments .

Add lines 2a through 2d .

Other (Describe in Part XIII) .

Subtract line 2e from line 1 .

	2 c
	2d
e 12, but not on line 1	
90, Part VIII, line 7b	4a
	4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Expenses per Audited Financial Statements With Expenses per

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2a 2b

2c

2d

4a 4h

97,697
303

4.000

107,638

-114,817

4,000

07 607

	2e	
	3	
3		
	4c	
	5	
R	leturi	n.
_		
	1	

2e

3

4c

5

1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: EIN: 53-6009405

Name: INTERNATIONAL STUDENT HOUSE

PART III, LINE 4

DENTS ONLY THE PRIVATE DISPLAY IS NOT OPEN TO THE PUBLIC

Return Reference

Explanation THE ART COLLECTION IS ON DISPLAY IN THE GREAT HALL AND IS PROVIDED FOR THE BENEFIT OF RESI

Supplemental Information

Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	MANAGEMENT HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018				

applemental Information					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	BURLING HALL RENTAL EXPENSE 29,380 GALA EXPENSE 69,864 LOSS ON INVESTMENT -1,547				

S

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Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER BURLING HALL RENTAL EXPENSE 29,380 GALA EXPENSE 69,864 LOSS ON INVESTMENT -1,547 BAD DEBT ADJUSTMENTS EXPENSE 9,941

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2018

DLN: 93493274016049

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organiz

Department of the Treasury

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

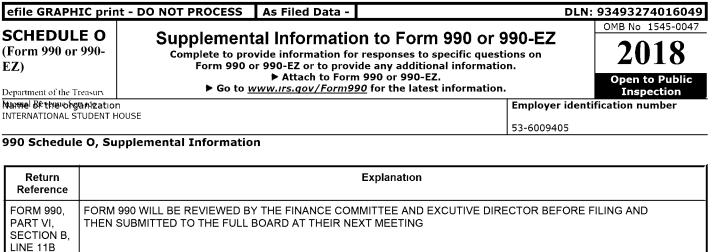
Go to www irs gov/Form990 for instructions and the latest information

organization entered more than \$15,000 on Form 990-EZ, line 6a

Employer identification number Name of the organization INTERNATIONAL STUDENT HOUSE 53-6009405 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3	
1	Does the organization conduct gaming	activities with nonmember	rs?		☐Yes	□No		
2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes	_		
3	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
.4	Enter the name and address of the pers	son who prepares the orga	anization's gaming/special events books and r	ecords				
	Name ►							
	Address ►							
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganization > \$ and ti	he				
c	If "Yes," enter name and address of the	If "Yes," enter name and address of the third party						
	Name ►							
	Address ►							
6	Gaming manager information							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
7	Mandatory distributions							
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	listributions from the gaming proceeds to		Yes	Пио		
b			outed to other exempt organizations or spent		□ 162			
Par	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column					
		oc, 10, and 170, as app	olicable. Also provide any additional info	rmation	i. See ins	truction	<u></u>	
	Return Reference	1	Explanation					

Schedule G (Form 990 or 990-EZ) 2018



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON A HAS RECEIVED A COPY O F THE CONFLICTS OF INTEREST POLICY, B HAS READ AND UNDERSTANDS THE POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND, D UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMP LISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE MINUTES OF THE GOVERNING BOARD AND ALL CO MMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN RECORD OF ANY CONFLICTS OF INTEREST THA T ARISE, INCLUDING RECORD OF ACTION

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR IS UNDERTAKEN BY THE EXECUTIVE COMMITTEE OF THE BOARD OF
PART VI,	DIRECTORS
SECTION B,	
LINE 15A	

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI.	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
SECTION C,	MADE AVAILABLE TO THE TOBLIC OF ON NEGOCIOT
LINE 19	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, BAD DEBT EXPENSE -9.941 PART XI, LINE 9