Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Doing Business As
IES ABROAD

Number and street (or P O box if mail is not delivered to street address) | Room/suite
33 W Monroe Street

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 606035405

D Employer identification number
36-2251912

E Telephone number
(312) 944-1750

G Gross receipts $ 90,168,783

F Name and address of principal officer
MARY M DWYER PHD
33 W Monroe Street
Chicago, IL 606035405

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IESABROAD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1953 **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS (IES) ENCOURAGES STUDENTS TO EXPLORE FOREIGN COUNTRIES AND FOSTERS STUDENTS' PERSONAL AND ACADEMIC GOALS BY PROVIDING STUDY ABROAD PROGRAMS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	152
6	Total number of volunteers (estimate if necessary)	6	47
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	408,132	565,382
	9	Program service revenue (Part VIII, line 2g)	75,379,668	82,138,524
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,245,638	2,150,562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,131,260	1,283,337
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,902,178	86,137,805
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,454,952	2,639,379
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,357,541	32,144,465
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	132,474	154,853
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶885,718		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,281,600	48,746,625
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,226,567	83,685,322
	19	Revenue less expenses Subtract line 18 from line 12	-3,324,389	2,452,483

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	55,657,521	65,424,189
	21	Total liabilities (Part X, line 26)	10,582,745	10,326,911
	22	Net assets or fund balances Subtract line 21 from line 20	45,074,776	55,097,278

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-12-11
Signature of officer | Date

WILLIAM J MARTENS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Nicole Bencik	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00756195
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 225 WEST WACKER DRIVE SUITE 2600 CHICAGO, IL 606061224			Phone no (312) 899-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS (IES) BLENDS THE BEST ELEMENTS OF FOREIGN HIGHER EDUCATION WITH AMERICAN UNIVERSITY REQUIREMENTS AND ENCOURAGES STUDENTS TO EXPLORE THE UNIQUE ELEMENTS OF FOREIGN COUNTRIES IES ABROAD WAS FOUNDED IN 1950 AND IS A GLOBAL ORGANIZATION WITH MORE THAN 125 ACADEMIC PROGRAMS AROUND THE WORLD IES IS COMPRISED OF A CONSORTIUM OF MORE THAN 225 SELECTIVE COLLEGES AND UNIVERSITIES, AND ENROLLS MORE THAN 5,500 STUDENTS IN UNIQUE PROGRAMS IN 19 COUNTRIES THROUGHOUT EUROPE, ASIA, AFRICA, AUSTRALIA, AND SOUTH AMERICA IES FOSTERS STUDENTS' INTERCULTURAL COMPETENCE AND ACADEMIC GOALS BY PROVIDING QUALITY STUDY ABROAD PROGRAMS WORLDWIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 69,048,797 including grants of $ 2,639,379) (Revenue $ 81,267,667)

STUDY ABROAD ACADEMIC PROGRAMS IES OFFERS A BROAD-BASED CURRICULUM THAT ENCOMPASSES BUSINESS AND INTERNATIONAL STUDIES, COMMUNICATIONS AND MEDIA, FINE AND PERFORMING ARTS, HUMANITIES, SCIENCE, ENGINEERING, AND HEALTH, AND SOCIAL AND BEHAVIORAL SCIENCES OVER 5,500 STUDENTS BENEFITED FROM OUR PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY THESE STUDENTS EARNED EITHER A SEMESTER OR TWO SEMESTERS WORTH OF CREDIT BY STUDYING AT ONE OF OUR 35 LOCATIONS IN THE COUNTRIES OF ARGENTINA, AUSTRALIA, AUSTRIA, BRAZIL, CHILE, CHINA, COSTA RICA, ECUADOR, ENGLAND, FRANCE, GERMANY, INDIA, IRELAND, ITALY, JAPAN, MOROCCO, NETHERLANDS, NEW ZEALAND, SOUTH AFRICA, AND SPAIN

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 69,048,797

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," complete Schedule A*	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
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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*	8		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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	Yes	
c	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		No
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*	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*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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*	14b	Yes	
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		No
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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 so, 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)			
a	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
c	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? *If "Yes," complete Schedule M*	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? *If "Yes," complete Schedule R, Part I*	33	Yes	
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		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	65			
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 gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	152			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ► AR , AS , AU , BR , CJ , CI , CH , CS , EC , FR , GM , IN , EI , IT , JA , MO , NL , NZ , PM , SF , SP , UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 . . . ☑

Section 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 . . . 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	**1a**	21			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1b**	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders? . . .			**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body? . . .			**8a**	Yes	
b	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? *If "Yes," provide the names and addresses in Schedule O* . . .			**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	**10a**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	**11a**	Yes	
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	
c	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?			
a	The organization's CEO, Executive Director, or top management official . . .	**15a**	Yes	
b	Other officers or key employees of the organization . . .	**15b**	Yes	
	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**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , OK , OR , PA , RI , SC , UT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
►WILLIAM J MARTENS 33 W Monroe Street Ste 2300
CHICAGO,IL 606035405 (312) 944-1750

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEBORA DE HOYOS VICE CHAIR	1 00	X		X				0	0	0
(2) DR MARY M DWYER DIRECTOR/PRESIDENT	35 00	X		X				671,242	0	148,748
(3) EZIO VERGANI CHAIR	1 00	X		X				0	0	0
(4) JAMES CRAWFORD VICE CHAIR	1 00	X		X				0	0	0
(5) ALAN SCHWARTZ DIRECTOR	1 00	X						414	0	0
(6) DAVID OXTOBY DIRECTOR	1 00	X						175	0	0
(7) DR C JAMES YEH DIRECTOR	1 00	X						0	0	0
(8) DR RAYNARD KINGTON DIRECTOR	1 00	X						0	0	0
(9) JOHN GEAREN DIRECTOR	1 00	X						512	0	0
(10) KAY MOORE DIRECTOR (PARTIAL YEAR)	1 00	X						177	0	0
(11) LOREN ANDERSON DIRECTOR	1 00	X						2,068	0	0
(12) MARLA SALMON DIRECTOR	1 00	X						0	0	0
(13) MARY CAHILLANE DIRECTOR	1 00	X						0	0	0
(14) MONICA VACHHER DIRECTOR	1 00	X						410	0	0
(15) PAMELA GANN DIRECTOR	1 00	X						312	0	0
(16) PETER SUNDMAN DIRECTOR	1 00	X						0	0	0
(17) RHONDA JORDAN DIRECTOR	1 00	X						168	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ROBERT HALLWORTH DIRECTOR	1 00	X						0	0	0
(19) ROBERT MCNEILL DIRECTOR	1 00	X						414	0	0
(20) SHEILA STAMPS DIRECTOR	1 00	X						1,800	0	0
(21) THOMAS MCDONALD DIRECTOR	1 00	X						0	0	0
(22) WILLIAM HOYE EVP/CHIEF OPERATING OFFICER	35 00			X				405,694	0	43,911
(23) WILLIAM MARTENS VP FINANCE/CFO	35 00			X				260,492	0	46,141
(24) MICHAEL STEINBERG EVP/DIRECTOR ACADEMIC PROGRAMS	35 00				X			250,687	0	34,351
(25) DAVID HUMPHREY AVP HUMAN RESOURCES	35 00					X		130,678	0	28,274
(26) MICHAEL GREEN AVP RECRUITING & ADVISING	35 00					X		136,060	0	31,083
(27) RICHARD BARTECKI EVP MARKETING	35 00					X		230,842	0	26,313
(28) RICHARD IAN ELLIS VP IT/CHIEF INFORMATION OFFICER	35 00					X		220,270	0	29,758
(29) ROGER SHEFFIELD VP ADVANCEMENT/CHIEF ADVANCEMENT OFFICER	35 00					X		198,153	0	29,859

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,510,568	0	418,438

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 ▶20

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
E2 SERVICES 440 TREASURE DRIVE OSWEGO IL 60543	IT MANAGEMENT SERVICE PROVIDER	468,495
DELTA VORTEX TECHNOLOGIES INC 792 BROMPTON LANE BOLINGBROOK IL 60440	WEB DEVELOPMENT	300,563
LANAC TECHNOLOGY CORP 20 N WACKER DRIVE SUITE 1100 CHICAGO IL 60606	IT MANAGEMENT SERVICE PROVIDER	169,965
CROWE HORWATH LLP ONE MID AMERICA PLAZA SUITE 700 OAK BROOK IL 605223697	AUDITOR/TAX PREPARER	114,683
ACQUIA INC 25 CORPORATE DRIVE 4TH FLOOR BURLINGTON MA 01886	WEB DEVELOPMENT	114,623

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶6

Part VIII Statement of Revenue

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 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	565,382				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		565,382			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	66,050,008	65,179,151		870,857
	b	ROOM AND BOARD	900099	16,036,370	16,036,370		
	c	MEMBER SCHOOL FEE	900099	27,650	27,650		
	d	TRANSCRIPT FEE	900099	12,276	12,276		
	e	INSTALLMENT FEE	900099	11,875	11,875		
	f	All other program service revenue		345	345	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		82,138,524			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		717,414			717,414
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) . . . . ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,464,126 /				
	b	Less cost or other basis and sales expenses	4,030,978 /				
	c	Gain or (loss)	1,433,148 / 0				
	d	Net gain or (loss) . . . . ▶		1,433,148			1,433,148
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	GAIN ON SETTLEMENT OF FOREIGN CURRENCY CONTRACTS	900099	1,283,337			1,283,337
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . . ▶		1,283,337			
	12	**Total revenue.** See Instructions . . . . . ▶		86,137,805	81,267,667	0	4,304,756

Part IX Statement of Functional Expenses

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

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

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) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,573,052	2,573,052		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	66,327	66,327		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,306,323	273,449	1,869,816	163,058
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	23,744,939	18,585,889	4,899,189	259,861
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,024,227	585,110	422,209	16,908
9	Other employee benefits	1,456,834	827,838	590,078	38,918
10	Payroll taxes	3,612,142	3,141,579	442,003	28,560
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	444,608	270,153	174,455	
c	Accounting	596,534	478,077	118,457	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	154,853			154,853
f	Investment management fees	28,000		28,000	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,238,371	642,117	583,723	12,531
12	Advertising and promotion	1,164,804	182,615	913,842	68,347
13	Office expenses	1,588,515	1,026,413	530,622	31,480
14	Information technology	1,548,570	625,998	906,275	16,297
15	Royalties . .	0			
16	Occupancy	6,339,722	5,821,186	518,536	
17	Travel	5,355,239	4,598,640	717,514	39,085
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	281,181	97,490	156,991	26,700
20	Interest	30,703	8,488	22,215	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	650,847	132,139	518,708	
23	Insurance	273,575	81,986	191,589	
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	STUDENT HOUSING & MEALS	17,242,762	17,242,762		
b	STUDENT INSTRUCTION AND TUITION	8,189,437	8,188,644	273	520
c	STUDENT SERVICES	2,030,686	2,030,498	188	
d	FIELD TRIPS	708,948	708,948		
e	All other expenses	1,034,123	859,399	146,124	28,600
25	**Total functional expenses.** Add lines 1 through 24e	83,685,322	69,048,797	13,750,807	885,718
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)	0			

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			5,983,198	1	14,319,994
	2	Savings and temporary cash investments			7,403,484	2	3,186,317
	3	Pledges and grants receivable, net			101,243	3	105,099
	4	Accounts receivable, net			1,463,242	4	2,058,864
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,727,076	9	1,742,634
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,865,972			
	b	Less accumulated depreciation	10b	6,752,182	1,039,602	10c	1,113,790
	11	Investments—publicly traded securities			30,065,212	11	32,482,953
	12	Investments—other securities See Part IV, line 11			7,868,495	12	9,796,374
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,969	15	618,164
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			55,657,521	16	65,424,189
Liabilities	17	Accounts payable and accrued expenses			5,869,804	17	6,061,604
	18	Grants payable				18	
	19	Deferred revenue			3,921,719	19	4,265,307
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			791,222	25	0
	26	**Total liabilities.** Add lines 17 through 25			10,582,745	26	10,326,911
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			43,648,447	27	53,266,201
	28	Temporarily restricted net assets			296,229	28	547,955
	29	Permanently restricted net assets			1,130,100	29	1,283,122
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			45,074,776	33	55,097,278
	34	Total liabilities and net assets/fund balances			55,657,521	34	65,424,189

Part XI Reconcilliation 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	86,137,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,685,322
3	Revenue less expenses Subtract line 2 from line 1	3	2,452,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,074,776
5	Net unrealized gains (losses) on investments	5	6,108,324
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	1,461,695
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,097,278

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ____________

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 IV 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 instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and 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 under section 513						
4 Tax revenues levied for the 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a 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						
c 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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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

b 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	41,067,081	1,081,817	951,748	637,085	235,966
b	Contributions		37,043,106	152,310	161,460	414,943
c	Net investment earnings, gains, and losses	3,188,549	5,161,492	-13,610	151,284	34,464
d	Grants or scholarships					
e	Other expenditures for facilities and programs	430,123	2,219,334	8,631	-1,919	48,288
f	Administrative expenses					
g	End of year balance	43,825,507	41,067,081	1,081,817	951,748	637,085

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 95 900 %

b Permanent endowment ▶ 2 900 %

c Temporarily restricted endowment ▶ 1 200 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings		1,604,183	1,528,490	75,693
c Leasehold improvements		4,018,431	3,563,017	455,414
d Equipment		2,243,358	1,660,675	582,683
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,113,790

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) PARTNERSHIP INVESTMENTS	5,574,981	F
(B) HEDGE FUNDS	4,221,393	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	9,796,374	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	90,448,874
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,108,324		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	842,125		
e	Add lines **2a** through **2d**			2e	6,950,449
3	Subtract line **2e** from line **1**			3	83,498,425
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	2,639,380		
c	Add lines **4a** and **4b**			4c	2,639,380
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	86,137,805

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	81,045,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	81,045,942
4	Amounts included on Form 990, Part IX, line 25, 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	2,639,380		
c	Add lines **4a** and **4b**			4c	2,639,380
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	83,685,322

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	THE PURPOSE OF THE ENDOWMENT FUND IS TO FACILITATE DONORS' DESIRES TO MAKE SUBSTANTIAL LONG-TERM GIFTS TO IES IN SO DOING, THE ENDOWMENT FUND WILL PROVIDE A SECURE, LONG-TERM SOURCE OF FUNDS TO FUND STUDENT SCHOLARSHIPS
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	IES IS ORGANIZED AND OPERATED EXCLUSIVELY FOR EDUCATION PURPOSES AND, AS SUCH, IS EXEMPT FROM U S FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE IES LONDON IS A CHARITY REGISTERED WITH THE CHARITY COMMISSION IN THE UNITED KINGDOM AND, AS SUCH, IS EXEMPT FROM MOST INCOME TAX IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE TAX REFORM ACT OF 1969 (THE ACT), IES, AS A PRIVATE COMPANY, MAY BE EXEMPT FROM THE EXCISE TAX ON NET INVESTMENT INCOME, INCLUDING REALIZED GAINS, IF CERTAIN CRITERIA ARE MET, AS DEFINED IN THE ACT IES HAS MET THE QUALIFYING CRITERIA FOR EXEMPTION FROM THIS EXCISE TAX IES FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN INCOME TAX POSITIONS NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS IES HAS HAD NO UNRELATED BUSINESS INCOME MANAGEMENT BELIEVES THAT IES HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX-EXEMPT STATUS IES RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY IES RECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST OR PENALTIES AS OF AND FOR THE YEAR ENDED JUNE 30, 2014 OR 2013 DUE TO ITS TAX-EXEMPT STATUS, IES IS NOT SUBJECT TO U S FEDERAL INCOME TAX OR STATE INCOME TAX THE COMPANY IS NO LONGER SUBJECT TO EXAMINATION BY FOREIGN JURISDICTIONS OR U S FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE THE YEAR ENDED JUNE 30, 2010 IES DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	UNREALIZED GAIN FX FORWARD CONTRACTS - 842125,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	STUDENT FINANCIAL AID - 2639380,
Schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited financial statements	STUDENT FINANCIAL AID - 2639380,

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3, Racially nondiscriminatory policy	IES DOES NOT ADVERTISE THROUGH NEWSPAPER OR BROADCAST MEDIA HENCE, WE DO NOT PUBLICIZE OUR RACIALLY NONDISCRIMINATORY POLICY THROUGH THIS MEANS HOWEVER, IES DOES PUBLICIZE ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH THE SAME MEANS THAT IT ADVERTISES ITS PROGRAMS TO STUDENTS WEBSITE, STUDY ABROAD FAIRS, DIRECT COMMUNICATIONS WITH STUDENTS, UNIVERSITIES' STUDY ABROAD OFFICES AND CONSORTIUM MEMBERS

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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	37	178			68,368,893

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities . . . . ▶

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	INTERNATIONAL PARTNER UNIVERSITY SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	5	66,327	DISCOUNTED TUITION	0	N/A	N/A
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ 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 ☐ 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 ☑ 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 ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☐ Yes ☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2, Procedures for monitoring use of grant funds	ONE OF IES' SCHOLARSHIPS WAS OFFERED TO AN IES ABROAD PARTNER INSTITUTION LOCATED IN ONE O F OUR STUDY ABROAD LOCATIONS THIS SCHOLARSHIP HAS BEEN NEGOTIATED WITH THE FOREIGN INSTIT UTION AS PART OF IES ABROAD'S MASTER AGREEMENTS WITH THEM AND IS USED BY STUDENTS FROM THE PARTNER INSTITUTION TO ATTEND AN IES ABROAD PROGRAM IN ANOTHER OF OUR FOREIGN LOCATIONS THE SCHOLARSHIPS COVER ALL PROGRAM FEES AND ARE DIRECTLY CREDITED TO THE STUDENTS' ACCOUNT S

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCL UDING ICELAND AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL SOUTH AMERICA ACCRUAL SOUTH ASIA ACCRUAL SUB-SAHARAN AFRICA ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III, Method used to account for grants on organization's financial statements	EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCL UDING ICELAND AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL SOUTH AMERICA ACCRUAL SOUTH ASIA ACCRUAL SUB-SAHARAN AFRICA ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III, Method used to account for grants on organization's financial statements	EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
EAST ASIA AND THE PACIFIC	8	25	PROGRAM SERVICES	EDUCATION/CURRICULUM	8,764,106
EUROPE (INCLUDING ICELAND AND GREENLAND)	21	115	PROGRAM SERVICES	EDUCATION/CURRICULUM	47,029,230
SOUTH ASIA	1	4	PROGRAM SERVICES	EDUCATION/CURRICULUM	478,021

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
SOUTH AMERICA	4	23	PROGRAM SERVICES	EDUCATION/CURRICULUM	5,519,330
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		4,221,393
MIDDLE EAST AND NORTH AFRICA	1	4	PROGRAM SERVICES	EDUCATION/CURRICULUM	812,863

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	1	3	PROGRAM SERVICES	EDUCATION/CURRICULUM	460,904
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	EDUCATION/CURRICULUM	1,083,046

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ. ▶See separate instructions.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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**

b 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 or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	RUFFALO CODY PO BOX 3018 CEDAR RAPIDS, IA 524063018	DIRECT MAIL PHONE SOLICITATION		No	64,642	154,853	-90,211
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶					64,642	154,853	-90,211

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ______

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493346004244

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	AWARDS ARE GIVEN TO U S STUDENTS OR U S SCHOOLS IN THE FORM OF GRANTS OR SCHOLARSHIPS FOR THE EXPRESS PURPOSE OF STUDYING ABROAD THROUGH ONE OF IES' STUDY ABROAD PROGRAMS GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS VIA A DIRECT REDUCTION IN THEIR BILLED TUITION FOR THE TERM UNDER WHICH THE GRANT OR SCHOLARSHIP APPLIES THE USE OF THESE GRANTS AND SCHOLARSHIPS IS LIMITED IN THAT MONIES CAN ONLY BE APPLIED TO TUITION COSTS RELATED TO THE SPECIFIC IES PROGRAM A RECIPIENT IS ENROLLED IN WHEN IES PROVIDES A STUDENT WITH ANY OTHER GRANT OR ASSISTANCE FOR TRAVEL EXPENSES RELATED TO ONE OF ITS STUDY ABROAD PROGRAMS, THE RECIPIENT WOULD BE REQUIRED TO PROVIDE IES WITH SUBSTANTIATION TO ENSURE THE FUNDS WERE USED FOR THE INTENDED PURPOSE THE SUMMER SCHOLARS SCHOLARSHIPS ARE OFFERED TO SOME IES ABROAD PARTNER INSTITUTIONS LOCATED IN SEVERAL OF OUR STUDY ABROAD LOCATIONS THESE SCHOLARSHIPS HAVE BEEN NEGOTIATED WITH VARIOUS PARTNER INSTITUTIONS AS PART OF OUR MASTER AGREEMENT WITH THEM AND ARE USED BY STUDENTS FROM THE PARTNER INSTITUTION TO ATTEND A U S UNIVERSITY IES ABROAD PAYS DIRECTLY, ALL THE COSTS OF TUITION, ROOM AND BOARD, AND STUDENT ACTIVITIES
Schedule I, Part III, column(b), Estimated Number of Recipients	NAME=PUBLIC UNIVERSITY GRANT,DESCRIPTION=PUBLIC UNIVERSITY GRANTS ARE AUTOMATICALLY AWARDED TO ANY STUDENT ATTENDING A PUBLIC UNIVERSITY THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM NO APPLICATION IS REQUIRED 930 PUBLIC UNIVERSITY GRANTS IN THE AMOUNT OF $1500 EACH WERE AWARDED IN THE 2013-14 ACADEMIC YEAR PUBLIC UNIVERSITY GRANTS ARE GIVEN TO STUDENTS IN THE FORM OF A CREDIT ON THEIR IES ABROAD INVOICE TO BE USED AGAINST TUITION, HOUSING OR OTHER CHARGES ,NAME=NEED-BASED SCHOLARSHIPS AWARDED TO STUDENTS,DESCRIPTION=NEED-BASED SCHOLARSHIPS ARE OPEN TO ANY STUDENT ATTENDING A PRIVATE COLLEGE OR UNIVERSITY THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM IN ADDITION, THE HOME SCHOOL MUST HAVE A POLICY OF TRANSFERRING A MINIMUM OF 75% OF INSTITUTIONAL AID TO PAY FOR STUDY ABROAD APPLICANTS SUBMIT AN APPLICATION DETAILING THE TYPE OF FINANCIAL AID THEY ARE CURRENT RECEIVING FROM THEIR HOME INSTITUTION (IF ANY) IES ABROAD THEN MAKES A DETERMINATION AS TO THE LEVEL OF NEED WHICH DETERMINES THE AMOUNT OF AN AWARD, IF ANY THE HIGHER THE DEMONSTRATED NEED, THE HIGHER THE AWARD 396 NEED-BASED SCHOLARSHIPS WERE AWARDED IN THE 2013-14 ACADEMIC YEAR AWARDS RANGED IN AMOUNT FROM $750 TO $2000 NEED-BASED SCHOLARSHIPS ARE GIVEN TO STUDENTS IN THE FORM OF A CREDIT ON THEIR IES ABROAD INVOICE TO BE USED AGAINST TUITION, HOUSING OR OTHER CHARGES ,NAME=MERIT SCHOLARSHIPS AWARDED TO STUDENTS,DESCRIPTION=MERIT-BASED SCHOLARSHIPS ARE OPEN TO ANY STUDENT ATTENDING AN ACCREDITED COLLEGE OR UNIVERSITY THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM IN ADDITION, THE HOME SCHOOL MUST HAVE A POLICY OF TRANSFERRING A MINIMUM OF 75% OF INSTITUTIONAL AID TO PAY FOR STUDY ABROAD THE SCHOLARSHIPS ARE AWARDED IN 18 DIFFERENT ACADEMIC CATEGORIES ON THE BASIS OF ACADEMIC MERIT AS DETERMINED BY VARIOUS PANELS OF REVIEWERS FROM LOCAL ACADEMIC INSTITUTIONS STUDENTS MUST HAVE A MINIMUM CUMULATIVE GPA OF 3 3 AND SUBMIT A TRANSCRIPT, ACADEMIC STATEMENT, AN ACADEMIC LETTER OF RECOMMENDATION AND OTHER MATERIALS DEPENDING ON THE CATEGORY 94 MERIT-BASED SCHOLARSHIPS WERE AWARDED IN THE 2013-14 ACADEMIC YEAR AWARDS RANGED IN AMOUNT FROM $750 TO $5000 MERIT-BASED SCHOLARSHIPS ARE GIVEN TO STUDENTS IN THE FORM OF A CREDIT ON THEIR IES ABROAD INVOICE TO BE USED AGAINST TUITION, HOUSING OR OTHER CHARGES ,NAME=SUMMER SCHOLARS,DESCRIPTION=SCHOLARSHIPS ARE OFFERED TO SOME IES ABROAD PARTNER INSTITUTIONS LOCATED IN SEVERAL OF OUR STUDY ABROAD LOCATIONS THESE SCHOLARSHIPS HAVE BEEN NEGOTIATED WITH VARIOUS PARTNER INSTITUTIONS AS PART OF OUR MASTER AGREEMENT WITH THEM AND ARE USED BY STUDENTS FROM THE PARTNER INSTITUTION TO ATTEND A U S UNIVERSITY IES ABROAD PAYS DIRECTLY, ALL THE COSTS OF TUITION, ROOM AND BOARD, AND STUDENT ACTIVITIES ,NAME=SCHOLARSHIPS AWARDED TO STUDENTS FROM HISTORICALLY BLACK COLLEGES AND UNIVERSITIES,DESCRIPTION=THE HBCU SCHOLARSHIPS ARE AUTOMATICALLY AWARDED TO ANY HBCU THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM IN ADDITION, THE HOME SCHOOL MUST HAVE A POLICY OF TRANSFERRING A MINIMUM OF 75% OF INSTITUTIONAL AID TO PAY FOR STUDY ABROAD NO APPLICATION IS REQUIRED $1500 IS CREDITED AGAINST TUITION, HOUSING OR OTHER CHARGES TO A STUDENT'S INVOICE ALSO, STUDENTS SUBMIT OF A COPY OF THEIR INTERNATIONAL FLIGHT ITINERARY AND RECEIVE A $500 TRAVEL REIMBURSEMENT IN THE FORM OF A CHECK TOTAL AWARD IS $2000 31 HBCU SCHOLARSHIPS WERE AWARDED IN THE 2013-14 ACADEMIC YEAR ,NAME=SUMMER NEED BASED AID,DESCRIPTION=SUMMER NEED-BASED SCHOLARSHIPS ARE OPEN TO STUDENTS ATTENDING A SCHOOL THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM APPLICANTS SUBMIT DETAILED LIST OF FINANCIAL AID THEY CURRENTLY RECEIVE FROM THEIR HOME INSTITUTION IES ABROAD CATEGORIZES THE LEVEL OF NEED AND CORRESPONDING AWARD 75 SUMMER NEED-BASED SCHOLARSHIPS WERE AWARDED IN THE 2013 SUMMER TERM AWARDS RANGED FROM $500 TO $1000 AWARDS ARE GIVEN IN THE FORM OF A CREDIT ON THEIR IES ABROAD INVOICE TO BE USED AGAINST TUITION, HOUSING OR OTHER CHARGES ,NAME=LEGACY SCHOLARSHIPS,DESCRIPTION=LEGACY SCHOLARSHIPS ARE OPEN TO ANY STUDENT ATTENDING A SCHOOL THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM AND WHOSE PARENT, LEGAL GUARDIAN, GRANDPARENT, OR SIBLING ATTENDED A PAST IES PROGRAM APPLICATIONS ARE EVALUATED TO DETERMINE LEGACY VALIDITY OVERALL FINANCIAL AID BUDGET DETERMINES THE NUMBER OF AWARDS PER TERM 51 LEGACY SCHOLARSHIPS WERE AWARDED IN THE 2013-14 ACADEMIC YEAR AWARDS RANGED FROM $500 TO $1,000 SCHOLARSHIPS ARE CREDITED TO STUDENT'S INVOICE AGAINST TUITION, HOUSING OR OTHER CHARGES ,NAME=UNIVERSITY OF CANTERBURY STUDY ABROAD SCHOLARSHIP,DESCRIPTION=THIS SCHOLARSHIP IS OFFERED BY THE UNIVERSITY OF CANTERBURY TO INCOMING STUDY ABROAD STUDENTS APPLICANTS MUST SUBMIT A TRANSCRIPT, LETTER OF RECOMMENDATION AND PERSONAL ACADEMIC STATEMENT WINNERS ARE CHOSEN BY IES ABROAD AWARDS ARE CREDITED TO THE INVOICE SENT FROM THE UNIVERSITY OF CANTERBURY TO IES ABROAD IN TURN, IES ABROAD CREDITS THE INDIVIDUAL STUDENT'S INVOICE WITH THE AWARD AMOUNT AFTER CONVERSION FROM NZ$ TO US$ 10 SCHOLARSHIPS WERE AWARDED IN 2013-14 ,NAME=VIENNA CENTER MUSIC SCHOLARSHIP,DESCRIPTION=THIS SCHOLARSHIP IS OFFERED TO A STUDENT CURRENTLY STUDYING VIOLIN AT THE IES ABROAD VIENNA AWARDS ARE GIVEN IN THE FORM OF A CREDIT ON THEIR IES ABROAD INVOICE TO BE USED AGAINST TUITION, HOUSING OR OTHER CHARGES 2 SCHOLARSHIP WAS AWARDED IN THE 2013-14 ACADEMIC YEAR ,NAME=BOREN AND GILMAN SCHOLARSHIP SUPPORT GRANTS,DESCRIPTION=THESE GRANTS ARE AVAILABLE TO ANY STUDENT THAT IS A RECIPIENT OF A BOREN OR GILMAN SCHOLARSHIP AND WHO ATTEND A SCHOOL THAT IS A MEMBER OR ASSOCIATE MEMBER OF THE IES ABROAD CONSORTIUM THAT TRANSFERS AT LEAST 75% OF INSTITUTIONAL AID TO PAY FOR STUDY ABROAD APPLICANTS MUST SUBMIT A PAPER APPLICATION, PROOF OF SCHOLARSHIP AND A 500 WORD STATEMENT EXPLAINING HOW THE STUDY ABROAD EXPERIENCE WILL COMPLEMENT ACADEMIC AND PERSONAL GOALS AND HOW THE BOREN OR GILMAN SCHOLARSHIP WILL HELP FACILITATE THIS 20 GRANT OF $1000 EACH ARE AVAILABLE FOR FALL AND SPRING, AND 20 GRANTS OF $500 EACH ARE AVAILABLE FOR SUMMER SCHOLARSHIPS ARE CREDITED TO STUDENT'S INVOICE AGAINST TUITION, HOUSING OR OTHER CHARGES 16 GRANTS WERE AWARDED DURING THE 2013-14 ACADEMIC YEAR ,NAME=CHICAGO SCHOLARS,DESCRIPTION=IES ABROAD HAS AN AGREEMENT WITH CHICAGO SCHOLARS TO OFFER TUITION AND STIPEND SUPPORT TO SELECT STUDENTS RECIPIENTS OF IES ABROAD SUPPORT ARE RECRUITED BY THE IES ABROAD DIVERSITY COORDINATOR FOR THE 2013-14 ACADEMIC YEAR, 3 STUDENTS RECEIVED TUITION SUPPORT OF $4000 EACH, WHICH IS CREDITED TO THE STUDENTS' INVOICE AGAINST TUITION, HOUSING OR OTHER CHARGES, AND A $1000 STIPEND ISSUED AS A CHECK IN THE STUDENT'S NAME ,

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
MERIT SCHOLARSHIPS AWARDED TO STUDENTS	94	172,967			
NEED-BASED SCHOLARSHIPS AWARDED TO STUDENTS	396	655,723			
SCHOLARSHIPS AWARDED TO STUDENTS FROM HISTORICALLY BLACK COLLEGES AND UNIVERSITIES	31	62,000			
PUBLIC UNIVERSITY GRANT	930	1,395,000			
SUMMER NEED BASED AID	75	56,500			
LEGACY SCHOLARSHIPS	51	46,000			
VIENNA CENTER MUSIC SCHOLARSHIP	2	20,000			
UNIVERSITY OF CANTERBURY STUDY ABROAD SCHOLARSHIP	10	20,923			
BOREN AND GILMAN SCHOLARSHIP SUPPORT GRANTS	16	16,000			
SUMMER SCHOLARS	24	112,939			
CHICAGO SCHOLARS	3	15,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WILLIAM HOYE EVP/CHIEF OPERATING OFFICER	(i)	400,791	0	4,903	20,966	22,945	449,605	0
	(ii)	0	0	0	0	0	0	0
(2)WILLIAM MARTENS VP FINANCE/CFO	(i)	259,820	0	672	24,225	21,916	306,633	0
	(ii)	0	0	0	0	0	0	0
(3)DR MARY M DWYER DIRECTOR/PRESIDENT	(i)	660,622	0	10,620	130,567	18,181	819,990	0
	(ii)	0	0	0	0	0	0	0
(4)MICHAEL STEINBERG EVP/DIRECTOR ACADEMIC PROGRAMS	(i)	244,866	0	5,821	21,718	12,633	285,038	0
	(ii)	0	0	0	0	0	0	0
(5)RICHARD BARTECKI EVP MARKETING	(i)	215,479	14,359	1,004	16,812	9,501	257,155	0
	(ii)	0	0	0	0	0	0	0
(6)RICHARD IAN ELLIS VP IT/CHIEF INFORMATION OFFICER	(i)	219,910	0	360	18,282	11,476	250,028	0
	(ii)	0	0	0	0	0	0	0
(7)ROGER SHEFFIELD VP ADVANCEMENT/CHIEF ADVANCEMENT OFFICER	(i)	197,830	0	323	15,308	14,551	228,012	0
	(ii)	0	0	0	0	0	0	0
(8)MICHAEL GREEN AVP RECRUITING & ADVISING	(i)	125,848	10,000	212	12,664	18,419	167,143	0
	(ii)	0	0	0	0	0	0	0
(9)DAVID HUMPHREY AVP HUMAN RESOURCES	(i)	130,542	0	136	12,804	15,470	158,952	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a, First-class or charter travel	UNCOMPENSATED BOARD DIRECTORS ARE REQUIRED TO FLY ECONOMY CLASS ON BEHALF OF THE ORGANIZATION IES DOES ALLOW FOR BUSINESS-CLASS TRAVEL OF A BOARD MEMBER WHEN REQUIRED FOR HEALTH REASONS AS PRESCRIBED IN WRITING BY A LICENSED PHYSICIAN IF BUSINESS CLASS IS UNAVAILABLE IN THAT MARKET, FIRST-CLASS MAY BE SUBSTITUTED ALSO, FIRST-CLASS FARES ARE PERMITTED WHEN THERE IS NO FARE DIFFERENCE BETWEEN FIRST-CLASS AND COACH FARE OR THERE ARE LIMITED FLIGHT OPTIONS AND THERE IS NO FARE DIFFERENCE BETWEEN FIRST-CLASS AND BUSINESS-CLASS
Schedule J, Part I, Line 1a, Travel for companions	THE ORGANIZATION PAID FOR CULTURAL ACTIVITIES, AIR TRAVEL, LOCAL TRAVEL, AND HEALTH INSURANCE FOR GUESTS FOR SOME MEMBERS OF THE BOARD OF DIRECTORS THE RELATED BENEFIT WAS INCLUDED IN THE BOARD MEMBERS' TAXABLE COMPENSATION
Schedule J, Part I, Line 1a, Tax indemnification and gross-up payments	THE ORGANIZATION'S PRESIDENT AND CHIEF OPERATING OFFICER HAVE THEIR OWN SUPPLEMENTAL LONG TERM DISABILITY INSURANCE FOR WHICH IES REIMBURSES THEM THE ORGANIZATION THEN PAYS THE TAX ATTRIBUTABLE TO THE REIMBURSEMENT ON BEHALF OF THE ORGANIZATION'S PRESIDENT AND COO THE BENEFITS WERE INCLUDED IN TAXABLE COMPENSATION
Schedule J, Part I, Line 1a, Health or social club dues or initiation fees	THE ORGANIZATION REIMBURSES FOR THE PRESIDENT'S AIR TRAVEL CLUB MEMBERSHIP THE BENEFIT WAS INCLUDED IN THE PRESIDENT'S W-2 TAXABLE COMPENSATION
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	MARY M DWYER, PRESIDENT, 457(F) PLAN - $84,786

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
WILLIAM HOYE EVP/CHIEF OPERATING OFFICER	(i)	400,791	0	4,903	20,966	22,945	449,605	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MARTENS VP FINANCE/CFO	(i)	259,820	0	672	24,225	21,916	306,633	0
	(ii)	0	0	0	0	0	0	0
DR MARY M DWYER DIRECTOR/PRESIDENT	(i)	660,622	0	10,620	130,567	18,181	819,990	0
	(ii)	0	0	0	0	0	0	0
MICHAEL STEINBERG EVP/DIRECTOR ACADEMIC PROGRAMS	(i)	244,866	0	5,821	21,718	12,633	285,038	0
	(ii)	0	0	0	0	0	0	0
RICHARD BARTECKI EVP MARKETING	(i)	215,479	14,359	1,004	16,812	9,501	257,155	0
	(ii)	0	0	0	0	0	0	0
RICHARD IAN ELLIS VP IT/CHIEF INFORMATION OFFICER	(i)	219,910	0	360	18,282	11,476	250,028	0
	(ii)	0	0	0	0	0	0	0
ROGER SHEFFIELD VP ADVANCEMENT/CHIEF ADVANCEMENT OFFICER	(i)	197,830	0	323	15,308	14,551	228,012	0
	(ii)	0	0	0	0	0	0	0
MICHAEL GREEN AVP RECRUITING & ADVISING	(i)	125,848	10,000	212	12,664	18,419	167,143	0
	(ii)	0	0	0	0	0	0	0
DAVID HUMPHREY AVP HUMAN RESOURCES	(i)	130,542	0	136	12,804	15,470	158,952	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD OF DIRECTORS, THE TWO VICE CHAIRS, THE PRESIDENT, AND NOT MORE THAN TWO OTHER DIRECTORS ELECTED AS A MEMBER OF THE EXECUTIVE COMMITTEE BY A MAJORITY OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION EXCEPT AS LIMITED BY THE PROVISIONS OF THE "GENERAL NOT FOR PROFIT CORPORATION ACT" OF THE STATE OF ILLINOIS OR BY ANY RESOLUTION DULY ADOPTED BY THE BOARD OF DIRECTORS SPECIFICALLY RESERVING UNTO ITSELF ANY STATED ACTS, DECISIONS OR POWERS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE APPROPRIATE MEMBERS OF IES MANAGEMENT AND THE CHAIR OF IES-ABROAD'S AUDIT COMMITTEE REVIEW THE FULL FORM 990 IN DETAIL IN CONJUNCTION WITH THE ORGANIZATION'S INDEPENDENT PAID TAX PREPARERS SUBSEQUENT TO THIS REVIEW, A FULL COPY OF THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	IN ACCORDANCE WITH IES ABROAD'S CONFLICT OF INTEREST POLICY, ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST COMPLETE AND SUBMIT AN ANNUAL CONFLICT OF INTEREST FORM AND DISCLOSE ALL POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THE FORMS COMPLETED BY DIRECTORS ARE REVIEWED BY THE CHAIR OF THE GOVERNANCE COMMITTEE OF THE BOARD, HUMAN RESOURCES, AND THE PRESIDENT/CEO THE CHAIR OF THE GOVERNANCE COMMITTEE REPORTS ANY CONFLICTS INVOLVING BOARD MEMBERS OR THE PRESIDENT/CEO TO THE FULL BOARD EACH YEAR THE CHAIR OF THE BOARD OF DIRECTORS ALSO REVIEWS THE COMPLETED CONFLICT OF INTEREST FORMS SUBMITTED BY THE PRESIDENT AND CEO EACH YEAR THE PRESIDENT/CEO REVIEWS ALL OTHER OFFICERS' CONFLICT OF INTEREST FORMS THE HUMAN RESOURCES DEPARTMENT REVIEWS THE CONFLICT OF INTEREST FORMS COMPLETED AND SUBMITTED BY ALL OTHER OFFICERS AND KEY EMPLOYEES OF IES ABROAD IF IT IS DISCOVERED THAT A BOARD MEMBER HAS A CONFLICT OF INTEREST DURING BOARD OR COMMITTEE DELIBERATIONS, THEN THE AFFECTED BOARD MEMBER MUST RECUSE HIMSELF OR HERSELF FROM THE RELEVANT ISSUE, DELIBERATIONS, AND DECISION-MAKING PROCESS OTHER MEASURES CAN OCCUR IN ORDER TO ADEQUATELY MANAGE A BOARD OR STAFF MEMBER'S CONFLICTS OF INTEREST THOSE INVOLVING BOARD MEMBERS' CONFLICTS CAN BE DETERMINED BY THE BOARD GOVERNANCE COMMITTEE AND APPROVED BY THE BOARD EXECUTIVE COMMITTEE AND THE FULL BOARD AS NECESSARY INDIVIDUAL CONFLICT OF INTEREST FORMS COMPLETED BY IES OFFICERS AND KEY EMPLOYEES ARE PLACED IN CONFIDENTIAL FILES MAINTAINED BY IES ABROAD'S HUMAN RESOURCES DEPARTMENT

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	IES ABROAD'S BOARD EXECUTIVE COMMITTEE, ACTING AS THE BOARD COMPENSATION COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF IES ABROAD VICE PRESIDENTS AND OFFICERS ANNUALLY THE BOARD EXECUTIVE COMMITTEE IS COMPRISED OF THE ELECTED BOARD CHAIR, THE ELECTED VICE CHAIRS, TWO OTHER BOARD MEMBERS AND THE PRESIDENT/CEO THE EXECUTIVE COMMITTEE REVIEWS THE EXTERNAL COMPENSATION INFORMATION DESCRIBED IN THE FOLLOWING PARAGRAPHS TO SET COMPENSATION THE PRESIDENT/CEO RECUSES HERSELF FROM ANY DISCUSSIONS REGARDING THE SETTING OF HER OWN COMPENSATION AT LEAST EVERY 4 YEARS, IES ABROAD RETAINS AN INDEPENDENT, OUTSIDE COMPENSATION REVIEW FIRM TO EVALUATE THE COMPANY'S VICE PRESIDENTS' AND OFFICERS' COMPENSATION THE INDEPENDENT FIRM USES MARKET SURVEYS AND OTHER RESOURCES TO COMPARE THE COMPENSATION OF IES ABROAD VICE PRESIDENTS AND OFFICERS AND POSITIONS TO SIMILAR (OR IDENTICAL) POSITIONS AT OTHER ORGANIZATIONS WITH SIMILAR ANNUAL REVENUES, COMPARABLE ANNUAL ENROLLMENTS, COMPARABLE NUMBERS OF EMPLOYEES, AND COMPARABLE LEVELS AND COMPLEXITIES OF JOB RESPONSIBILITIES, IN ORDER TO ESTABLISH A BENCHMARK FOR REASONABLE COMPENSATION IES ABROAD MOST RECENTLY RETAINED AN OUTSIDE COMPENSATION REVIEW FIRM FOR THE VICE PRESIDENT'S AND OTHER OFFICERS' (INCLUDING PRESIDENT/CEO) COMPENSATION IN APRIL 2012 THE OVERARCHING GOAL OF IES ABROAD'S COMPENSATION POLICY IS DESIGNED TO ACHIEVE COMPENSATION LEVELS FOR ITS VICE PRESIDENTS AND OFFICERS AT COMPETITIVE MARKET RATES IT IS BOARD POLICY TO DEFINE COMPETITIVE MARKET RATES AT THE 65TH PERCENTILE (VICE PRESIDENTS) AND 85TH PERCENTILE (PRESIDENT/CEO) OF THE MARKET SALARY BY POSITION AS DETERMINED BY NATIONAL SURVEYS ANNUALLY, IES REVIEWS THE PERFORMANCE OF EACH OF ITS VICE PRESIDENTS AND OFFICERS SALARY DATA FOR EACH POSITION IS AGED ANNUALLY BASED UPON INSTRUCTIONS PROVIDED IN THE INDEPENDENT THIRD PARTY STUDY COMMISSIONED BY IES ABROAD EVERY FOUR YEARS THE COMPETITIVE MARKET DATA PROVIDED BY THE 3RD PARTY FIRM IN 2012 WAS UPDATED IN APRIL/MAY 2013 BY IES ABROAD'S ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES FOLLOWING COMPENSATION REVIEW BEST PRACTICES INCLUDING GUIDANCE PROVIDED BY THE 3RD PARTY FIRM THE HUMAN RESOURCES DEPARTMENT ANNUALLY MONITORS SALARIES OF ALL HEADQUARTERS, U S BASED EMPLOYEES BASED UPON THE REVIEW OF SEVERAL NATIONAL, 3RD PARTY COMPENSATION SURVEY REPORTS ONCE APPROVED BY THE BOARD EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, COMPENSATION DECISIONS MADE BY THE EXECUTIVE COMMITTEE FOR VICE PRESIDENTS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS SEPARATELY, THE EXECUTIVE COMMITTEE OF THE BOARD RECOMMENDS COMPENSATION FOR THE PRESIDENT/CEO TO THE FULL BOARD THAT IN TURN VOTES ON THE PRESIDENT'S/CEO'S COMPENSATION THE FULL BOARD VOTES ON THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS VICE PRESIDENTS AND OFFICERS NEVER TAKE PART IN THE DISCUSSIONS REGARDING THE SETTING OF THEIR OWN COMPENSATION THE CHAIR OF THE BOARD OF DIRECTORS DOCUMENTS THE ABOVE PROCESS TO THE DEPARTMENT OF HUMAN RESOURCES ON AN ANNUAL BASIS THE COMPENSATION PACKAGE OF SOME OF THE ORGANIZATION'S VICE PRESIDENTS AND OFFICERS ARE DOCUMENTED IN A WRITTEN EMPLOYMENT CONTRACT

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	UNREALIZED GAIN FOREIGN CURRENCY CONTRACTS - 842124, FOREIGN CURRENCY TRANSLATION ADJUSTMENT - 619571,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		**Yes**	**No**
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		
b Gift, grant, or capital contribution to related organization(s)	**1b**		
c Gift, grant, or capital contribution from related organization(s)	**1c**		
d Loans or loan guarantees to or for related organization(s)	**1d**		
e Loans or loan guarantees by related organization(s)	**1e**		
f Dividends from related organization(s)	**1f**		
g Sale of assets to related organization(s)	**1g**		
h Purchase of assets from related organization(s)	**1h**		
i Exchange of assets with related organization(s)	**1i**		
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		
o Sharing of paid employees with related organization(s)	**1o**		
p Reimbursement paid to related organization(s) for expenses	**1p**		
q Reimbursement paid by related organization(s) for expenses	**1q**		
r Other transfer of cash or property to related organization(s)	**1r**		
s Other transfer of cash or property from related organization(s)	**1s**		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) STITCHING IES AMSTERDAM OUDEZIJDS ACHTERBURGWAL 185 AMSTERDAM, AMSTERDAM 1012 DK NL	ABROAD PROG	NL	57,683	136,752	IES
(1) INSTITUTE FOR INTL ED OF STUDENTS - SF (CAPE TOWN) STEVE BIKO BUILDING UPPER CAMPUS UNIVERSITY OF CAPE TOWN, RONDEBOSCH 7701 SF	ABROAD PROG	SF	5,040	100,598	IES
(2) SOCIETY FOR THE INTL ED OF STUDENTS (DELHI) C-54 NEETI BAGH NEW DELHI 110049 IN	ABROAD PROG	IN	0	0	IES
(3) LONDON CENTRE OF THE INST EUROPEAN STUDIES	ABROAD PROG	UK	378,404	5,391,154	IES
(4) IES NANTES ASSOCIATION 7 RUE DES CADENIERS NANTES 44000 FR	ABROAD PROG	FR	-9	69,961	IES
(5) ASSOCIATION D'IES ABROAD-PARIS 77 RUE DAGUERRE PARIS 75014 FR	ABROAD PROG	FR	506	548,611	IES
(6) IES FOUNDATION (QUITO ECUADOR)	ABROAD PROG	EC	0	187,692	IES
(7) THE INST FOR THE INTL ED OF STUDENTS (SPAIN)	ABROAD PROG	SP	5,802	1,522,948	IES
(8) IES ABROAD (RABAT) 89 AVENUE MOULAY ISMAIL RABAT-HASSAN, RABAT 10006 MO	ABROAD PROG	MO	2,351	159,715	IES
(9) IES ABROAD PATHWAYS LLC 33 W MONROE ST STE 2300 CHICAGO, IL 606035405 98-1135334	ABROAD PROG	DE	-6,990	149,121	IES
(10) INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS PTY LTD LEVEL 17 383 KENT STREET SYDNEY, NSW 2000 AS 12-1405856	ABROAD PROG	AS	0	0	IES
(11) IES ABROAD JAPAN CENTERS 1-7-1 NAKASE SCED BLDG 3F MIHAMA-KU CHIBA-SHI, CHIBA 261-0023 JA 98-1079733	ABROAD PROG	JA	-5	496,451	IES
(12) IES ABROAD INDIA PRIVATE LIMITED (IES INDIA)	ABROAD PROG	IN	-3,370	108,688	IES
(13) IES ABROAD BRASIL AV RIO BRANCO 1 ANDAR 12 CENTRO, RIO DE JANEIRO 20 090-003 BR 98-1137773	ABROAD PROG	BR	-17,357	150,384	IES
(14) PATHWAYS GLOBAL CONSULTING (BEIJING) CO LTD RM 4052 LINGLONG TOWER ENJI ZHUANG BEIJING, NO 46, F-HAIDIAN CH	ABROAD PROG	CH	-1,407	133,698	IES
(15) FONDAZIONE IES ABROAD ITALY LUNGOTEVERE TOR DI NONA 7 ROME, ROME 00186 IT 98-1198420	ABROAD PROG	IT	18,526	1,156,199	IES