Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private Do not enter social security numbers on this form as it may be made public

DLN: 93493346007407 OMB No 1545-0047

2016

-	Revenue Service	I Information	about Form 990 and its instructions	s is at <u>www</u> .	IRS gov/form	<u>1990</u>		Inspection	
A Fo	or the 2016 c		eginning 07-01-2016 , and end	ling 06-30-	2017				
□ Add	ck if applicable dress change me change	C Name of organization Institute for the International E	Education of Students			D Employer 10 36-225191		ication number	
□ Init Fin	al return	Doing business as IES Abroad							
□ Am	n/terminated ended return olication pending	Number and street (or P O bo 33 W Monroe Street 2300	x if mail is not delivered to street address) Room/suite	:	E Telephone nu (312) 944-			
— Ар	nication pending	City or town, state or province Chicago, IL 606035405	, country, and ZIP or foreign postal code	•		G Gross receip	ts \$ 88	3,430,145	
		F Name and address of pri Mary M Dwyer PhD	ncipal officer			a group returr	for		
		33 W Monroe Street 2300 Chicago, IL 606035405				dinates? subordinates		□Yes ☑No □Yes □No	
	e-exempt status) ◀ (insert no)		If "No,	" attach a list	•	•	
W	ebsite:▶ ww	w iesabroad org				exemption nui			
(Form	n of organization	✓ Corporation ☐ Trust ☐	Association ☐ Other ►		Year of forma	tion 1953 M	State	of legal domicile IL	
Pa	ti I Sum	mary				•			
GOVERNANCE	The Institu	ite for the International Educ	ion or most significant activities ation of Students (IES) educates sti udents worldwide experiential learn						
over									
			n discontinued its operations or dispersions body (Part VI, line 1a)			of its net asse	ts 3	18	
ACUMUES &		of independent voting membe	4	17					
VICE		nber of individuals employed		5	169				
וכו		nber of volunteers (estimate i		6	45				
•		'a Total unrelated business revenue from Part VIII, column (C), line 12							
	b Net unrel	ated business taxable income	from Form 990-T, line 34				7b	0	
					Pric	or Year		Current Year	
G,	8 Contribut	ions and grants (Part VIII, lir	e 1h)			825,797		654,631	
'nue	9 Program	service revenue (Part VIII, lir	ne 2g)			85,424,275		85,926,515	
Rəvenue	10 Investme	nt income (Part VIII, column	(A), lines 3, 4, and 7d)	•		2,390,877		1,326,523	
_	11 Other rev	enue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)			-2,574,128		-2,267,114	
	12 Total reve	enue—add lines 8 through 11	(must equal Part VIII, column (A),	line 12)		86,066,821		85,640,555	
	13 Grants ar	nd sımılar amounts paıd (Part	IX, column (A), lines 1–3)			3,093,856		4,431,487	
	14 Benefits	oald to or for members (Part	IX, column (A), line 4)					0	
æ	15 Salaries,	other compensation, employe	ee benefits (Part IX, column (A), line	es 5-10)		31,310,447		32,657,413	
Expenses	16a Professio	nal fundraising fees (Part IX,	column (A), line 11e)			61,267		0	
χb	b Total fundr	aising expenses (Part IX, column	(D), line 25) ▶982,555						
ш	17 Other exp	penses (Part IX, column (A), l	ines 11a–11d, 11f–24e)	•		43,227,336		42,503,716	
		•	t equal Part IX, column (A), line 25))		77,692,906		79,592,616	
	19 Revenue	less expenses Subtract line	18 from line 12			8,373,915		6,047,939	
Net Assets of Fund Balances					Beginning	of Current Year		End of Year	
Bal	20 Total asse	ets (Part X, line 16)		•		71,503,149		88,975,099	
nud (ılıtıes (Part X, line 26)				11,141,428		15,727,501	
		s or fund balances Subtract	line 21 from line 20	•		60,361,721		73,247,598	
Jnder (nowl	penalties of p		examined this return, including acco plete Declaration of preparer (other						
	*****	ĸ			2017	7-12-12			
Sign	Signati	ure of officer			Date				
lere	william	ı martens cfo							
	··············	r print name and title							

Firm's address ▶ 225 West Wacker Drive Suite 2600

Chicago, IL 606061224

Paid

Preparer

Use Only

self-employed

Firm's EIN ► 35-0921680

Phone no (312) 899-7000

☑ Yes ☐ No

Form	990 (2	016)				Page 2
Par	t III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a r	esponse or note to a	any line in this Part III		🗆
1	Briefly	describe the organization's missi	on	•		
requ orga unive	irements nization ersities,	s and encourages students to exp with more than 121 academic pro and enrolls more than 6,400 students	lore the unique elemograms around the velents annually in pro	nents of foreign countrie vorld IES is comprised grams across Africa, As	of foreign higher education with Ares IES Abroad was founded in 195 of a consortium of more than 240 of a, Australia, New Zealand, Europe and intercultural competence and a	i0 and is a global selective colleges and e, South America, and
2	Dıd th	e organization undertake any sigr	nificant program serv	vices during the year wh	nich were not listed on	
	the pr	☐ Yes 🗹 No				
	If "Yes	s," describe these new services or	Schedule O			
3	Did th	e organization cease conducting,	or make significant (changes in how it condu	ıcts, any program	
		es?				☐ Yes ☑ No
4	Descri Sectio	be the organization's program se	rvice accomplishmer zations are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code) (Expenses \$	62,136,717	ıncludıng grants of \$	4,431,487) (Revenue \$	82,610,214)
	See Ad	ditional Data				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	Other	program services (Describe in Sc	hadula O \			
Tu		nses \$	including grants of	\$) (Revenue \$)
4e	Total	program service expenses ►	62,136,7	17		

-			 	7	 	 										
	organiza												? If "	'Yes,'	comple	ete
Sched	dule A 🕏	١.					 									

or X as applicable

1	Is the
	Sche
2	Is the

Form 990 (2016)	
Part IV Checklist of Required Schedules	
	Yes

Yes

Nο

Nο

Page 3

No

e organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

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

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

If "Yes," complete Schedule D, Parts XI and XII

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

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11d

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12a

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14a

14b

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No No

Nο Nο No

Yes Yes

No

Nο

Nο

Nο

Nο

No

No

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? <i>If "Yes," complete Schedule J</i>	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
רכ.	Did the avarage strong of a transfer mare then DEO/ of the met receive?			
	Did the organization coll_ovehouse_dispose of or transfer more than 35% of its not essets?	31		No
!				
, a .				

Form 990 (2016)		Page 5
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	· ·	<u> </u>
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 67	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		
Pirt the ordanization comply with backing withholding rules for reportable navments to vendors and reportable gaming		
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Forr	m 990 (2016)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
S	Section A. Governing Body and Management			
			Yes	No
1	La Enter the number of voting members of the governing body at the end of the tax year 18			
	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			
I	b Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	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	6 Did the organization have members or stockholders?	6		No
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
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		•	· 🗆
	Schedule A (Form	990 o	r 990-E	Z) 2016

orm 990 (2	2016)	Page 7
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	
La Complete	e 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

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

(B)

(A)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

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Part VII Section A. Officers, Directo	ors, Trustee:	s, Key Employees, and High	est Compensate	d Employees (co	ntınued)
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box. unless person	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
•					
g Applied to underdistributions of prior ye	ars				
h Applied to 2016 distributable amount					
i Carryover from 2011 not applied (see instructions)					
j Remainder Subtract lines 3g, 3h, and 3i					
4 Distributions for 2016 from Section D, line \$	∍ 7				
a Applied to underdistributions of prior ye	ars				
b Applied to 2016 distributable amount					
f c Remainder Subtract lines 4a and 4b fro	m 4				
5 Remaining underdistributions for years p 2016, if any Subtract lines 3g and 4a fr (if amount greater than zero, see instruc	om line 2				
6 Remaining underdistributions for 2016 : lines 3h and 4b from line 1 (if amount grzero, see instructions)					
7 Excess distributions carryover to 20 3j and 4c	17. Add lines				
8 Breakdown of line 7					
а					
b Excess from 2013					
c Excess from 2014					
d Excess from 2015					_
e Excess from 2016					
			Sche	dule A (Form 990	or 990-EZ) (2016)

5713)

Check if Schedule O contains a response or note to an	/ line in this Part IX .			🗆
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,388,703	4,388,703		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	42,784	42,784		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,145,880	330,339	1,815,541	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	24,485,784	17,587,218	6,346,849	551,71
8 Pension plan accruals and contributions (include section 401	914,041	561,094	326,658	26,28
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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)

 \square Yes

Yes

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form

✓ No

☑ No

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	10,980,265	1	19,446,154
2 Savings and temporary cash investments	7,280,957	2	8,450,753
3 Pledges and grants receivable, net	275,948	3	303,340

2,215,772

38,275,559

15,354,321

1.033,158

88.975.099

10,674,744

4,687,555

15,727,501

70,642,313

939,122

1.666.163

73,247,598

88.975.099

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3	Pledges and grants receivable, net	275,948	3	
4	Accounts receivable, net	2,398,334	4	
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	
6	Loans and other receivables from other disqualified persons (as defined under			1

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use 8 2.239.786 Prepaid expenses and deferred charges 9 2,377,419 10a Land, buildings, and equipment cost or other 8,037,039 basis Complete Part VI of Schedule D 10a 6,518,416 712,045 10c 1,518,623 b Less accumulated depreciation 10b

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Fund Balances

Assets or

Net

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

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

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

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

Grants payable . . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Deferred revenue

Investments—other securities See Part IV, line 11 . . .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

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

Investments—program-related See Part IV, line 11 .

32.591.897

13.290.901

1,733,016

71,503,149

5,278,461

4,042,611

11,141,428

58.194.188

741,459

1.426.074

60,361,721

71.503.149

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iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	33,218
	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	1,820,356	25	331,984

9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,418,738
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73	,247,598
Par	t 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			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2b

2c

3а

3b

Yes

Yes

No

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b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 36-2251912

Name: Institute for the International Education of Students

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Form 990, Part III, Line 4a:

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 6,400 STUDENTS BENEFITED FROM OUR PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY THESE STUDENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Former key employee Highest compensated emptoxies indradual trustee or director Institutional MISC) related organizations below dotted organizations line) Trustee 10 Debora de Hoyos Х Х Vice Chair 10 James Crawford Х Х 0 Vice Chair 35 0 Dr Mary M Dwyer Х Χ 803,908 141,011 10 Х Х 0 10 0

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Director/President Ezio Vergani Chair Alan Schwartz Х

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Director

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Director

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Director

Clayton Spencer

Loren Anderson

Marla Salmon

Mary Cahillane

Mary O'Brien Pearlman

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (F) (D) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W- 2/1099organization and Officer Highest compensated employee Former key employee Individual trustee or director Institutional MISC) related organizations below dotted organizations line) Trustee 10 Monica Vachher 0 Χ Director 10 Pamela Gann 0 0 0 0

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Director		^	
Peter Sundman	1 0	х	
Director		^	
Rhonda Jordan	1 0		
Director		X	

Robert Brown

Robert McNeill

Sheila Stamps

Director

Director

Director

Director

Susan Carty

Dr Raynard Kington

Dr C James Yeh

Director (Partial Year)

Director (Partial Year)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Position (do not check more Average Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer key employee Highest compensated employee individual trustee or director Former Institutional MISC) organizations related below dotted organizations line) Trustee 1 0 John Gearen Χ Director (Partial Year) 10 Thomas McDonald Χ 0 0 Director (Partial Year) 35 0 William Hoye Х 451,999 51,124 EVP/Chief Operating Officer 35 0 William Martens Χ 289,675 48,154 VP Finance/CFO

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171,481

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Michael Steinberg

Daniel Summers

Keith Dipple

Melissa Torres

Michael Green

Richard Bartecki

EVP Marketing

AVP College Relations

EVP/Director Academic Programs

AVP IT/Chief Information Officer

Executive Director of Internships

VP Academic Programs & Deputy Director

етп	e GR	APHIC prin	nt - DO NOT PR	OCESS	As Filed Dat	a -		C	DLN: 93493346007407
	m 99	OULE A		if the org	janization is a : 1947(a)(1) nor	ection	s and Public Su on 501(c)(3) organizati npt charitable trust. 90 or Form 990-EZ.		2016
		the Treasury	► Informat		Schedule A (Fo	rm 9	990 or 990-EZ) and its i v/form990.	instructions is at	Open to Public Inspection
Nam	e of ti	he organiza	tion al Education of Studer	ts				Employer id 36-2251912	dentification number
Pa	rt I	Reason	for Public Char	ity Statu	s (All organizat	ons	must complete this pa		
The o	organiz	ation is not a	private foundation	n because i	t is (For lines 1	throu	gh 12, check only one bo	x)	
1		A church, c	onvention of churc	nes, or ass	ociation of churc	nes d	escribed in section 170(b)(1)(A)(i).	
2	✓	A school de	scribed in section	170(b)(1)(A)(ii). (Attach	Sche	edule E (Form 990 or 990-	-EZ))	
3	П	A hospital o	or a cooperative ho	spital servi	ce organization o	escri	bed in section 170(b)(1)(A)(iii).	
4			esearch organization	on operated	d in conjunction v	vith a	hospital described in sec	tion 170(b)(1)(A))(iii). Enter the hospital's
5			ation operated for t (iv). (Complete Pa		of a college or ui	nvers	sity owned or operated by	a governmental uni	t described in section 170
6		A federal, s	tate, or local gove	nment or o	jovernmental un	t des	cribed in section 170(b)	(1)(A)(v).	
7			ation that normally (0(b)(1)(A)(vi). (of its	support from a governme	ental unit or from the	e general public described in
8		A communi	ty trust described i	n section	170(b)(1)(A)(v	i) (i	Complete Part II)		
9		An agriculti non-land gr	ural research orgar ant college of agri	ization des culture Se	cribed in 170(b) e instructions Er	(1)(ter th	A)(ix) operated in conjurne name, city, and state o	nction with a land-gr f the college or univ	rant college or university or a versity
10		from activit	ies related to its éx	cempt func ted busine	tións—subject to ss taxable incom	certa	ain exceptions, and (2) no	more than 331/3%	p fees, and gross receipts of its support from gross by the organization after June
11		An organiza	ation organized and	operated	exclusively to tes	t for	public safety See sectio i	n 509(a)(4).	
12		more public	ly supported organ	nizations de	scribed in sectio	n 50		(a)(2). See section	ry out the purposes of one or n 509(a)(3). Check the box d 12g
а		organizatio		egularİy ap					cally by giving the supported ing organization You must
b		manageme		g organizat	ion vested in the		connection with its suppo e persons that control or i		
С							operated in connection w		ıntegrated with, its
(-			- , , ,		•	-	<u> </u>		t a / Yorke as e
* <u>~</u> -									
	Returi eferen	I					Explanation		

Return Reference	Explanation
	Returned Check Fee - Total Revenue 795, Related or Exempt Function Revenue 795, Unrelate d Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Part II Support Schedule for Ωrganizations Described in Sections 170/b\/1\(\Delta\)/iv) and 170/b\/1\(\Delta\)/vi\	
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because it had one or more related organizations treated as a corporation or trust during the tax year.	
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under the tests listed below, please complete Part II. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year.	Schedule A (Form	990 or 990-EZ) 2016	Page 3
Section A. Public Support Calendar year		(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.	If
	Section A. Pu	ublic Support	
	Çalı	endar year	· —
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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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

amendment to the organizing document)

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

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10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations

Page 4

4c

5a

5b 5c

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9a

9b

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10a

10b

Schedule A (Form 990 or 990-EZ) 2016

			res	MO
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)			

		1	1
	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	Г
•	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
1	Did the organization confirm that each supported organization qualified under section 501(c)(4) (5) or (6) and satisfied		Г

	In section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	f "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

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

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

organization's supported organizations? If "Yes," provide detail in Part VI.

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

the organization had excess business holdings)

	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture.	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	\vdash	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990	*			Page 7			
	-Functionally Integrated	1509(a)(3) Supporting	Organizations (continue				
Section D - Distribution	ns			Current Year			
1 Amounts paid to support	ed organizations to accomplish	exempt purposes					
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses	paid to accomplish exempt pur	poses of supported organizati	ons				
4 Amounts paid to acquire	exempt-use assets						
5 Qualified set-aside amou	ints (prior IRS approval require	d)					
-	cribe in Part VI) See instruction						
7 Total annual distribution	,	-		-			
	supported organizations to wh	ich the organization is respon:	sive (provide	·			
9 Distributable amount for	2016 from Section C, line 6						
10 Line 8 amount divided by	Line 9 amount						
instru	ition Allocations (see ctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1 Distributable amount for 6	2016 from Section C, line						
2 Underdistributions, if any (reasonable cause require	, for years prior to 2016 edsee instructions)						
3 Excess distributions carry	over, if any, to 2016						
<u>a</u>							
b							
c From 2013							
d From 2014							
e From 2015							
f Total of lines 32 through	•		I				
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Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection Employer identification number

Inst	itute for	the International Education of Students				36-22519	12		
Pa	rt I	Organizations Maintaining Donor Complete if the organization answere							
			(a) Donor advised	funds		(b)Funds	and other acco	ounts	
L	Tota	I number at end of year							
2	Aggr year	regate value of contributions to (during)							
3	Aggr	egate value of grants from (during year)							
1	Aggr	egate value at end of year							
5		e organization inform all donors and donor are the organization's property, subject to t				or advised		Yes	□ No
5	used c	e organization inform all grantees, donors, only for charitable purposes and not for the tring impermissible private benefit?						Yes	□ No
Pai	rt II	Conservation Easements. Complet	e if the organization a	nswer	ed "Yes" on	Form 990, Part	t IV, line 7.		
L	Purpos	se(s) of conservation easements held by the	e organization (check all t	hat app	oly)				
	☐ F	Preservation of land for public use (e ${\sf g}$, rec	reation or education)	Ш	Preservation o	of an historically	ımportant land	area	
		Protection of natural habitat			Preservation o	of a certified histo	oric structure		
	☐ F	Preservation of open space							
2		lete lines 2a through 2d if the organization hent on the last day of the tax year	held a qualified conservat	ion con	tribution in th		ervation Id at the End	of the	Year
а	Total n	number of conservation easements				2a			
b	Total a	creage restricted by conservation easemen	ts			2b			
C	Numbe	er of conservation easements on a certified	historic structure included	d ın (a)		2c			
d		er of conservation easements included in (c) ire listed in the National Register) acquired after 8/17/06,	and no	t on a historic	2d			
3	Numb tax ye	er of conservation easements modified, transar •	nsferred, released, exting	uished,	or terminated	d by the organiza	ition during the		
1	Numb	er of states where property subject to conse	ervation easement is locat	ted 🕨					
5	Does t	the organization have a written policy regard offorcement of the conservation easements i	ding the periodic monitori it holds?	ing, ins	pection, hand	 ling of violations,	, □ Yes	П	No
5	Staff a	and volunteer hours devoted to monitoring,	ınspecting, handling of vi	olation	s, and enforci	ng conservation e	easements duri	ng the	year
7	Amoui ▶ \$	nt of expenses incurred in monitoring, inspe	ecting, handling of violatio	ons, and	d enforcing co	nservation easen	nents during th	e year	
3	Does e	each conservation easement reported on lin	ie 2(d) above satisfy the r	eauirei	ments of section	on 170(h)(4)(B)((ı)		
		ection 170(h)(4)(B)(ii)?	,			()()(Yes		No
•	baland	t XIII, describe how the organization report te sheet, and include, if applicable, the text ganization's accounting for conservation ea:	of the footnote to the org						
ar	t III	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic			Other Similar	Assets.		
La	art, hı	organization elected, as permitted under SF storical treasures, or other similar assets he le, in Part XIII, the text of the footnote to it	eld for public exhibition, e	ducation	on, or research	n in furtherance o			of
b	If the histori	organization elected, as permitted under SF ical treasures, or other similar assets held fo ing amounts relating to these items	FAS 116 (ASC 958), to rep	port in	its revenue st	atement and bala			
ſ		nue included on Form 990, Part VIII, line 1				▶ \$	5		
•	•	s included in Form 990, Part X				▶ \$			
ر، 2	If the	organization received or held works of art, I				,			
а		ing amounts required to be reported under : ue included on Form 990, Part VIII, line 1	PLYD TTO (YOU ADD) LEIS.	ung to	uiese items	▶ \$	t.		
b	ASSECS	s included in Form 990, Part X				•	→		

Sche	dule D	(Form 990) 2016		Page 2	
Par	3111	Organizations Maintaining Collections of Art, Histor	ical T	Treasures, or Other Similar Assets (continued)	
3		g the organization's acquisition, accession, and other records, check s (check all that apply)	any of	of the following that are a significant use of its collection	
a		Public exhibition d		Loan or exchange programs	
b		Scholarly research	Ш	Other	
С		Preservation for future generations			
4	Provi Part :	de a description of the organization's collections and explain how the XIII	ey furt	rther the organization's exempt purpose in	
5	Durir asset	ng the year, did the organization solicit or receive donations of art, h ts to be sold to raise funds rather than to be maintained as part of th	istoric ne org	ical treasures or other similar ganization's collection?	
Par	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990). Par	rt IV. line 9. or reported an amount on Form 990. Part	
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10,061,923 5,292,398 15,354,321 organization answ	Cost or end-	hod of valuation -of-year market value F F 990, Part IV, line 11chod of valuation -of-year market value
15,354,321 organization ansv	wered 'Yes' on Form (c) Met	F F 990, Part IV, line 11c.
15,354,321 organization ansv	(c) Met	990, Part IV, line 11c.
15,354,321 organization ansv	(c) Met	990, Part IV, line 11c.
15,354,321 organization ansv	(c) Met	990, Part IV, line 11c.
organization ansv	(c) Met	hod of valuation
organization ansv	(c) Met	hod of valuation
organization ansv	(c) Met	hod of valuation
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organization ansv	(c) Met	hod of valuation
	(c) Met	hod of valuation
(b) Book value		
	COSC OF CHILD	or year market value
•		
s' on Form 990, Par	t IV, line 11d See Forn	n 990, Part X, line 15 (b) Book value
		. •
		lie or lif.
(b) Bo	ok value	
	331,984	
•	331,984	
	vered 'Yes' on For (b) Bo	

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Part XIII

Part XII

Other losses .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2016

Page 4

Investmen Other (Des Add lines 4

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Donated services and use of facilities .

Recoveries of prior year grants . . . Other (Describe in Part XIII) . .

	Co	mplete	if the o	raanızat	ion answ	e
XIII Rec	onciliatio	n of E	xpense	s per A	udited F	i
Total revenue Add lines	3 and 4c.	(This mi	ust equal	Form 99	0, Part I, l	11
Add lines 4a and 4b .						
Other (Describe in Part >	(III)					
Investment expenses no	t ıncluded	on Form	990, Par	t VIII, lın	e 7b .	
Amounts included on For	m 990, Pa	rt VIII, I	ıne 12, b	ut not on	lıne 1	

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

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

			•	•			
	4a						
	4b						
ine 12)							
inancial Statements With Expe							

2a

2b

2c

2d

4b

Explanation

2a

2b

2c

2d

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

4c	
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i ses p e 12a) (
1	

4c

2e

3

es per Return. 12a.					
1					
2e					
3					

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				_

Schedule D (Form 990) 2015



Complete if the organization answered 'Yes' on Form 990, Part IV, li Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments Other (Describe in Part XIII) . Subtract line 2e from line 1 .

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

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

Total revenue, gains, and other support per audited financial statements

Page 5	Schedule D (Form 990) 2015		
	ation (continued)	Part XIII Supplemental Infor	
	Explanation	Return Reference	

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000421
Software Version: 2016v3.0

EIN: 36-2251912

Name: Institute for the International Education of Students

Supplemental Informatio

Supplemental Information	
Return Reference	Explanation
	The purpose of the endowment fund is to facilitate donors' desires to make substantial lon g-term gifts to IES In so doing, the endowment fund will provide a secure, long-term sour ce of funds to fund student scholarships

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	IES is organized and operated exclusively for educational 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

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493346007407 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the organization **Employer identification number** Institute for the International Education of Students 36-2251912 Part I YES NO 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 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 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 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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 Nο 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

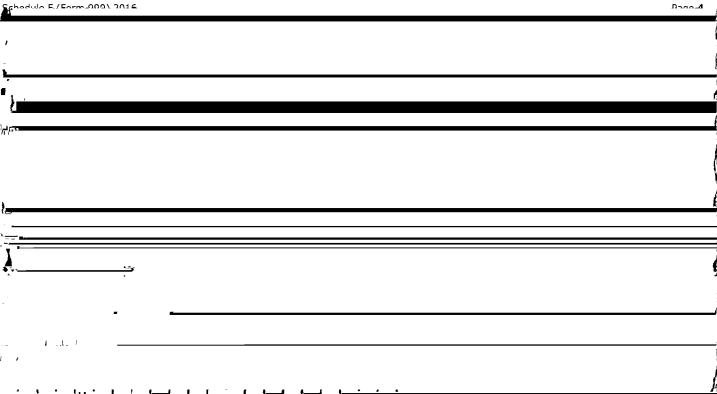
Schedule E (Form 990 or 990EZ) (2016) Page 2			
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)			
Return Reference	Explanation		
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY 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.		

Schedule E (Form 990 or 990-EZ) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493346007407 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number Institute for the International Education of Students 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. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the region (by type) (e.g., program service, describe for and investments employees, agents, fundraising, program and independent specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 32 160 57,388,054 3a Sub-total **b** Total from continuation sheets to Part I 32 160 57,388,054 c Totals (add lines 3a and 3b) Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016							Page 3
				ed States. Complete if	the organization ar	nswered "Yes" to Form 9	
	e duplicated if additi				т	т	· · · · · · · · · · · · · · · · · · ·
(a) Type of grant or assistance		(c) Number of recipients	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)
PARTNER UNIVERSITY SCHOLARSHIPS	Sub-Saharan Africa	2		Tuition credit			
UWI Business School of Nursing Scholarship	Central America and the Caribbean	2	10,259	Direct payment university			
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Schedule F (I	Form 990) 20	L6 Page 5
Part V	Provide the amounts of method); a	Intal Information Information Information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nd Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide nal information (see instructions).
Return F	Reference	Explanation
2 Procedur	F, Part I, Line es for use of grant	One of IES' Scholarships was offered to an IES Abroad partner institution located in one of our study abroad locations. This scholarship has been negotiated with the foreign institution 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' accounts. One foreign center pays a

The scholarships cover all program tees and are directly credited to the students' accounts. One foreign center pays a

foreign university directly to cover students' tuition



Additional Data

Europe (Including Iceland and

Greenland)
South America

Software ID: 16000421 **Software Version:** 2016v3.0

EIN: 36-2251912

Name: Institute for the International Education of Students

EDUCATION/CURRICULUM

EDUCATION/CURRICULUM

44,173,477

3,877,572

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	7	17	Program Services	EDUCATION/CURRICULUM	5,186,819			

120 Program Services

14 Program Services

20

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the IEDUCATION/CURRICULUM 2.168.336 0 Investments.Program Carıbbean Services Middle East and North Africa 4 Program Services IEDUCATION/CURRICULUM 677.196 Central America and the 0 | Program Services EDUCATION/CURRICULUM 28.741 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 5 Program Services EDUCATION/CURRICULUM 1.233.129 Sub-Saharan Africa 0 Grantmaking EDUCATION/CURRICULUM 32,525 Central America and the 0 |Grantmaking IGRANTMAKING 10,259 Carıbbean

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493346007407 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Inspection ► Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov./form990... Treasury

directly pays for all travel costs

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -	DLN: 93493346007407
ichedule 1	Compensation Information	OMB No 1545-0047
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EVP Marketing

(i)

(ii)

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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 on 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

38,393

0

Note. The sum of columns (B)(1)-(111) 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 (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column(B) reported (mi) (II) Base as deferred on prior compensation Bonus & incentive Other reportable (1) compensation compensation compensation Form 990 1 Dr Mary M Dwyer 765.014 (i) 20,000 18,894 119,603 21,408 944,919 0 Director/President 0 Ω n 0 0 (ii) 2 William Hove 437,425 (i) 10,000 4,574 23,194 27,930 503,123 0 EVP/Chief Operating Officer 0 Ω n 0 0 (ii) 3 William Martens 278,313 (i) 10,000 1,362 24,225 23,929 337,829 0 VP Finance/CFO 0 0 Ω Ω 0 0 0 (ii) 4 Michael Steinberg 277,664 (i) 10,000 3,036 24,788 12,172 327,660 0 EVP/Director Academic Programs 0 0 Ω Ω 0 0 0 (ii) 5 Daniel Summers 160,190 (i) 0 260 16,198 24,489 201,137 0 AVP IT/Chief Information Officer 0 0 Ω Ω 0 0 0 (ii) 6 Keith Dipple 145,705 (i) 24,778 998 13,137 12,537 197,155 0 Executive Director of Internships 0 0 0 0 0 0 0 (ii) 7 Melissa Torres 170,946 (i) 10,000 275 13,673 7,820 202,714 0 VP Academic Programs & Deputy Director 0 0 0 0 0 0 0 (ii) 8 Michael Green 142,850 (i) 15,764 334 15,324 6,042 180,314 0 AVP College Relations 0 0 0 0 0 0 0 (ii) 9 Richard Bartecki 282,910 11,521

1,355

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18,189

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`	Tago -
Part IIII Supplemental Inform	mation
Provide the information, explanation, o	r 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
ındemnıfıcatıon and gross-up	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.

Page 3

Schedule J (Form 990) 2015

[Compensation Mary M Dwyer, President, 457(f) plan - \$83,835

payments Schedule J, Part I, Line 4b

Supplemental nonqualified retirement

Schedule J (Form 990) 2015

Software ID: 16000421

Software Version: 2016v3.0

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 and Title	C	(i) Base ompensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Dr Mary M Dwyer Director/President	(1)	765,014	20,000	18,894	119,603	21,408	944,919	0
	(11)	0	0	0	0	-		0
1William Hoye EVP/Chief Operating Officer	(1)	437,425	10,000	4,574	23,194	27,930	503,123	0
•	(11)	0	0	0	0	-		0
2William Martens VP Finance/CFO	(1)	278,313	10,000	1,362	24,225	23,929	337,829	0
	(11)	0	0	0	0	-		0
3Michael Steinberg EVP/Director Academic	(1)	277,664	10,000	3,036	24,788	12,172	327,660	0
Programs	(11)	0	0	0	0			0
4Daniel Summers AVP IT/Chief Information	(1)	160,190	0	260	16,198	24,489	201,137	0
Officer	(11)	0	0	0	0			0
5 Keith Dipple Executive Director of	(1)	145,705	24,778	998	13,137	12,537	197,155	0
Internships	(11)	0	0	0	0	-		0
6Melissa Torres VP Academic Programs &	(1)	170,946	10,000	275	13,673	7,820	202,714	0
Deputy Director	(11)	0	0	0	0	-		0
7Michael Green AVP College Relations	(1)	142,850	15,764	334	15,324	6,042	180,314	0
	(11)	0	0	0	0	-		0
8 Rıchard Barteckı EVP Marketing	(1)	282,910	38,393	1,355	18,189	11,521	352,368	0
	(11)	0	0	0	0			0

efile GRAPH	: 93493346007407		
SCHEDUL	E O Supplemental Information to Form 990	or 990-EZ	OMB No 1545-0047
(Form 990 or EZ)	Form 990 or 990-EZ or to provide any additional info ▶ Attach to Form 990 or 990-EZ.	rmation.	2016 Open to Public
Department of the T		instructions is at	Inspection
Internal Revenue Se Name of the org Institute for the Int	anization ernational Education of Students	Employer ident	tification number
institute for the fin	ernational Education of Students	36-2251912	
Return Reference	e O, Supplemental Information Explanation		
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall consist of the Chair of the Board of Directors, the to Chairs, the President, and not more than two other Directors elected as a member xecutive Committee by a majority of the Board of Directors. The Executive Commit have and exercise the authority of the Board of Directors in the management of the tion except as limited by the provisions of the "General Not for Profit Corporation A f the State of Illinois or by any resolution duly adopted by the Board of Directors spically reserving unto itself any stated acts, decisions or powers	of the E tee shall corpora ct" o	

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990,	The appropriate members of IES management and the Chair of IES-Abroad's Audit Committee re
Part VI, Line	view the full form 990 in detail in conjunction with the organization's independent paid t
11b Review	ax preparers. Subsequent to this review, a full copy of the Form 990 is distributed to eac
of form 990	h member of the Board of Directors prior to filing with the IRS
by governing	
body	

Return Reference	Explanation
Form 990, Part VI, 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 al I 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 President/CEO reviews all officers' conflict of interest forms. The Human Resources Department also reviews the forms of all other key employees of IES Abroad. The chair of the Board of Directors reviews the completed conflict of interest form submitted by the President / CEO each year Additionally, all Board Members must complete and submit an annual conflict of interest form and disclose all potential or actual conflicts of interest. If it is discovered that a Board member has a conflict of interest during Board or commit tee 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 or der 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, key employees and Board members are placed in confidential files maintained by IES Abroad's Human Resources Department.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IES Abroad's Board Executive Committee, acting as the Board Compensation committee, review s 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 exter nal compensation information described in the following paragraphs to set compensation. The e President/CEO recuses herself from any discussions regarding the setting of her own compensation at least every 3 years, IES Abroad retains an independent, outside compensation review firm to evaluate the company's CEO, vice presidents' and officers' compensation. The independent firm uses market surveys and other resources to compare the compensation of IES Abroad's CEO, vice presidents and officers and positions to similar (or identical) positions at other organizations with similar annual revenues, similar annual budgets, 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 a full review of the CEO's, vice president's and other officers' compensation in April 2017. Annually in between external compensation reviews, IES reviews the performance of its CEO and 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. The competitive market data provided by the third-party firm in 2014 was updated in April/May 2016 by IES Abroad's Associate Vice President of Human Resources following compensation review best practices including guidance provided by the third-party firm. Once approved, compensation decisions made by the Board Executive Committee for the CEO and vice presidents are presented to the full Board of Directors Separatel

Return Explanation
Reference

Form 990,	Please see the narrative for Form 990, Part VI, Section B, Line 15a
Part VI, Line	
15b Process	
to establish	
compensation	
of other	
employees	

Return Explanation

Form 990,	Financial statements, governing documents, and conflict of interest policies are not requi
Part VI, Line	red disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are
19 Required	not available to the public at this time
documents	
available to	
the public	

Return Reference	Explanation	
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Foreign Currency Translation Adjustment - 83524, Unrealized Gain on Foreign Currency - 229 3514, Net Income from Separately Reporting Entity (11/30/15-6/30/16)998665, Net Income from Separately Reporting Entity (7/1/16-12/6/16) - 40365,	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493346007407 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Institute for the International Education of Students 36-2251912 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I See Additional Data Table (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity 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.

(b) (d) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)STUDY ABROAD FOUNDATION INC ABROAD PROG 501(c)(3) IES 1100 WEST 42ND STREET SUITE 216 INDIANAPOLIS, IN 46208 35-2114762 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2016

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(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-	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or aging	(k) Percentage ownership
				514)			Yes	No		Yes	No	
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Schedule R (Form 990) 2016					Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes"	on Form 990, Par	t 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 organization engage in any of the following transactions with one or more related o	rganizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
f c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i	Yes	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered re	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining ai	nount in	volved	

(2)Study Abroad Foundation Inc

229,214

FMV

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	10	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ng ?	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016



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EIN: 36-2251912

Name: Institute for the International Education of Students

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

Form 990, Schedule R, Part I - Identification of Disregarded En	tities 	1	ı	I	I
(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 SARPHATISTRAAT 644 AMSTERDAM 1018AV NL	ABROAD PROG	NL	3,286	264,173	IES
(1) INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS PTY LTD (Australia) 33 W MONROE ST STE 2300 CHICAGO, IL 60603	ABROAD PROG	AS	0	0	IES
(2) IES ABROAD BRASIL AV RIO BRANCO 1 ANDAR 12 CENTRO, RIO DE JANEIRO 20 090003 BR 98-1137773	ABROAD PROG	BR	17	37,010	IES
(3) INSTITUTE FOR INTL ED OF STUDENTS - SF (CAPE TOWN) 25 Main Road Rondebosch, Western Cape 7700 SF	ABROAD PROG	SF	47,875	372,369	IES
(4) PATHWAYS GLOBAL CONSULTING (BEIJING) CO LTD 1ST FL SCHOOL OF CHINESE LANG LIT E CAMPUS BFSU 2 N XISANHUAN AVE BEIJING, HAIDIAN 10089 CH 98-1135340	ABROAD PROG	СН	-136	220,280	IES
(5) SOCIETY FOR THE INTL ED OF STUDENTS (DELHI) C-54 NEETI BAGH NEW DELHI 110049 IN	ABROAD PROG	IN	0	0	IES
(6) IES ABROAD INDIA PRIVATE LIMITED (IES INDIA) C-54 NEETI BAGH NEW DELHI 110049 IN 98-1135334	ABROAD PROG	IN	0	27,722	IES
(7) FONDAZIONE IES ABROAD ITALY LUNGOTEVERE TOR DI NONA 7 ROME 00186 IT 98-1198420	ABROAD PROG	IT	14,989	1,006,215	IES
(8) IES ABROAD JAPAN CENTERS 1-7-1 NAKASE SCED BLDG 3F MIHAMA-KU CHIBASHI 2610023 JA 98-1079733	ABROAD PROG	JA	0	385,322	IES
(9) LONDON CENTRE OF THE INST EUROPEAN STUDIES 5 BLOOMSBURY PLACE LONDON WC1A2QP UK	ABROAD PROG	UK	227,032	1,136,382	IES
(10) IES ABROAD (RABAT) 89 AVENUE MOULAY ISMAIL RABATHASSAN 10006 MO	ABROAD PROG	МО	193	314,451	IES
(11) IES NANTES ASSOCIATION 7 RUE DES CADENIERS NANTES 44000 FR	ABROAD PROG	FR	0	219,172	IES
(12) Association IES Abroad Nice 31 AVENUE JEAN MEDECIN 3EME ETAGE NICE 06000 FR 98-1257970	ABROAD PROG	FR	0	84,430	IES
(13) ASSOCIATION D'IES ABROAD-PARIS 77 RUE DAGUERRE PARIS 75014 FR	ABROAD PROG	FR	133	800,728	IES
(14) IES FOUNDATION (QUITO ECUADOR) REPUBLICA DE EL SALVADOR Y MOSCU EDIFICIO SAN SALVADOR PISO 3 QUITO N34229 EC	ABROAD PROG	EC	0	191,718	IES
(15) THE INST FOR THE INTL ED OF STUDENTS (SPAIN) AVENIDA DE SENECA NUMERO 4 MADRID 28040 SP	ABROAD PROG	SP	328	1,668,020	IES
(16) IES ABROAD PATHWAYS LLC 33 W MONROE ST STE 2300 CHICAGO, IL 606035405	ABROAD PROG	DE	0	0	IES