DLN: 93493113012029 **Return of Organization Exempt From Income Tax** Form **990**

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

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.IRS gov/form990

									mopection
			alendar year, or tax year beging C Name of organization	ning 07-01-2017 , and end	ing 06-30	0-2018	D Employ	or idontif	ication number
□ Ad	dress cl	-	Institute for the International Educa	tion of Students			36-225		ication number
	me cha tıal retu	-	Doing business as IES Abroad						
	al return/ iended	/terminated return		nail is not delivered to street address)	Room/sui	te	E Telephor	ie number	
□ Ap	plication	n pending	33 W Monroe Street 2300	71D f			(312) 9	44-1750	
			City or town, state or province, coul Chicago, IL 606035405	ntry, and ZIP or foreign postal code			G Gross re	ceipts \$ 1	33,636,129
			F Name and address of principa	al officer		H(a) Is this	a group re	turn for	
			Mary M Dwyer PhD 33 W Monroe Street 2300				dinates?		□Yes 🗹 No
т.,		nt status	Chicago, IL 606035405			H(b) Are al includ		es	☐ Yes ☐No
		pt status	✓ 501(c)(3)	(insert no)	□ 527	If "No H(c) Group	•		instructions)
W	ebsite	e:► ww	w iesabroad org			Group	exemption	number	
(Forn	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ Asso	ociation Other		L Year of forma	ition 1953	M State	of legal domicile IL
Dа	rt I	Sum	mary						
- (-			cribe the organization's mission o	r most significant activities					
			ite for the International Education ship programs, which offer studer						
ני	ı	na intern uality	snip programs, which offer studer	its worldwide experiential learni	ng opport	unities that m	eet the higr	iest stan	dards of academic
Ē	_	•							
<u>.</u>	_								
GOVERNATION	, ,	Check the	s box 🕨 🗌 if the organization dis	continued its operations or disp	osed of m	ore than 25%	of its net a	ccetc	
			of voting members of the governir					3	19
ی	4 1	Number o	of independent voting members of	f the governing body (Part VI, lii	ne 1b) .			4	18
ACUMUES &	5 7	Total nun	nber of individuals employed in ca	lendar year 2017 (Part V, line 2	a)			5	186
٢	6 ⊺	Total nun	nber of volunteers (estimate if nee	cessary)				6	46
	7 a ⊺	Total unr	elated business revenue from Part	t VIII, column (C), line 12 .				7a	0
	bΝ	Net unrel	ated business taxable income fror	m Form 990-T, line 34				7b	0
						Pri	or Year		Current Year
₫.	8 (Contribut	ions and grants (Part VIII, line 1h)	•		654,6	531	1,167,324
Ravenue	l	-	service revenue (Part VIII, line 2g	• •	•		85,926,	515	97,844,607
å	l		nt income (Part VIII, column (A),	, ,	•		1,326,		10,037,910
	l		renue (Part VIII, column (A), lines	•			-2,267,:		2,081,659
			enue—add lines 8 through 11 (mu				85,640,5	_	111,131,500
			nd similar amounts paid (Part IX, boald to or for members (Part IX, c	, ,,			4,431,4	+0/	5,271,915
۰,	l	•	other compensation, employee be				32,657,4	113	39,010,455
See	l		nal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,	•		32,037,-	113	4,575
Expenses	١.		raising expenses (Part IX, column (D), l	, ,,	-				.,
ă	l		penses (Part IX, column (A), lines		_		42,503,	716	53,366,409
	18 7	Total exp	enses Add lines 13-17 (must equ	ual Part IX, column (A), line 25)			79,592,6	516	97,653,354
	19 F	Revenue	less expenses Subtract line 18 fr	om line 12			6,047,9	939	13,478,146
Net Assets of Fund Balances						Beginning	of Current Y	ear	End of Year
agar	20 T	Total ass	ets (Part X, line 16)				88,975,0	099	96,271,979
2 B			ılıtıes (Part X, lıne 26)				15,727,		17,140,297
Ž,	22 N	Net asset	s or fund balances Subtract line	21 from line 20			73,247,	598	79,131,682
Par	t II	Signa	ature Block					l	
			erjury, I declare that I have exam f, it is true, correct, and complete						
	nowled		r, it is true, correct, and complete	beclaration of preparer (other	than onic	er) is based o	ii ali iilioiili	acion or v	vilicii preparei nas
		I I							
		Signati	ure of officer			Date	9-04-23 e		
ign Iere		Lllızm	a martane efe						
			j martens cfo r print name and title						
			rint/Type preparer's name	Preparer's signature	D	ate		PTIN	
Paid	t	L	icole Bencik	Nicole Bencik			ck 🔲 ıf ¡ -employed	P0075619!)
^o re _l	oare	r ⊢	rrm's name ► CROWE LLP	C + 2000			n's EIN ► 35-		
	Onl	1 5	ırm's address ► 225 West Wacker Drıve			Pho	ne no (312)	899-7000	
			Chicago, IL 60606122						
1ay t	he IRS	discuss	this return with the preparer show	wn_above? (see instructions) .				√ ∨	′es □No

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (20	17)				Page 2
Par	t III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a r	esponse or note to	any line in this Part III		🗆
1	Briefly	describe the organization's missi	on			
requ orga unive	rements nization v ersities, a	and encourages students to exp vith more than 129 academic pro nd enrolls more than 7,300 stud	ore the unique elen grams around the v ents annually in pro	nents of foreign countric world IES is comprised ograms across Africa, As	of foreign higher education with Ai es IES Abroad was founded in 19! of a consortium of more than 240 sia, Australia, New Zealand, Europ and intercultural competence and	50 and is a global selective colleges and e, South America, and
2	Did the	organization undertake any sign	ıfıcant program ser	vices during the year w	hich were not listed on	
	the prio	☐ Yes ☑ No				
	If "Yes,	" describe these new services on	Schedule O			
3	Did the	organization cease conducting,	or make significant	changes in how it condu	ucts, any program	
		describe these changes on Sch				☐ Yes ☑ No
4	Describ Section	e the organization's program ser	vice accomplishmer zations are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
	(Code) (Expenses \$	75,939,213	including grants of \$	5,271,915) (Revenue \$	96,707,837)
	`	itional Data			-,, (
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other p	orogram services (Describe in Sc ses \$	nedule O) including grants of	\$) (Revenue \$)
4e	Total p	orogram service expenses >	75,939,2	13		

or X as applicable

Section 501(c)(3) organizations.

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 Yes 1 2 Yes 2 Is the 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 Nο

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,

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

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

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,"

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

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

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

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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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?

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

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

11c

11d

11e

11f

12a

12b

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14a

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No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Νo

No

Form **990** (2017)

Page 3

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

Part IV	Checklist of Required Schedules (continued)			
			Yes	No
20a Did t	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?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

Yes

Yes

20b

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22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Form 990 (2017)

Page 4

Nο

Νo

No

Nο

Νo

Nο

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Fortraths around an around an Day 2 of Forms 1000 Fortra O of anti-analysis like 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 100 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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	IN , AR , EI , IT , JA , AS , AU , MO , NL , NZ , SF , SP , UK			
	If "Yes," enter the name of the foreign country ▶, BR, CI, CH, EC, FR, GM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	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?	- 55		
	In rest, to fine sa of sp, and the organization me rount occor in the first in the	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	bid the organization receive any payments for indoor tarning services during the tax year.	~ .		

Form	990 (2017)			Page 6
Par	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	•		
S.	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
36	Ction 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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	Yes	
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
	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
	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			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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
Se	ction 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	
	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			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
L	taxable entity during the year?	16a		No
D	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?	166		
Se	ction C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	CA , CO , CT , FL , GA , AL , HI , KS , KY , MN , MS , NH , NJ , NY , NC , OH , OR , PA VA , AR , 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, address, and telephone number of the person who possesses the organization's books and records •WILLIAM J MARTENS 33 W Monroe Street Ste 2300 CHICAGO, IL 606035405 (312) 944-1750			. (05:=:

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	-	(F) Estima amount of compens from t	ated of other sation the	
		for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Cofficer Institutional Trustee Individual trustee Individual trustee		2/1099-MISC)		organizati relate organiza	ed				
<u> </u>		<u> </u>	 '	<u> </u>	<u> </u>	<u> </u>		<u> </u>			1		
See /	Addıtıonal Data Table	'	1 '	'	'								ļ
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		<u> </u>	'	'	<u> </u>	'	Щ,				丄		
	Sub-Total					1	<u> </u>						
	Total (rom continuation sneets to Pa Total (add lines 1b and 1c)	•				•	> -		2,958,335	0			861,621
2	Total number of individuals (including of reportable compensation from the compensation	g but not limited	to those			bove	e) who	, rece	eived more than \$10	20,000			
i					_	_						Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>				ey eı		oyee, c	_	- '	employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations									ı the	_		
l	ındıvıdual			•	•	•		•		Ի	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization								-	vidual for	5		No
Se	ection B. Independent Contract	.ors											
1	•												

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(B) Description of services

ATTORNEY

(C) Compensation

Form 990 (2017)

214,450

(A) Name and business address

Hogan Lovells

555 Thirteenth Street NW Washington, DC 20004

compensation from the organization \blacktriangleright 1

orm 9		<u> </u>										Page 9
Part \	V +											
		Check if Schedul	e O contains i	a respo	onse or note to any	(his Part VIII (A) revenue	Re e fu	(B) lated or xempt unction evenue	(C) Unrelat busines revenu	ss	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated campaig	ns	1a								
ant	ı	b Membership dues		1 b								
, E	١	c Fundraising events		1 c								
ffs, ⊏A		d Related organizatio	ns	1d								
<u>:</u>		e Government grants (c	ontributions)	1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contributions and similar amounts n above 	, gıfts, grants, ot ıncluded	1f	1,167,324							
를 충	9	9 Noncash contribution in lines 1a-1f \$	ons included									
Cont and	h	Total.Add lines 1a-1	lf	. .	•	1	.,167,324					
					Business		.,					
nue	2 a	TUITION AND FEES				611110	79,6	35,111	78,498,	341		1,136,770
\$	b	ROOM AND BOARD				611710	18,1	56,902	18,156,	902		
3	С	MEMBER SCHOOL FEE				611710		30,100	30,	100		
<u>\$</u>	d	TRANSCRIPT FEE				611710		9,174		174		
Ε	е	INSTALLMENT FEE				611710		12,000		000		0 0
Program Service Revenue	f	All other program se	rvice revenue					1,320	1,	320	'	<u> </u>
ě	g	Total.Add lines 2a-2	f		▶ 97,8	44,607						
		Investment income (i	ncluding divid	ends, i	interest, and other		1 117 25					1 117 256
		•			•	<u> </u>	1,117,35	٥				1,117,356
		Income from investm Royalties	ent or tax-exe		ond proceeds							
	J	Noyalties	(ı) Real		(II) Personal							
	6a	Gross rents	(1) 11321	<u> </u>	(, 1 5.55.14.	1						
		Logo rental evacace										
	D	Less rental expenses										
	C	: Rental income or (loss)		0	0							
	d	Net rental income o	r (loss)		· · · •	1						
			(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of	31.4	25,183								
		assets other than inventory	<u> </u>	,								
	b	Less cost or				1						
		other basis and sales expenses	22,5	04,629								
		Gain or (loss)		20,554	0	1						
		Net gain or (loss)		•	•	ļ	8,920,55	4				8,920,554
	8a	Gross income from f (not including \$		ents of								
Other Revenue		contributions reporte	ed on line 1c)]							
eve		See Part IV, line 18				-						
Œ.		Less direct expense : Net income or (loss)		b una ev	ents							
the the		Gross income from g			ents •	1						
ō		See Part IV, line 19			J							
				а								
		Less direct expense : Net income or (loss)		b]						
		Gross sales of invent		activit	ies •							
		returns and allowand			J							
				a								
		Less cost of goods s		b]						
}	С	Net income or (loss) Miscellaneous		invent	tory ► Business Code							
}	11	•aGain (loss) on Settle		ıan	900099	-	2,081,65	9				2,081,659
		Currency Contracts	ement of Fore	·9··								
	b	,				-						
	-											
	c					-						
	·	•										
	لے	All other revenue .				-		0	0		0	0
		Total. Add lines 11a			•							
							2,081,65	9				
	12	Total revenue. See	instructions	• •	• • • •		111,131,50	0	96,707,837		0	13,256,339 Form 990 (2017)
												Form 440 (2017)

For	m 990 (2017)				Page 10
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	elete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 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	5,232,714	5,232,714		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	39,201	39,201		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,200,466	347,671	1,852,795	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
	Other salaries and wages	29,085,925	21,109,870	7,374,829	601,226
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,633,859	650,309	951,858	31,692
9	Other employee benefits	2,038,771	1,031,865	897,131	109,775
10	Payroll taxes	4,051,434	3,362,359	645,159	43,916
11	Fees for services (non-employees)				
	a Management				
-	b Legal	506,455		506,455	
	c Accounting	410,583		410,583	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17	4,575			4,575
1	f Investment management fees	37,500		37,500	
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,251,777	522,076	719,197	10,504
12	Advertising and promotion	1,603,479	263,198	1,230,675	109,606
13	Office expenses	1,606,372	936,118	619,607	50,647
14	Information technology	3,080,140	909,122	2,114,328	56,690
15	Royalties				_
16	Occupancy	6,124,823	5,351,118	773,705	
17	Travel	6,394,498	5,388,031	960,893	45,574
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	303,917		287,077	16,840
20	Interest	21,282	20,035	1,247	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	697,495	383,444	314,051	
23	Insurance	379,918	76,797	303,121	
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	21,394,795	21,394,795		
	b Student Instruction and Tuition	4,314,178	4,314,178		
	c Student Services	2,741,487	2,741,452	35	
	d Field Trips	812,693	812,693		
	e All other expenses	1,685,017	1,052,167	619,698	13,152
25	Total functional expenses. Add lines 1 through 24e	97,653,354	75,939,213	20,619,944	1,094,197
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)				

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34

Liabilities 22

Fund Balances

Assets or 30

Net

2,930,585

2.955.666

1,930,891

51.841.800

9,142,571

672.277

356,897

96,271,979

11,137,293

4,547,788

0

31.573

1.423.643

17,140,297

75,718,962

1,327,300

2.085.420

79,131,682

96.271.979

Form **990** (2017)

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2.377.419

1,518,623

38.275.559

15.354.321

1.033.158

88,975,099

10,674,744

4,687.555

33.218

331.984

15,727,501

70.642.313

939,122

1.666.163

73,247,598

88.975.099

Page **11**

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

b Less accumulated depreciation

Intangible assets

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

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

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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.

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

Retained earnings, endowment, accumulated income, or other funds

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

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

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

Investments-program-related See Part IV, line 11

		Beginning of year		End of year
1	Cash-non-interest-bearing	19,446,154	1	22,573,096
2	Savings and temporary cash investments	8,450,753	2	3,468,622
3	Pledges and grants receivable, net	303.340	3	399.574

9,099,420

7,168,529

3	Pledges and grants receivable, net	303,340	3	
4	Accounts receivable, net	2,215,772	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	

	3	Pleages and grants receivable, net	303,340	3	
	4	Accounts receivable, net	2,215,772	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
Ø	^	Dunnered assuments and defermed aboves	2 277 410	_	

10a

10b

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

-1.759.346

79,131,682

No

Νo

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

9

10

F (1	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
D 1 1 66 11		

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

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

✓ Consolidated basis

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Investment expenses . Prior period adjustments .

3	Revenue less expenses Subtract line 2 from line 1	٥	13,476,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,247,598
5	Net unrealized gains (losses) on investments	5	-5,834,716
6	Donated services and use of facilities	6	

Additional Data

Software ID: 17005876

Software Version: 2017v2.2 **EIN:** 36-2251912

Name: Institute for the International Education of Students

Form 990 (2017)

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 8,800 students benefited from our programs and direct enrollment 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 34 locations in the countries of Argentina, Australia, Austria, Chile, China, Ecuador, England, France, Germany, Ireland, Italy, Japan, morocco, Netherlands, New Zealand, South Africa, Spain, and United States Direct enrollment programs are also available at locations where IES does not have offices in Canada, Switzerland, and Korea

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

146,638

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

	any hours		direct	or/t	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Debora de Hoyos	1 0	x		x				n	0	0
Vice Chair		,		^				J	0	,
Ezio Vergani	1 0	X		x					0	
Chair		^		^				l o	O	0
James Crawford	1 0			,				1 200	0	
Vice Chair		X		Х				1,309	U	0

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and Independent Contractors

Dr Mary M Dwyer

Director/President

Alan Schwartz

Clayton Spencer

Larissa Tiedens

Marie Fioramonte

Director

Director

Director

Director

Director

Director

Marla Salmon

Mary Cahillane

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

Officer

employee

Institutional

Trustee

Individual trustee or director

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Highest compensated employee Former

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2/1099-MISC)

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597

551

1,790

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455,693

(W- 2/1099-

MISC)

organization and

related

organizations

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50,518

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

Mary O'Brien Pearlman
Director
Monica Vachher
Director

Pamela Gann

Peter Sundman

Phyllis Haberman

Rhonda Jordan

Robert Browne

Sheila Stamps

Director

Director

Director

Director

Director

Director

Director

Susan Carty

William Hoye

EVP/Chief Operating Officer

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation 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

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

	organizations below dotted line)	ndrwdual trustee or director	Institutional Trustee	Officer	es emplosee	Highest compensated	Former		`MISC)	related organizations
William Martens	35 0			x				287,878	0	53,02
VP Finance/CFO				^				207,076	٥	33,02
Michael Steinberg	35 0				,,			200 027		44.7

53,026

41,747

38,331

44,560

16,982

461,337

8,482

177,311

322,404

241,057

Х

Χ

William Martens	35 0		,			207.070	
VP Finance/CFO			Х			287,878	
Michael Steinberg	35 0			,,		200 027	
EVP Academic Programs				×		299,837	
Amber Nikolaidis	35 0				V	104 202	,
VP for Strategy, New Business Init & Analytics					*	184,293	
Daniel Summers	35 0				×	179,777	(

.......

.......

35 0

35 0

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and Independent Contractors

AVP IT/Chief Information Officer

Sr AVP College Relations & Advising

VP & Deputy Director of Academic Programs

Michael Green

Richard Bartecki

EVP Marketing

Robert Hallworth

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493113012029		
SCI (For	H ED m 990	ULE A		Public (Charity Statu	ion 501(c)(3) d	organization o	ort	OMB No 1545-0047 2017		
990I	EZ)				4947(a)(1) nonexe ▶ Attach to Form				201/		
•		f the Treasury	▶ Inf	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection		
Nam	e of th	he organiza	tion al Education of	Students				Employer identific	ation number		
21106166								36-2251912			
	rt I				us (All organization : it is (For lines 1 thro			See instructions.			
1 1	organiz		•		•	5 ,	,	(A)(:)			
_		•		•	sociation of churches						
2	\checkmark				1)(A)(ii). (Attach Sch	•	• •				
3		·	•	·	vice organization desc			•			
4		name, city,	and state _		ed in conjunction with						
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170		
6	Ш	•	·	<u>-</u>	governmental unit de						
7		section 17	0(b)(1)(A)	(vi). (Complete				init or from the gener	al public described in		
8		A communi	ty trust desc	nbed in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10		An organization that normally receives (1) more than 331/3% 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 331/3% 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)									
11		An organiza	ition organize	ed and operated	dexclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box		
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup portıng organıza	ervised or controlled i						
С		Type III f	unctionally		supporting organizatio ons) You must com				ted with, its		
d		Type III n functionally	on-function integrated	ally integrated The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar			
e		Check this	box if the org	anızatıon receiv	red a written determing integrated supporting	nation from the II		pe I, Type II, Type II	functionally		
f	Enter			l organizations	megrated supporting	organization					
g	Provi	de the follow	ıng ınformatı	on about the su	ipported organization(s)					
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota	l				structions for	Cat No 11285		 Schedule A (Form 9			

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(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	- ·						
11	Total support. Add lines 7 through						

	line 4									
S	ection B. Total Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(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 VI)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities, e	c (see instruction	ns)			12				
13	First five years. If the Form 990 is for	=			=					
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$									
S	ection C. Computation of Public									
14	Public support percentage for 2017 (line	lic support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								

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

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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 Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation If historic and continuing relationship, explain	1	İ			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)					
	in section 309(a)(1) or (2)	2				
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a	İ			
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				

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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

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		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
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		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
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	4a		
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			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

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

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 organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

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		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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,"

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

Pa	rt IV Supporting Organizations (continued)			-9
			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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part 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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2

EIN: 36-2251912

Name: Institute for the International Education of Students

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493113012029

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

Inspection

	itute for the International Education of Students				Employer ide	entification r	iumber
.,,,,,	actorist the international Education of Students				36-2251912		
Pa	rt I Organizations Maintaining Donor Advi				r Accounts.		
	Complete if the organization answered "Ye	es" on Form 990,	Part :	IV, line 6.			
		(a) Dono	r advı:	sed funds	(b)Fund	s and other ac	counts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	xclusive legal contro) ?				Yes 🗌 No
,	charitable purposes and not for the benefit of the donor private benefit?					missible	Yes □ No
Pa	t III Conservation Easements. Complete if the	he organization a	nswe	ed "Yes" on Forr	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	:hat ap	ply)			
	\square Preservation of land for public use (e g , recreatio	n or education)		Preservation of an	historically imp	ortant land ar	ea
	Protection of natural habitat			Preservation of a d	certified historic	structure	
	Preservation of open space						
!	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for			
а	Total number of conservation easements			İ	2a Heid a	t the End of	tne Year
a b	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified histor	is structuro includo	dun (a	`			
C			•	Í	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register			!	2d		
i	Number of conservation easements modified, transferred tax year	ed, released, exting	uished	, or terminated by	the organizatior	during the	
	Number of states where property subject to conservation	on easement is loca	ted ▶_				
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ıng, ın	spection, handling	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	olatioi	ns, and enforcing co	onservation ease	ements during	the year
	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, ar	d enforcing conser	vation easemen	ts during the y	/ear
}	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?) above satisfy the	equire	ments of section 1	70(h)(4)(B)(ı)		
	. , , , , , ,					∐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	ssets.	
а	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, e	ducati	on, or research in f			rks of
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to re	port in	its revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	i)Assets included in Form 990, Part X				▶ \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncıal gaın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X				▶ \$		
_				C-+ N	. · · _	115/5	000\ 201

Par	t IIII	Organizations Ma	aintaining Col	lections of Art,	Histori	ical T	reas	ures, or	Other 9	Similar As	ssets (continue	d)
3		g the organization's acqu s (check all that apply)	uisition, accessior	n, and other records	, check	any of	the fo	ollowing tl	nat are a	sıgnıfıcant ı	use of its	collection	on
а		Public exhibition			d		Loar	or excha	nge prog	rams			
b		Scholarly research			e		Othe	er					
c		Preservation for future	generations										
4	Provi Part	de a description of the o	organization's coll	ections and explain	how the	ey furtl	her th	ie organiz	atıon's ex	empt purpo	se in		
5		ng the year, dıd the orga ts to be sold to raise fun								lar	☐ Ye	s 🗆	No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			rm 990), Part	IV,	ıne 9, or	reporte	d an amou	ınt on F	orm 99	0, Part
1a		e organization an agent, ded on Form 990, Part >		an or other intermed	diary for	contri	butior	ns or othe	r assets r	not	☐ Ye	s 🗆	No
b	If "Y	es," explain the arrange	ment in Part XIII	and complete the f	ollowing	table		Γ		Α	mount		
С	Begir	nning balance							1c				
d	Addıt	ions during the year							1d				
е	Dıstr	ibutions during the year							1e				
f	Endır	ng balance							1f				
2 a	Dıd t	he organization include	an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	bility?	☐ Ye	s 🗆	No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if the	explanat	ion has	s beer	provided	l ın Part X	III		[
Pa	rt V	Endowment Fund	is. Complete ıf	the organization	answei	red "Y	es" o	n Form 9	990, Par	t IV, line 1	.0.		
				(a)Current year	(b)₽	rıor yea	_	(c)Two ye		(d)Three yea			years back
1a	Beginr	ning of year balance .		55,896,613		48,799		4	9,018,888	43,	825,507		41,067,081
b	Contri	butions		735,690			5,279		65,065		92,947		136,252
C	Net in	vestment earnings, gain	s, and losses	6,649,178		8,528	8,605		1,392,719	6,	552,898		3,084,904
d	Grants	or scholarships	•										32,607
e		expenditures for facilitie ograms	es	2,081,550		1,756	6,922		1,677,021	1,	452,464		430,123
f	Admın	istrative expenses .											
g	End of	year balance		61,199,931		55,896	6,613	4	8,799,651	49,	018,888		43,825,507
2 a b	Board	de the estimated percer d designated or quasi-er ianent endowment ▶	•	ent year end balance 94 51 %	e (line 1	g, colu	mn (a	a)) held as	5				
С	Temp	porarily restricted endow	vment ► 3 4	1 %									
_		percentages on lines 2a,		ld equal 100%									
3а		here endowment funds nization by	not in the posses	sion of the organiza	tion tha	t are h	eld ar	nd admini:	stered for	the		Ye	s No
	(i) u	nrelated organizations									3	a(i)	No
	(ii) r	elated organizations .									3a	ı(ii)	No
b		es" on 3a(II), are the rela	_				. ?					3b	
4	Desc	ribe in Part XIII the inte	ended uses of the	organization's endo	wment	funds							
Pa	rt VI	Land, Buildings,											
	Dagge	Complete if the org	ganization answ (a) Cost or oth		rm 990 t or other					m 990, Pa		10. (d) Book v	(aluo
	Descr	ription of property	(Investme		t or other	Dasis (other)	(C) Acct	illulated di	ергестацоп	,	a) Book V	raiue
1a	Land												
b	Buildir	ngs				1,48	84,400)		1,370,377			114,023
С	Leasel	nold improvements				4,93	30,680			3,776,566			1,154,114
d	Equipr	ment				2,68	84,340)		2,021,586			662,754
е	Other												
Tota	al. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 990, Part	X, colui	mn (B)	, line	10(c)).	. 1	-			1,930,891

Part VII Investments—Other Securities. Complete I See Form 990, Part X, line 12.	f the organization answere	ed "Yes" on Form 990, Part IV, line 11b.
(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		·
(2) Closely-held equity interests		
(A) Partnership Investments	5,797,881	F
(B) Hedge Funds (C)	3,344,690	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	9,142,571	
Complete if the organization answered 'Yes' o (a) Description of investment	n Form 990, Part IV, line :	L1c. See Form 990, Part X, line 13.
	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization answer (a) Descrip		/, line 11d See Form 990, Part X, line 15 (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		<u> </u>
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization		<u>'</u>
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book	value
(1) Federal income taxes		
Accrued Loss on Forward Contracts (2)		1,423,643
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	1,423,643
Liability for uncertain tax positions In Part XIII, provide the tex organization's liability for uncertain tax positions under FIN 48 (AS	-	

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro [,] XI,	vide the descriptions required for Pi lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Supplemental Information

funds

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

EIN: 36-2251912 Name: Institute for the International Education of Students

Software Version: 2017v2.2

Software ID: 17005876

ce of funds to fund student scholarships

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493113012029 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 Νo 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) (2017)

Schedule E (Form 990 or 990EZ) (2017) Page 2						
Part II 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) (2017)

efile GRAPHIC print	t - DO NOT PROCESS	As Filed Data	a - DLN: 93493113012029					
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Uni	OMB No 1545-0047				
(1 01111 000)	► Complete If the orga		Yes" to Form 990, Part IV, line 14b, 15, or 16. to Form 990. 2017					
Department of the Treasury Internal Revenue Service	▶ Information about Sch	edule F (Form 990)	and its instructions is at ww	w.irs.gov/form990.	Open to Public Inspection			
Name of the organization				Employer ider	ntification number			
Institute for the Internation	onal Education of Students			36-2251912				
	nformation on Activition Part IV, line 14b.	es Outside the l	Jnited States. Comple	te if the organization a	enswered "Yes" to			
other assistance, to award the gran	s. Describe in Part V the or	the grants or assi	stance, and the selection	criteria used	✓ Yes □ No her assistance			
3 Activites per Region	n (The following Part I, line	3 table can be dupli	cated if additional space is	needed)				
(a) Region	(b) Number offices 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 continuat Part I	tion sheets to	73 317			67,112,449 0			
c Totals (add lines 3a	a and 3b) Act Notice, see the Instruction	73 317		No 50082W Sched u	67,112,449			

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017							Page 3		
Part IIII Grants and O	ther Assistance to	Individuals ﴿	Outside the Unite	ed States. Complete if	the organization an	nswered "Yes" to Form 99	90, Part IV, line 16.		
Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	e (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)		
	Europe (Including Iceland and Greenland)	1	14,930	TUITION CREDIT					
	Central America and the Caribbean	3		Direct payment to University					
	Europe (Including Iceland and Greenland)) 21	,	ELECTRONIC FUNDS TRANSFER					
ASSISTANCE TO STUDENT	East Asia and the Pacific	9		ELECTRONIC FUNDS TRANSFER					
(5)									
(6)									
(7)									
(8)				1					
(9)				1		1			
(10)									

STUDENT	Pacific		IKANSFER		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				

Sche	dule F (Form 990) 2017		Page 4
Pai	rt 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	☑ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 99	0) 2017 Page 5
Provid amou metho	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide dditional information (see instructions).
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 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 foreign

mentoring students in foreign location. Direct electronic payments are made to foreign students to defray costs of education costs for attending direct enrollment programs in another country. The direct enrollment programs are sold by our office.

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 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 foreign university directly to cover students' tuition. One center awarded grants directly to student interns to help defray cost of mentoring students in foreign location. Direct electronic payments are made to foreign students to defray costs of education costs for attending direct enrollment programs in another country. The direct enrollment programs are sold by our office.

Additional Data

Software ID: 17005876 Software Version: 2017v2.2

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 for region

19 Program Services

119 Program Services

is a program service, region agents in fundraising, program describe specific type of service(s) in region region services, grants to recipients located in the region)

offices in the employees or

10

19

in region (by type) (i.e.,

Name: Institute for the International Education of Students

EIN: 36-2251912

East Asia and the Pacific

Greenland)

Europe (Including Iceland and

EDUCATION/CURRICULUM

EDUCATION/CURRICULUM

6,677,401

54,298,816

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 13 |Program Services |EDUCATION/CURRICULUM 3,472,547 Middle East and North Africa 3 Program Services EDUCATION/CURRICULUM 742,196

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 6 Program Services |EDUCATION/CURRICULUM 1.882.288 Central America and the 0 |Grantmaking IGRANTMAKING 15,371 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 region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 3.798 119 |Grantmaking IGRANTMAKING Greenland) 14,930 East Asia and the Pacific 19 |Grantmaking IGRANTMAKING 10

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 describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) Fast Asia and the Pacific 5.102 19 |Grantmaking IGRANTMAKING

efile GRAPHIC print	t - DO NO	T PROCESS	As Filed Data -					DLI	N: 934931130	12029
Schedule I (Form 990) Department of the Treasury		Co	Governments mplete if the organize	Other Assistandand Individual ation answered "Yes," Attach to Form le I (Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.		0	2017 Open to Public Inspection	
Internal Revenue Service Name of the organization							E	mployer identific	ation number	
Institute for the Internation	onal Educati	on of Students					3	6-2251912		
			and Assistance							
the selection criteri Describe in Part IV	a used to av the organiz	ward the grants atıon's procedur	or assistance? es for monitoring the u	se of grant funds in the U	nited States	for the grants or assistan		90, Part IV, line	Yes 21, for any recip	□ No
	d more than			(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) De	escription of h assistance	(h) Purpose of or assistance	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
			_	s listed in the line 1 table				. .		
For Paperwork Reduction A	Act Notice, se	ee the Instructio	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2017

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. IES awards fellowships to foreign faculty to perform research in the United States. The recipients are provided a stipend and IES

Schedule I (Form 990) 2017

directly pays for all travel costs

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19311	13012	:029
Sch	edule J	C	ompensat	ion Information	OM	1B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the ord		ated Employees vered "Yes" on Form 990, Part IV	. line 23.	20	17	7
_			► Attach	i to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Information a		(Form 990) and its instructions .gov/form990.	is at		ectio	
	me of the organiza	ation conal Education of Students			Employer identificat	ion nu	ımber	
msc	itute for the Interna-	lional Education of Students			36-2251912			
Pa	rt I Questi	ons Regarding Compensa	ition					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
		companions		Payments for business use of perso				
		nification and gross-up payment	ts 🗀	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	Teur, cner)			
b		kes in line 1a are checked, did t ill of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1-3	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked in line	e la'			
3				ed to establish the compensation of the	ne			
	_	•		not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	✓ Compensa			Markey and a second as a second				
		ation committee ent compensation consultant		Written employment contract Compensation survey or study				
		of other organizations	▽	Approval by the board or compensa	tion committee			
4		-	990 Part VII Se	ction A, line 1a, with respect to the f				
	related organiza		330, 14.0 711, 30	calon vi, into 2a, wan respect to the r	mily organization of a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b	Yes	
C		r receive payment from, an equ	•	-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t 111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	-				5a		No
b	Any related orga					5b		No
_		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	۶۱۶				6a		No
b	Any related orga	anization?				6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe irt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe			
9		3, did the organization also folio	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For I	Danerwork Pedi	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 5	50053T Schedule 1		1 990)	2017

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 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 (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in other deferred column (B) reported benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Dr Mary M Dwyer 789,985 (i) 0 13,956 124,501 22,137 950.579 Ω Director/President 0 0 0 0 0 0 (ii) 2 William Hove 453,208 (i) 0 2,485 25,425 25,093 506,211 0 EVP/Chief Operating Officer 0 0 0 0 0 0 0 (ii) 3 William Martens 286,472 (i) 0 1,406 25,650 27,376 340,904 0 VP Finance/CFO 0 0 0 0 0 0 0 (ii) 4 Michael Steinberg 296,981 (i) 0 2,856 29,026 12,721 341,584 0 **EVP Academic Programs** 0 0 0 0 0 0 0 (ii) 5 Amber Nikolaidis 184,117 (i) 0 176 18,495 19,836 222,624 0 VP for Strategy, New 0 0 0 0 0 0 0 (ii) Business Init & Analytics 6 Daniel Summers 179,479 (i) 0 298 26,500 224,337 0 18,060 AVP IT/Chief Information 0 0 0 0 0 0 0 (ii) Officer 7 Michael Green 165,923 (i) 11.000 388 193 194.293 0 16,789 Sr AVP College Relations & 0 0 0 0 0 0 0 (ii) Advising 8 Richard Bartecki 291,986 (i) 0 29,017 1,401 448,800 12,537 783,741 EVP Marketing 0 0 0 0 0 0 0 (ii) 223,255 9 Robert Hallworth (i) 17,025 777 0 8,482 249,539 0 VP & Deputy Director of 0 0 0 0 0 0 0 (ii) Academic Programs

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						
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.						
	Non-board member guests of board members had portions of their travel reimbursed by IES Abroad. The cost of the reimbursed travel was included on a 1099 issued to each respective IES Board member.						

Page 3

Schedule J (Form 990) 2017

Schedule J, Part I, Line 1a Tax The organization's President and Chief Operating Officer have their own supplemental long term disability insurance for which IES reimburses them. The indemnification and gross-up payments 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 4b Mary M Dwyer, President, 457(f) plan - \$89,951 Richard Bartecki, EVP Marketing, 457(f) plan - \$425,850 Supplemental nonqualified retirement

Schedule J (Form 990) 2017

plan

Additional Data

(ı)

(1)

(11)

(1)

(II)

(1)

(11)

(1)

(II)

(1)

(1)

(II)

1Dr Mary M Dwyer

Director/President 1William Hoye

2William Martens

VP Finance/CFO 3Michael Steinberg

EVP/Chief Operating Officer

EVP Academic Programs

4Amber Nikolaidis

Officer 6Michael Green

Advising 7Richard Bartecki

EVP Marketing 8Robert Hallworth

VP for Strategy, New

Business Init & Analytics 5Daniel Summers

AVP IT/Chief Information

Sr AVP College Relations &

VP & Deputy Director of

Academic Programs

(i) Base Compensation

789,985

453,208

286,472

296,981

184,117

179,479

165,923

291,986

223,255

Software Version: 2017v2.2

11,000

29,017

17,025

(ii)

Bonus & incentive

compensation

Software ID: 17005876

EIN: 36-2251912

other deferred

compensation

124,501

25,425

25,650

29,026

18,495

18,060

16,789

448,800

(B)(i)-(D)

950,579

506,211

340,904

341,584

222,624

224,337

194,293

783,741

249,539

benefits

22,137

25,093

27,376

12,721

19,836

26,500

193

12,537

8,482

column (B)

reported as deferred on

prior Form 990

Name:	Institute for the International Education of Students	
rm 990, Schedule J, Part II - Officers, Directors, Trustees, Ko	ey Employees, and Highest Compensated Employees	

orm 990, Schedule J,	Part II - Officers,	Directors, Trustees	s, Key Employees,	and Hig	hest Compensate	d Employees	
	1						

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

13,956

2,485

1,406

2,856

176

298

388

1,401

777

(iii)

Other reportable

compensation

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493113012029						
SCHEDUL	1	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on					
(Form 990 or 990- EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at							
Department of the T	easury www.irs.gov/form990.	ilisti uctions is at	Inspection				
Internal Revenue Se Name of the org	anization ernational Education of Students	Employer ident	ification number				
institute for the in	erriational 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 Committee 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 Aof the State of Illinois or by any resolution duly adopted by the Board of Directors specially reserving unto itself any stated acts, decisions or powers	of the E tee shall corpora ct" o					

Return Explanation

Reference

Form 990,	The by-laws were modified. The number of directors was changed to not less than 18 nor mor
Part VI, Line	e than 23 from 14 and 20, respectively Terms of Office were modified for re-election to 3
4 Significant	or 4 year terms from only 3 year terms
changes to	
organizational	
documents	

Return Explanation

990 Schedule O, Supplemental Information

body

Form 990,
Part VI, Line
11b Review of form 990
by governing

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

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, board members, and key employees must complete and submit an annual conflict of interest form and disclos e 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 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. Additionally, the chair of the Board of Directors reviews the completed conflict of interest forms submitted by the President / CEO each year. 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 measures 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 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 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. Annuall y 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 base dupon instructions provided in the independent third party study commissioned by IES Abro ad. The Board Executive Committee recommends compensation for the President/CEO to the full Board of Directors that in turn votes on the President's/CEO's compensation on an annual basis. Compensation for all vice presidents are approved by the executive committee and presented to the full Board of Directors. 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

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 Reference
Form 990, Financial statements, governing documents, and conflict of interest policies are not requi

the public

Part VI, Line
19 Required
documents
available to

Return Reference	Explanation
	Returned checks, late fees - Total Revenue 1320, Related or Exempt Function Revenue 1320
Part VIII, Line	, Unrelated Business Revenue ,Revenue Excluded from Tax Under Sections 512, 513, or 514
2f Other	,
Program	

2f Other
Program
Service
Revenue

Return Explanation
Reference

Form 990,	Foreign Currency Translation Adjustment - 8574, Unrealized Gain on Foreign Currency1767920,
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
balances	

efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493	113012	029
SCHEDULE R (Form 990)		Complete if the organi	nrelated Partnerships m 990, Part IV, line 33, 34, 35b, 36, or 37. 0. instructions is at www.irs.gov/form990.						OMB No 1545-0047 2017 Open to Public					
Department of the Treasurv Internal Revenue Service				•	•					<u> </u>		Inspe	ection	
Name of the organization Institute for the International Educat	tion of Students								Emp	oloyer identif	icatior	n number		
										251912				
	n of Disregarded E	ntities Complete If t	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
See Additional Data Table (a) Name, address, and EIN (if applicable) of disregarded entity		sregarded entity		(b) Primary ā		(c) Legal domicile (state or foreign country)		(d) Total inc	ome	(e) ome End-of-year asset:		(f Direct co ent	ntrolling	
Part II Identification related tax-exer	of Related Tax-Ex npt organizations di		s Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	V, line 34 be	cause	it had one or	more	
Name, address, an	(a) Name, address, and EIN of related organization		Prima	(b) ary activity	y activity Legal domic		(c) (d) micile (state gn country)			(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Tes	No_
For Paperwork Reduction Ac	ct Notice, see the Inc	structions for Form 99	90.		Ca	nt No 5013	1 35Y				Sch	edule R (Form	990) 20	117

(a) Name, address, and EIN of related organization		(b) Primary activity	Primary Legal	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income				(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percent owners
								Yes	No		Yes	No	
												\perp	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
												. I Y∉	es
		со	untry)										
		со	untry)					<u> </u>					
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									 - -	
		со	untry)									 - - -	

Pā	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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	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)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
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
ı	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
	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	1 q		No
	Other transfer of cash or property to related organization(s)	11		No

m	n Performance of services or membership or fundraising solicitations by related organization(s)		140						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No						
0	Sharing of paid employees with related organization(s)	10	No						
р	Reimbursement paid to related organization(s) for expenses	1р	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						
s	Other transfer of cash or property from related organization(s)	1s	No						
2	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) (b) (c) (d)								
Name of related organization Transaction Amount involved Method of determining amount involved type (a-s)									

Schedule R (Form 990) 2017

Page **3**

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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 **Software ID:** 17005876 **Software Version:** 2017v2.2

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
STITCHING IES AMSTERDAM	ABROAD PROG	NL	17,995	425,345	IES
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
IES ABROAD BRASIL AV RIO BRANCO 1 ANDAR 12 CENTRO, RIO DE JANEIRO 20 090003 BR 98-1137773	ABROAD PROG	BR	3	33,638	IES
INSTITUTE FOR INTL ED OF STUDENTS - SF (CAPE TOWN) 25 Main Road Rondebosch, Western Cape 7700 SF	ABROAD PROG	SF	11,678	704,615	IES
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	12,133	957,549	IES
SOCIETY FOR THE INTL ED OF STUDENTS (DELHI) C-54 NEETI BAGH NEW DELHI 110049 IN	ABROAD PROG	IN	0	0	IES
IES ABROAD INDIA PRIVATE LIMITED (IES INDIA)	ABROAD PROG	IN	50	1,946	IES
98-1135334 FONDAZIONE IES ABROAD ITALY	ABROAD PROG	IT	7,745	916,678	IES
98-1198420 IES ABROAD JAPAN CENTERS	ABROAD PROG	JA	0	441,975	IES
98-1079733 LONDON CENTRE OF THE INST EUROPEAN STUDIES	ABROAD PROG	UK	71,763	1,079,461	IES
IES ABROAD (RABAT)	ABROAD PROG	MO	275	53,071	IES
IES NANTES ASSOCIATION	ABROAD PROG	FR	45	288,950	IES
Association IES Abroad Nice	ABROAD PROG	FR	-297	61,467	IES
98-1257970	ABROAD PROG	- FP	140	000 277	TEC .
ASSOCIATION D'IES ABROAD-PARIS	ADRUAD PRUG	FR	140	890,377	iie5
IES FOUNDATION (QUITO ECUADOR)	ABROAD PROG	EC	0	140,160	IES
THE INST FOR THE INTL ED OF STUDENTS (SPAIN)	ABROAD PROG	SP	1,566	1,812,998	IES
IES ABROAD PATHWAYS LLC 33 W MONROE ST STE 2300 CHICAGO, IL 606035405	ABROAD PROG	DE	0	0	IES