Department of the Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www IRS qov/form990}}$ 

OMB No 1545-0047 2015

DLN: 93493227033847

pen to Public Inspection

For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016 Name of organization HULT INTERNATIONAL BUSINESS SCHOOL INC D Employer identification number Check if applicable Address change 04-3348440 Name change Doing business as Initial return – Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated ONE EDUCATION STREET (617) 746-1990 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending CAMBRIDGE, MA 02141 G Gross receipts \$ 84.780.624 Name and address of principal officer H(a) Is this a group return for NICLAS MIORNER subordinates? Yes 🗸 ONE EDUCATION STREET Νo CAMBRIDGE, MA 02141 **H(b)** Are all subordinates Yes No Tax-exempt status 4947(a)(1) or 527 included? **✓** 501(c)(3) 501(c)( ) (insert no ) If "No," attach a list (see instructions) Website: ▶ WWW HULT FDU Group exemption number ▶ L Year of formation 1996 M State of legal domicile MA K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► Part I Summary 1 Briefly describe the organization's mission or most significant activities HULT INTERNATIONAL BUSINESS SCHOOL IS A GLOBAL INSTITUTION THAT TRANSFORMS LIVES BY PROVIDING AN EXCEPTIONALLY VALUABLE AND ENDURING EDUCATION THAT BRINGS TOGETHER PEOPLE, CULTURES AND IDEAS FROM ALL AROUND THE WORLD THE SCHOOL ENCOURAGES PERSONAL GROWTH, INTELLECTUAL INTEGRITY, GLOBAL SENSITIVITY, LOCAL ENGAGEMENT, AND CIVIC VALUES, SO THAT STUDENTS ARE ABLE TO FLOURISH IN THE GLOBAL Activities & Governance ECONOMY AND ARE EMPOWERED TO CONTRIBUTE MEANINGFULLY TO THEIR BUSINESS AND COMMUNITY 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13  ${f 5}$  Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 399 6 15 **6** Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ω **b** Net unrelated business taxable income from Form 990-T, line 34 7h 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 23,000,000 8 9 Program service revenue (Part VIII, line 2g) . . 46,380,904 61,780,624 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 46,380,904 84,780,624 0 4,494,912 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 20,097,079 21,993,418 Expenses 5 - 10)0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 24,822,898 52,048,947 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 44,919,977 78,537,277 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 1,460,927 6,243,347 Assets or Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 9.434.890 53,258,264 Net / 42,246,853 21 Total liabilities (Part X, line 26) . . . . . 4,666,826 22 Net assets or fund balances Subtract line 21 from line 20

### Part II Signature Block

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Under penalties of perjury, I declare that I have examined this return, includi my knowledge and belief, it is true, correct, and complete. Declaration of prep preparer has any knowledge

Sign
Jigii
Here

Signature of officer

NICLAS MIORNER CLERK Type or print name and title

**Paid** Preparer

Use Only

Print/Type preparer's name Preparer's signature MARK J PREZIOSI MARK J PREZIOSI Firm's name LEONARD MULHERIN & GREENE PC

Firm's address ▶ 625 GROVE STREET

May the IRS discuss this return with the preparer shown above? (see instruct

BRAINTREE, MA 02184

For Paperwork Reduction Act Notice, see the separate instructions.

69,236,887

Total program service expenses ▶

		]	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{9}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

-orm	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	<b>28</b> a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding Othe	r IRS Filings and	Tax Compliance
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ar		Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V				_
		Check if Schedule o contains a response of flote to any line in this Part V	<u> </u>	· · ·	Yes	· l No
1a	Entert	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	238			
b	Entert	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	0			
С	Did the	——————————————————————————————————————	rtable			
	gamıng	g (gambling) winnings to prize winners?		<b>1</b> c		
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and catements, filed for the calendar year ending with or within the year covered streturn	399			
b		east one is reported on line 2a, did the organization file all required federal employment tax return		2b	Yes	
	Note.I	f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
		e organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	1	3b		
<del>4</del> a	over, a	r time during the calendar year, did the organization have an interest in, or a signature or other au a financial account in a foreign country (such as a bank account, securities account, or other final nt)?		4a		No
b	If "Yes	s," enter the name of the foreign country •				
	See ins	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .		5a		Νo
b	Did an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		No
c	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?				
				5c		
	organiz	the organization have annual gross receipts that are normally greater than \$100,000, and did the zation solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b		s," did the organization include with every solicitation an express statement that such contribution tax deductible?	ns or gifts	6b		
7	Organi	izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goes provided to the payor?		7a		No
b	If"Yes	s," did the organization notify the donor of the value of the goods or services provided? $\cdot$ . $\cdot$ .		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was rm 8282?	required to •	<b>7</b> c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year				
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?	7e		
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrac	:t?	7f		
		organization received a contribution of qualified intellectual property, did the organization file Fori		<b>7</b> g		
h	If the o	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a	7h		
8	Sponso Did a c	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at	any time	711		
	auring	the year?	•	8		
		e sponsoring organization make any taxable distributions under section 4966?		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0		n 501(c)(7) organizations. Enter				
		ion fees and capital contributions included on Part VIII, line 12 10a				
D	Gross facilitie	receipts, included on Form 990, Part VIII, line 12, for public use of club and be set to be a set of the set o		<b> </b>		
1	Section	n 501(c)(12) organizations. Enter				
а	Gross	ıncome from members or shareholders				
b		income from other sources (Do not net amounts due or paid to other sources tamounts due or received from them )				
2a	Section	<b>n 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form $10\cdot$	417	<b>12</b> a		
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the 12b				
3	•	n 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instru onal information the organization must report on Schedule O	ctions for	13a		
b	Entert	the amount of reserves the organization is required to maintain by the states				
r		the amount of reserves on hand				
		e organization receive any payments for indoor tanning services during the tax year?		   14a		Νo
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		IVU
•	11 162	s, mastermed a norm rizo to report these payments it invo, provide an expranation in Schedule O		47U		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

18 Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body degree in similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent or the committee of voting members included in line 1a, above, who are independent or difference, intercty, trustee, or key employee?  2 Did have officer, director, trustee, or key employee?  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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members, stockholders?  7 Did the organization have members, stockholders?  8 Did the organization have members, stockholders?  9 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of ye following  1 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization with a subtractive with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employees is ted in Part VII, section A, who cannot be reached at the organization have a written of the following at the form?  9 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent wit		
Tithere 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   De Enter the number of voting members included in line 1a, above, who are independent or committee, explain in Schedule O   De Enter the number of voting members included in line 1a, above, who are independent or committee, explain in Schedule O   De Enter the number of voting members included in line 1a, above, who are independent or committee, or face in the control over management duties, customanity performed by or under the direct supervision of fiftees, director, trustee, or key employees to a management company or other person?	Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, upon in Schedule 0  b Enter the number of voting members included in line 1a, above, who are independent incependent of the number of voting members included in line 1a, above, who are independent of the number of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members included in line 1a, above, who are independent of voting members of the voting members of the voting members of the direct of voting members in officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders or opersons other than the governing body?  8 Did the organization of the governing body?  9 Is there any afficer, director, fursive, or key employee listed in Part VII, Section A, who cannot be reached at the very provident than an activation of the programation of the very provident hands and addresses an Schedule 0  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revention organization have written policies and procedures governing the activities of such chapters, affiliates, affiliates, and branches to ensure their operations are consistent with the organization for the process, if any, used by the organization to review this form 990  10 Did the organization have a written of complete cop		
and pendent  2 Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or organization or the governing body?  6 Did the organization have members are stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization or the governing body?  8 Did the organization or the governing body?  8 Did the organization or the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or stockholders? If "Yes," provide the names and address sen Schedule 0.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revening to 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?  100 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?  10 Did the organization have a written occurrence of the process of the governing body before filing the form?  10 Did the organization have a written occurrence of the process of		
Dut 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?  Dut the organization make any significant changes to its governing documents since the prior Form 990 was filled?  Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A rea any governance decreasions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A rea by governance decreasions of the organization reserved to (or subject to approval by) members, stockholders, or organization or the organization or temporaneously document the meetings held or written actions undertaken during the year by the following  B Did the organization chemporaneously document the meetings held or written actions undertaken during the year by the following  B Did the organization to the organization or temporaneously document the meetings held or written actions undertaken during the year by the following  B Did the organization that the governing body?  B Did the organization that the governing body?  B Did the organization the governing body?  D 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?  D D D D D D D D D D D D D D D D D D D		
3 bid 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? 4 bid the organization make any significant changes to its governing documents since the prior Form 1990 was filled? 5 bid the organization become aware during the year of a significant diversion of the organization's assets? 5 bid the organization have members or stockholders? 6 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or opersons other than the governing body? 7 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7 a The governing body? 8 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a The governing body? 8 bid the organization director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the granizations mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Reven 100 bid the organization have local chapters, branches, or affiliates? 10 bif Yes," did the organization have written operations are consistent with the organization's exempt purposes? 10 bif Yes," did the organization have written operations are consistent with the organization's exempt purposes? 11 bid the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 bid the organization have a written conflict of interest policy? If "No," go to line 13 12 bid the organization have a written document retention and destruction policy? If "Yes," describe in Sc	Yes	
by the organization make any significant changes to its governing documents since the prior Form 990 was niled?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 do the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If Yes, 'provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Reven of the organization have local chapters, branches, or affiliates?  10a If Yes,' did the organization have local chapters, branches, or affiliates?  10b If Yes,' did the organization have local chapters, branches, or affiliates?  10c If the organization provided a complete copy of this Form 990 to all members of its governing body before films the form?  10a If Yes,' did the organization have a 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990  11a Has the organization have a written conflict of interest ploicy? If Yes,' goto line 13 and the organization have a written described by the organization to review this Form 990  11a Did the organization have a written whistleblower policy?  12b Old the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in Schedule O how this was done  12c Did the organ		No
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bright organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  Bab Each committee with authority to act on behalf of the governing body?  Section B. Policies (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.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue)  By If "Yes," did the organization have local chapters, branches, or affiliates?  By 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?  By 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 sexempt purposes?  By If "Yes," did the organization have a written conflict of interest policy? If "No," go to line 13.  By Were officers, directors, or trustees, and key employees required to disclose annually interests that could give in Schedule O how this was done.  By If the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  About the organization have a written whistleblower policy?  The organization have a written whistleblower policy?  The organization have a written whistleblower policy?  The organization have a written document retention and destruction policy?  The organization have a written whistleblower policy?  The organization have a written whistleblower policy?  The organization of key employees of the organization of the following persons include a review and		No
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  1.a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  1.a Did the organization have a written conflict of interest policy? If "No," go to line 13  2.a Did the organization have a written conflict of interest policy? If "No," go to line 13  2.b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  2.b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  3. Did the organization have a written whistleblower policy?  4. Did the organization have a written document retention and destruction policy?  5. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  5. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  5. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  5. 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?  5. List the States with which a copy of this Form 990 is required to be filed  A. C.A.  Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	ue Code	∍.)
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  1.a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  1.a Did the organization have a written conflict of interest policy? If "No," go to line 13  2.a Did the organization have a written conflict of interest policy? If "No," go to line 13  2.b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  2.b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  3. Did the organization have a written whistleblower policy?  4. Did the organization have a written document retention and destruction policy?  5. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  5. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  5. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  5. 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?  5. List the States with which a copy of this Form 990 is required to be filed  A. C.A.  Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	Yes	No
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the form?		
by Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  by Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c) Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  c) Did the organization have a written whistleblower policy?  d) Did the organization have a written document retention and destruction policy?  d) Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a) The organization's CEO, Executive Director, or top management official  b) Other officers or key employees of the organization  f) Unit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  c) Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  d) Did the States with which a copy of this Form 990 is required to be filed  AA, CA  Section C. Disclosure  Comparization in Joint venture 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	Yes	
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rise to conflicts?	Yes	
In Schedule O how this was done	Yes	
14 Did the organization have a written document retention and destruction policy?	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	Yes	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	Yes	
b Other officers or key employees of the organization		
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 taxable entity during the year?	Yes	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
taxable entity during the year?		
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?		No
List the States with which a copy of this Form 990 is required to be filed  MA , CA  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		
MA , CA  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		
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		
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  State the name, address, and telephone number of the person who possesses the organization's books and records  ►NICLAS MIORNER ONE EDUCATION STREET CAMBRIDGE, MA 02141 (617) 619-2019		

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	officer and a director/trustee)			an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) STEPHEN J HODGES PRESIDENT/DIRECTOR	2 00	х		х				0	0	300,000
(2) CHRISTOPHER AHLBERG DIRECTOR	2 00	Х						0	0	0
(3) DR DAVID COLLIS DIRECTOR	2 00	х						0	0	0
(4) JAMES SINTROS ESQ DIRECTOR	2 00	х						0	0	0
(5) EDWARD HULT DIRECTOR	2 00	х						0	0	0
(6) NICHOLAS BARBER DIRECTOR	2 00	х						0	0	0
(7) CHRISTOPHER JEDREY DIRECTOR	2 00	х						0	0	0
(8) PHILIP HULT DIRECTOR	2 00	x						0	0	0
(9) PAUL COEN DIRECTOR	2 00	x						0	0	0
(10) ASA RANGNE BLENDOW DIRECTOR	2 00	x						0	0	0
(11) BEATA SCHMID DIRECTOR	2 00	x						0	0	0
(12) CRAIG BURNS DIRECTOR	2 00	х						0	0	0
(13) REBECCA QUINTAVALLE DIRECTOR	2 00	х						0	0	0
(14) NICLAS MIORNER CLERK	40 00			×				97,624	0	390
										Form <b>990</b> (2015)

Part VII Section A. Officers, Directors, T	Г	ı												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportal compensa from rela organizati (W- 2/10) MISC	ition ted ions 99-	Estin amou otl compe from	F) nated unt of ner nsation n the		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISCY	MISC		and re	elated zations		
(15) LISA SOUSA	2 00			×					0	0		0		
TREASURER									<u> </u>					
(16) MARTIN MANLEY	40 00					×		391,49	2	0		24,000		
EXECUTIVE DIRECTOR, CA								351,45	-			24,000		
(17) OLAF GROTH	40 00					×		297,10	6	0		20,820		
PROFESSOR						^		297,10	٥	٥		20,620		
(18) THOMAS HALL	40 00					x		286,56	٥	0		25,880		
EXECUTIVE DIRECTOR, MA								200,30	,509		200,505			23,000
(19) MICHAEL GRANDINETTI	40 00					×		241,64	7	0		2,820		
PROFESSOR								241,04	1			2,020		
(20) AHMAD ASHKAR	40 00					×		235,81	7	0		2,820		
COO-GLOBAL CASE CHALLENGE								233,01	1			2,020		
1b Sub-Total				•										
c Total from continuation sheets to Part VII	, Section A .													
d Total (add lines 1b and 1c)				<b>&gt;</b>			1,5	50,255	0	oxdot	:	376,730		
Total number of individuals (including but n \$100,000 of reportable compensation from				bove	e) w	ho rec	eiv	ed more than						
											Yes	No		
3 Did the organization list any <b>former</b> officer, on line 1a? <i>If "Yes," complete Schedule J for</i>			y em	ploy •	yee, •	or hi	ghes •	st compensated	lemployee	3		No		
For any individual listed on line 1a, is the s organization and related organizations greated individual									m the	4	Yes			
<b>5</b> Did any person listed on line 1a receive or services rendered to the organization? <i>If "Y</i>				,				ganızatıon or ın	dividual for	5		No		
Section B. Independent Contractors														
1 Complete this table for your five highest co	mpensated inde	pende	nt co	ntra	ecto	rs tha	t re	ceived more the	an \$100.000	 ) of				
compensation from the organization Repor	•	•									ax year			
(4)								1	D.		10			

<b>(A)</b> Name and business address	(B) Description of services	(C) Compensation
NORTH STAR LEADERSHIP GROUP	CURRICULUM DEVELOPMENT	507,015
PO BOX 55870 PHOENIX, AZ 85078		
MCDERMOTT WILL & EMERY	LEGAL SERVICES	228,177
PO BOX 6043 CHICAGO, IL 60680		
SAUSALITO VENTURES	TEACHING	206,575
31 MARK TERRACE TIBURON, CA 94920		
SOLUTIONS INSIGHTS INC	TEACHING	143,945
6 CHICKADEE LANE VESTWOOD, MA 02090		
MARCO PROTANO	TEACHING	138,087
.153 UNION STREET NANCHESTER, NH 03104		

b c d e f g h 2a b c d e f	Related organiza	nts 1b nts 1c ations 1d (contributions) 1e ns, gifts, grants, and t included above uns included in lines 1a-1f	23,000,000 Business Code	23,000,000	exempt function revenue	business revenue	excluded from tax under sections 512-514
b c d e f g h 2a b c d e f	Membership due Fundraising eve Related organiza Government grants All other contribution similar amounts not Noncash contribution 1a-1f \$ Total. Add lines	nts 1b nts 1c ations 1d (contributions) 1e ns, gifts, grants, and t included above uns included in lines 1a-1f	Business Code	23,000,000			
c d e f 2a b c d e f	Fundraising eve Related organiza Government grants All other contribution similar amounts not Noncash contributio 1a-1f \$ Total. Add lines	nts 1c ations 1d (contributions) 1e ns, gifts, grants, and tincluded above ins included in lines 1a-1f	Business Code	23,000,000			
d e f g h 2a c d e f	Related organiza Government grants All other contribution similar amounts not Noncash contribution 1a-1f \$ Total. Add lines	(contributions)  1e  ns, gifts, grants, and t included above ins included in lines  1a-1f	Business Code	23,000,000			
e f g h 2a b c d e f	Government grants All other contribution similar amounts not Noncash contributio 1a-1f \$ Total. A dd lines	(contributions)  1e  ns, gifts, grants, and t included above ons included in lines  1a-1f	Business Code	23,000,000			
f g h 2a b c d e f	All other contributions similar amounts not Noncash contribution 1a-1f \$  Total. Add lines	ns, gifts, grants, and tincluded above ns included in lines	Business Code	23,000,000			
g h 2a b c d e	similar amounts not Noncash contributio 1a-1f \$ <b>Total.</b> Add lines	t included above ins included in lines  1a-1f	Business Code	23,000,000			
g h 2a b c d e f	Noncash contributio 1a-1f \$ <b>Total.</b> Add lines	ns included in lines		23,000,000			
h 2a b c d e	<b>Total.</b> Add lines			23,000,000			
2a b c d e				23,000,000			
b c d e f	PROGRAM REVENUI	E					
b c d e f	NOGRAT NEVERO		611666	61 790 634	61 790 624		
c d e f				61,780,624	61,780,624		
e f							
f							
	All other progra	m service revenue					
g	Total. Add lines	2a-2f	▶	61,780,624			
3	Investment inco	ome (including dividen	ds, interest,				
		·	-				
-			· · · · ·				
		(ı) Real	(II) Personal				
6a	Gross rents						
С	Rental income						
	-	ne or (loss)					
	[	(ı) Securities	(II) Other				
-	from sales of assets other						
h	less cost or						
_	other basis and						
	· · · · · · · · · · · · · · · · · · ·						
		· r					
	events (not incl \$	uding					
	•	L					
		· .	events ▶				-
			vities				
			·				
		oods sold <b>b</b>	entory ▶				
	Miscellaneous	Revenue	Business Code				
1a _							-
b							
c c	All other revenu						+
		ı ı	•				+
45 6 7 7 8 7 9 7 0 7 1 7 7	is a b c d b c d a b c a b c a b c d e	and other similar income from invest income from invest income from invest income or (loss)  b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Gross income frevents (not inclist of contributions See Part IV, linits b Less direct exponential income or (loss) c Net income or (loss) d Gross income frece Part IV, linits b Less direct exponential income or (loss) c Net income or (loss) d Gross sales of income or (loss) d All other revenuential income or (loss)	and other similar amounts)	and other similar amounts)	and other similar amounts)	and other similar amounts).  Income from investment of tax-exempt bond proceeds.  Royalties	and other similar amounts) income from investment of tax-exempt bond proceeds income from investment of tax-exempt bond proceeds is a Gross rents b Less rents c Revalities c

## Form 990 (2015) Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)	organizations must complete all columns $\pi$	All other organizations must comi	olete column (A )

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	530,866	530,866		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	3,964,046	3,964,046		
4	Benefits paid to or for members	, ,	, ,		
5	Compensation of current officers, directors, trustees, and key employees	140,002		140,002	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,196,630	18,835,478	361,152	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	190,572	190,572		
9	Other employee benefits	1,466,011	1,445,141	20,870	
10	Payroll taxes				
		1,000,203	963,525	36,678	
11	Fees for services (non-employees)				
а	Management	2,998,835		2,998,835	
b	Legal	540,038		540,038	
С	Accounting	21,779		21,779	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,589,097	1,589,097		
12	Advertising and promotion				
13	Office expenses	772,783	243,785	528,998	
14	Information technology				
15	Royalties				
16	Occupancy	11,476,863	11,293,853	183,010	
17	Travel	1,567,718	1,567,718		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,175,699	1,152,185	23,514	
23 24	Insurance				
	Schedule O )				
a	STUDENT RECRUITMENT AND	24,094,952	21,072,773	3,022,179	
b	COURSE EXPENSES	4,273,003	4,273,003		
c	PRODUCTION SERVICES	736,267	736,267		
d	PUBLIC RELATIONS	685,908		685,908	
е	All other expenses	2,116,005	1,378,578	737,427	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	78,537,277	69,236,887	9,300,390	0
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)				
				Fo	orm <b>990</b> (2015)

Part X Balance Sheet

Par	tΧ	Check if Schedule O contains a response or note to any lir	ao in thu	c Dart V			_			
		Check it Schedule O contains a response of note to any in	ie in tili:	S Pail X	(A)	• •	(B)			
					Beginning of year		End of year			
	1	Cash-non-interest-bearing			3,647,479	1	47,447,255			
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net				3				
Assets	4	Accounts receivable, net			401,074	4	246,937			
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	omplete			5				
	6	Loans and other receivables from other disqualified persisection 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst		6						
\$8	7	Notes and loans receivable, net		7						
⋖		·				8				
	8	Inventories for sale or use			602,805	9	1,231,227			
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis		5,424,352		9	1,231,221			
	١.	Complete Part VI of Schedule D	10a		4		0.407.000			
	ь	Less accumulated depreciation	10b	2,297,263	3,853,216	10c	3,127,089			
	11	·	Investments—publicly traded securities							
	12	Investments—other securities See Part IV, line 11		12						
	13	Investments—program-related See Part IV, line 11 .		13						
	14	Intangible assets	930,316	14	1,205,756					
	15	Other assets See Part IV, line 11			9,434,890	15	53,258,264			
	16 17	Total assets.Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses			2,889,036	16 17	4,792,683			
	18	Grants payable			2,009,000	18	4,792,000			
	19	. ,		19	32,558,228					
	20	Deferred revenue				20	32,330,220			
	21	Tax-exempt bond liabilities				21				
Š		Escrow or custodial account liability Complete Part IV of				21				
jabilities.	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	squalifie	ed						
ф		persons Complete Part II of Schedule L				22				
$\equiv$	23	Secured mortgages and notes payable to unrelated third	•			23				
	24	Unsecured notes and loans payable to unrelated third pa				24				
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relate	d third parties,						
					1,777,790	25	4,895,942			
	26	Total liabilities.Add lines 17 through 25			4,666,826	26	42,246,853			
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ▶ 「、	√ and complete						
<u>an</u>	27	Unrestricted net assets			4,768,064	27	1 <b>1</b> ,011,411			
မ္မ	28	Temporarily restricted net assets				28				
<u> </u>	29	Permanently restricted net assets				29	0			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.								
(\$ (	30	Capital stock or trust principal, or current funds				30				
sel	31	Paid-in or capital surplus, or land, building or equipment				31				
As	32	Retained earnings, endowment, accumulated income, or				32				
<b>Vet</b>	33	Total net assets or fund balances			4,768,064	33	11,011,411			
_	34	Total liabilities and net assets/fund balances			9,434,890	34	53,258,264			
	1		•		5, 10 1,000	<b></b> -	55,255,257			

orm	990 (2015)			ı	Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			84 7	780,624
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				537,277
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			243,347
5	Net unrealized gains (losses) on investments	5		4,7	768,064
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,0	011,411
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-3348440

Name: HULT INTERNATIONAL BUSINESS SCHOOL INC

### Form 990, Part III, Line 4a

4a

(Code ) (Expenses \$ 69,236,887 including grants of \$ 4,494,912) (Revenue \$ 61,780,624)

THE SCHOOL OFFERS ONE YEAR MASTERS PROGRAMS IN BUSINESS ADMINISTRATION, FINANCE, INTERNATIONAL BUSINESS AND INTERNATIONAL MARKETING, AS WELL AS A BACHELORS PROGRAM IN BUSINESS ADMINISTRATION, TO A BROADLY-BASED INTERNATIONAL STUDENT BODY THE SCHOOL HAS CAMPUS LOCATIONS IN CAMBRIDGE, MASSACHUSETTS, AND SAN FRANCISCO, CALIFORNIA, AND ALSO SERVICES STUDENTS IN DUBAI, UNITED ARAB EMIRATES AND SHANGHAI, CHINA DURING THE 2016 ACADEMIC YEAR, THE SCHOOL HAD APPROXIMATELY 2,024 STUDENTS ENROLLED IN ALL PROGRAMS

efile GRAPHIC print - DO NOT PROCESS

www.irs.gov/form990.

As Filed Data -

DLN: 93493227033847

Employer identification number

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

2015

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**SCHEDULE A** 

(Form 990 or

990EZ)

Total

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

ULT II	NTERN.	ATIONAL BUSINESS SCHOOL	INC					
Dar		Doncon for Dubli	a Charity E	tatus (All organiza	tions must se	malata this	04-3348440	125
Par		zation is not a private fo					part.) See instruction	JIIS
	rganiz —	·		·	-	•	•	
1	<u></u>	A church, convention	•			•	,, ,, ,,,	
2	<b>▽</b>	A school described in	-		,		**	
3		A hospital or a cooper	•	-				
4		A medical research or hospital's name, city,		erated in conjunction v	with a hospital c	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the
5		An organization opera 170(b)(1)(A)(iv). (Co	ated for the beamplete Part I	I)	,	. ,	3	lescribed in <b>section</b>
6	<u></u>	A federal, state, or loc	-	-				1 11
7	_	An organization that n described in <b>section 1</b> . A community trust des	70(b)( <sup>´</sup> 1)(A)(\	<b>/i).</b> (Complete Part II	)	3	ental unit or from the <u>c</u>	jenerai public
9	<u> </u>	•				•	ibutions, membership	fees and gross
	_	receipts from activitie from gross investmen organization after Jun	es related to it it income and i e 30, 1975 S	s exempt functions—s unrelated business tax ee <b>section 509(a)(2).</b>	ubject to certa kable income (l (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	331/3% of its support
10		An organization organ		•		•	. , , ,	
11 a	  -	An organization organ one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting o	upported orga nrough 11d tha	nizations described in at describes the type o	section 509(a of supporting or	)(1) or section ganization and	509(a)(2) See <b>sectio</b> complete lines 11e, 1	<b>n 509(a)(3).</b> Check . 1f, and 11g
	1	supported organization organization <b>You mus</b>	t complete Pa	rt IV, Sections A and I	B	,		., ,
b	Γ	Type II. A supporting management of the su must complete Part IV	pporting organ	nization vested in the s				
С	_	Type III functionally i	•		n operated in c	onnection with	. and functionally inte	grated with, its
_	I	supported organization						g
d		Type III non-function						
	•	not functionally integra		, ·	•	•	ement and an attentiv	eness requirement
_	_	(see instructions) <b>You</b> Check this box if the o					o o Tuno I Tuno II T	una III funationally
e	l	integrated, or Type III					is a Type I, Type II, T	ype III functionally
f	Enter	the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5	,,,		
g		Provide the following i	5				· · · · · · · · —	
9		Trovide the following r	mormation ab	out the supported orga	inizacion(s)			
(i) (ii)EIN (iii) (iv)  Name of supported organization Name of supported organization (described on lines document?  1- 9 above (see instructions))		nızatıon governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)				
						I	-	
					Yes	No		
							-	

	(Complete only if you						
54	Part III. If the organization A. Public Support	ation rails to qu	ality under the	tests listed bei	ow, please con	ipiete Part III.	)
				1			1
(or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
_	to the organization without charge			+			+
4	<b>Total.</b> 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						
Se	ection B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)⊤otal
•	fiscal year beginning in) ▶	` ,	. ,	, ,	` '	. ,	<u> </u>
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources  Net income from unrelated						
9	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					1 1	
12	Gross receipts from related activiti	•	•			12	
13	First five years.If the Form 990 is	for the organizati	on's first, second	, third, fourth, or i	ifth tax year as a	section 501(c)(	3) organızatıon,
	check this box and <b>stop here</b>			<u> </u>		<u>► </u>	
	ection C. Computation of Pul		<del>-</del>				
14	Public support percentage for 2015	5 (line 6, column	(f) divided by line	e 11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-2015.If the	organization did	not check the bo	x on line 13, and	ine 14 is 33 1/3%	or more, check	this box
	and <b>stop here.</b> The organization qua	alıfıes as a publıc	ly supported orga	anızatıon			▶□
b	33 1/3% support test-2014.If the	organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio	n qualifies as a p	ublicly supported	organization			▶
17a	10%-facts-and-circumstances test	<b>—2015.</b> If the orga	anızatıon dıd not	check a box on lir	ne 13, <mark>1</mark> 6a, or 16l	o, and line 14	
	is 10% or more, and if the organiza	ition meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	
	in Part VI how the organization med	ets the "facts-an	d-cırcumstances	" test The organ	zation qualifies as	s a publicly supp	orted
	organization						▶
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza	ition meets the "f	acts-and-circum	stances" test Th	e organızatıon qu	alıfıes as a publı	cly
	supported organization						▶
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, <b>1</b> 7a,	or 17b, check this	box and see	
	instructions						▶┌

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	n fails to qualify	y under the tes	sts listed below	, please compl	ete Part	II.)	
Se	ction A. Public Support		1	T				1
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	015	<b>(f)</b> ⊤otal
(OF 1	iscal year beginning in)  Gifts, grants, contributions, and					1		
-	membership fees received (Do							
	not include any "unusual grants")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt							
3	purpose Gross receipts from activities							
,	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf					<u> </u>		
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
	Amounts included on lines 1, 2,							
, a	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6 )							
Se	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(0)3(	115	<b>(f)</b> Total
(or f	iscal year beginning in) 🟲	(a)2011	<b>(b)</b> 2012	(0)2013	(4)2014	<b>(e)</b> 20		(1)Total
9	A mounts from line 6							
10a	Gross income from interest,						ļ	
	dividends, payments received on						ļ	
	securities loans, rents, royalties and income from similar sources						ļ	
b	Unrelated business taxable							
_	income (less section 511 taxes)						ļ	
	from businesses acquired after						ļ	
	June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated						ļ	
	business activities not included in line 10b, whether or not the						ļ	
	business is regularly carried on						ļ	
12	Other income Do not include							
	gain or loss from the sale of						ļ	
	capital assets (Explain in Part						ļ	
	VI) <b>Total support.</b> (Add lines 9, 10c,							
13	11, and 12)							
14	First five years.If the Form 990 is i	for the organization	on's first, second	l, third, fourth, or	fifth tax vear as a	section	501(c)(	3 ) organization,
	check this box and <b>stop here</b>	,	,	, , ,	,		. , ,	
Se	ction C. Computation of Pub	lic Support P	ercentage					
15	Public support percentage for 2015			e 13, column (f))		15		
16	Public support percentage from 20	•	• •				<del></del>	
		<u> </u>	*			16	<u> </u>	
	ction D. Computation of Inv							
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colur	nn (f))	17		
18	Investment income percentage from	n <b>2014</b> Schedule	A , Part III , line	17		18		
19a	33 1/3% support tests—2015.If the	e organization did	not check the bo	ox on line 14, and	l line 15 is more	than 33 1/	'3% , and	d line 17 is not
	more than 33 1/3%, check this box	_		·				▶□
b	33 1/3% support tests—2014.If the							
	18 is not more than 33 1/3%, chec	-						
20	Private foundation.If the organizat		-	·		-	_	▶┌ '

### Part IV Supporting Organizations

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

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			
	section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(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		
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ 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		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one			
	or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	` [		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same person that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provide			
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 <b>Part VI</b> 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 a all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of t supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	of <b>2b</b>		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of eac of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	h <b>3b</b>		

С	heck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete S	ections	A through E	Г
		1		(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
		•		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
3	Average monthly value of securities	1a		
)	Average monthly cash balances	1b		
:	Fair market value of other non-exempt-use assets	1c		
t	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re-	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
<u>b</u>							
C							
d From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see							
instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
<u>a</u>							
b							
<b>c</b> Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							

**SCHEDULE D** 

**Supplemental Financial Statements** 

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

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

OMB No 1545-0047

Inspection

DLN: 93493227033847

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

HULT INTERNATIONAL BUSINESS SCHOOL INC 04-3348440 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section  $170(h)(4)(B)(II)^{2}$ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015 Cat No 52283D

Part	Organizations Maintainii (continued)	ng Collections of A	Art, His	storical	Trea	asures, o	r Otl	ner Similar A	ssets
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and other re-	cords, cl	heck any	of the	following th	at are	e a significant us	e of its
а	Public exhibition		d		oan or	exchange p	rogra	ms	
b	Scholarly research		е	Го	ther				
С	Preservation for future generation	าร							
4	Provide a description of the organizati		plaın ho	w they fur	ther t	he organızat	ion's	exempt purpose	ın
5	During the year, did the organization s assets to be sold to raise funds rather							ımılar <b>Ye</b> s	s  □No
Par	Complete if the organizatio Part X, line 21.	rangements.	•						•
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or other inte	rmediary	for contr	ibutio	ns or other a	asset	s not	s No
b	If "Yes," explain the arrangement ir	Part XIII and comple	te the fo	llowing ta	ble			Am	ount
c	Beginning balance						<b>1</b> c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						<b>1</b> f		
<b>2</b> a	Did the organization include an amoun	t on Form 990, Part X,	line 21,	for escro	worc	ustodial acc	ount	liability? <b>Ye</b> s	5
b Par	If "Yes," explain the arrangement in P rt V Endowment Funds. Comp								
		(a)Current year		nor year	_	<b>)</b> Two years ba	<del>-i-</del>	)Three years back	(e)Four years back
<b>1</b> a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses						+		
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses				+		+		
g	End of year balance	•							
2	Provide the estimated percentage of the	ne current year end bal	ance (lır	ne 1g, col	umn (a	a)) held as			
а	Board designated or quasi-endowment	•							
ь	Permanent endowment ►								
с	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	2c should equal 100%							
3a	Are there endowment funds not in the organization by	·	nızatıon	that are I	neld ar	nd admınıste	ered f	or the	Yes No
	(i) unrelated organizations								(i)
b	(ii) related organizations If "Yes" on 3a(ii), are the related orga	nızatıons lısted as requ	iired on	Schedule				<del></del>	(ii)
4	Describe in Part XIII the intended use		endowm	nent funds	:				
Par	<b>t VI</b> Land, Buildings, and Equ Complete if the organizatio		Form 9	90, Part	IV, l	ıne 11a.Se	e Fo	rm 990, Part X	, line 10.
	Description of property			(a) ost or other (investme	basis	(b) Cost or other (other)		Accumulated (c) depreciation	(d)Book value
1a	Land								
b	Buildings								
c	Leasehold improvements		. [			27	0,930	200,48	3 70,447
	Equipment					5,15	3,422	2,096,78	0 3,056,642
e	Other								

	(Form 990) 2015			Page :
Part VII	<b>Investments—Other Securities.</b> C See Form 990, Part X, line 12.	omplete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	(a) Description of security or categor	ry	(b)Book value	(c)Method of valuation
	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)Other	-mera equity interests			
	mn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90. Part IV. line 11c.c.	oo Farm 000 Bart V line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
	(a) Bescription of investment		(b) Book value	Cost or end-of-year market value
				+
				+
	mn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. Complete if the organizat		on Form 990, Part IV, line	
	(a) Des	scription		(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	e 15 )		
	Other Liabilities. Complete if the or	·	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book val	ue	
Endoralina	omo tavos			
Federal inc	ome taxes			
OTHER CU	PRRENT LIABILITIES	4,89	5,942	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )	▶ 4,89	5,942	
	for uncertain tax positions. In Part XIII, prov			's financial statements that reports the

Schedule D (Form 990) 2015

Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue p Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	80,285,712
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	80,285,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	4,494,912
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	84,780,624
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per	Return.
1	Total expenses and losses per audited financial statements	1	74,042,365
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	74,042,365
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	4,494,912
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	78,537,277
Dari	XIII Supplemental Information		
	• • •		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	mation	<u>'</u>	,
	Return Reference Explanation		
See A	dditional Data Table		

Page <b>5</b>	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Part XIII Supplemental Infor	
	Explanation	Return Reference	

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-3348440

Name: HULT INTERNATIONAL BUSINESS SCHOOL INC

**Supplemental Information** 

Return Reference

Explanation

PART XI, LINE 4B - OTHER

SCHOLARSHIPS AND FINANCIAL AID 4,494,912

**ADJUSTMENTS** 

Supplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND FINANCIAL AID 4,494,912					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227033847

OMB No 1545-0047

2015

Open to Public Inspection

# SCHEDULE E (Form 990 or 990-EZ) Schools

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number HULT INTERNATIONAL BUSINESS SCHOOL INC 04-3348440 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? Yes 1 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? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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 Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo 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? Yes b Has the organization's right to such aid ever been revoked or suspended? N<sub>O</sub> 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 7 Yes

PROMOTIONAL MATERIALS AND ADVERTISING

Schedule E (Form 990 or 990EZ) (2015)

Part III Supplemental Information.

SCHEDULE E. PART I. LINE 3 THE HULT INTERNATIONAL BUSINESS SCHOOL, INC. INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICIES IN ALL OF ITS SCHEDULE E. PART I, LINE 6 THE SCHOOL IS APPROVED AS A TITLE IV INSTITUTION BY THE U.S.

> DEPARTMENT OF EDUCATION AND AS SUCH, PROCESSES FINANCIAL AID APPLICATIONS FOR U.S. CITIZENS AND PERMANENT RESIDENTS ATTENDING. THE SCHOOL

Page 2

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE F

(Form 990)

Department of the Treasury

Name of the organization

HULT INTERNATIONAL BUSINESS SCHOOL INC

Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

### Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493227033847

Employer identification number

04-3348440

Cat No 50082W

2015

Open to Public Inspection

761,779

Schedule F (Form 990) 2015

General Information on Activities Outside the United States. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e g, program service, describe for and investments region agents, and fundraising, program specific type of ın region independent services, investments, grants service(s) in region to recipients located in the contractors in region region) (1) UNITED ARAB EMIRATES 1 1 PROGRAM SERVICE RECRUITMENT, 761.779 CURRICULUM IMPLEMENTATION. OPERATIONAL AND ADMINISTRATIVE SERVICES INCLUDING FINANCE, PAYROLL, AND FACILITIES MANAGEMENT (2) (3) (4) (5) 761,779 3a Sub-total **b** Total from continuation sheets

	and EIN (if applicable)		disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)	,					<u> </u>
( 2)						
( 3)						
( 4)						

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

Schedule F (Form 990) 2015

Page 2

(14) (15) (16) (17) (18)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash assistance (book, FMV, assistance appraisal, other) (1) SCHOLARSHIPS AND VARIOUS 2,105 3,964,046 BASED ON MERIT AND FAIR MARKET VALUE FINANCIAL AID FINANCIAL NEED (2) (3) (4) (5) (8) (9)

(6) (7) (10) (11) (12) (13)

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-3348440

Name: HULT INTERNATIONAL BUSINESS SCHOOL INC

Schedule F (Form 990) 2015

Page **5** 

### Part V Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiza

HULT INTERNATIONAL BUSINESS SCHOOL INC

Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493227033847

Open to Public Inspection

Employer identification number

						04-3348440	
Part I General Informati	on on Grants an	d Assistance					
the selection criteria used to a	ward the grants or a	ssistance?				stance, and	✓ Yes No
				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	If applicable grant cash assistance assistance		(f) Method of valuation (book, FMV, appraisal, other)			
	. , . ,	-					
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2015

Schedule I (Form 990) 2015

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(c)A mount of

(b) Number of

(a) Type of grafit of assistant	recipients		ash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-cash assistance
(1) SCHOLARSHIPS AND FINANCIAL		256	530,866		FAIR MARKET VALUE	
						_
Part IV Supplemental In	l formation. Provide	the information	required in P	l art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	xplanation					
PART I, LINE 2 T	HE SCHOOL PROVIDI	SSCHOLARSHIF	SBASEDONM	IERIT AND FINANCIAL	AID BASED ON FINANCIAL	NEED ANNUALLY, ALL VICE

THEN REVIEWED AND AWARDS ARE PROVIDED TO THOSE STUDENTS WHO MEET CERTAIN CRITERIA

(d)A mount of

PRESIDENTS OF FINANCE WORK WITH THE REGIONAL ENROLLMENT DIRECTORS TO DETERMINE THE BUDGETS AVAILABLE FOR

SCHOLARSHIPS AND FINANCIAL AID THOSE BUDGETS ARE APPROVED BY THE PRESIDENT AND CFO ALL STUDENT APPLICATIONS ARE

(e)Method of valuation (book.)

Schedule J

(Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493227033847

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization
HULT INTERNATIONAL BUSINESS SCHOOL INC

Employer identification number

04-3348440

			04-3348440			
Pa	rt I Questions Regarding Compensation	)	·			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		· · · · · · · · · · · · · · · · · · ·			
	First-class or charter travel		Housing allowance or residence for personal use	ļ		
	Travel for companions		Payments for business use of personal residence	ļ		ļ
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees	ļ		
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			 
b	If any of the boxes in line 1a are checked, did the orgenumbursement or provision of all of the expenses de			<b>1</b> b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at apply	Do not check any boxes for methods			
	▼ Compensation committee	<b>√</b>	Written employment contract			
	✓ Independent compensation consultant	<b>√</b>	Compensation survey or study			
	▼ Form 990 of other organizations	<b>✓</b>	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, I or a related organization	Part VII	${f I}$ , Section ${f A}$ , line ${f 1}{f a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ital nond	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed cor	npensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of		·			
а	The organization?			5a		Νo
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III			5b		No
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7		No
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

5 AHMAD ASHKAR

COO-GLOBAL CASE CHALLENGE

235,817

(i)

# 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 MARTIN MANLEY EXECUTIVE DIRECTOR, CA	(i)	230,812	40,170	120,510	24,000	0	415,492	0	
•	(ii)	0	0	0	0	0	0	0	
2 OLAF GROTHPROFESSOR	(i)	297,106	0	0	18,000	2,820	317,926	0	
	(ii)	0	0	0	0	0	0	0	
3 THOMAS HALL EXECUTIVE DIRECTOR, MA	(i)	209,319	0	77,250	24,000	1,880	312,449	0	
	(ii)	0	0	0	0	0	0	0	
4 MICHAEL GRANDINETTI PROFESSOR	(i)	241,647	0	0	0	2,820	244,467	0	
	(ii)	0	0	0	0	0	0	0	

238,637

2,820

WRITTEN EMPLOYMENT AGREEMENT SETS FORTH THE TERMS AND CONDITIONS OF THE PRESIDENT'S EMPLOYMENT WITH THE SCHOOL IAND ITS AFFILIATE FOR KEY EMPLOYEES AND OFFICERS OF THE SCHOOL, COMPENSATION IS BASED ON A FIXED SUM AGREED UPON AT

Schedule J (Form 990) 2015

ITHE TIME OF EMPLOYMENT THIS SUM REFLECTS AN EMPLOYEE'S LEVEL OF EXPERIENCE AND EXPERTISE WHEN (S)HE JOINS THE ORGANIZATION SALARIES WITHIN THE ORGANIZATION ARE STRICTLY CONFIDENTIAL AND NEGOTIATED INDIVIDUALLY

MARTIN MANLEY RECEIVED A SEVERANCE PAYMENT TOTALING \$120.510 DURING 2016 THOMAS HALL RECEIVED A SEVERANCE PAYMENT

PART I. LINE 4A

TOTALING \$77,250 DURING 2016

Page 3

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**Transactions with Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493227033847

2015

Open to Public Inspection

Department of the Treasury

(Form 990 or 990-EZ)

Schedule L

Internal Revenue Service

Name of the organization

**Employer identification number** HULT INTERNATIONAL BUSINESS SCHOOL INC 04-3348440 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 **(g)** In (a) Name of (d) Loan to (e)Original (i)Written (b) Relationship (c) (f)Balance (h) Purpose of or from the principal default? Approved agreement? ınterested with due person organization loan organization? amount by board or committee? Τо From Yes No Yes Yes No **▶** \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) A mount of assistance (a) Name of interested (b) Relationship between (d) Type of assistance (e) Purpose of assistance person interested person and the organization

#### Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction οf person and the organization's organization revenues? Yes No (1) CHRISTOPHER JEDREY MR JEDREY IS A 190,171 MR JEDREY IS EMPLOYED BY Νo MEMBER OF THE A LAW FIRM THAT HULT INTL BUS PERIODICALLY PROVIDES SCHOOL BOARD OF LEGAL SERVICES TO THE DIRECTORS SCHOOL DURING THE YEAR ENDED SEPTEMBER 30, 2016, THE SCHOOL INCURRED LEGAL FEES AND EXPENSES TOTALING \$ 190,171 FROM THE LAW FIRM NONE OF THOSE FEES RELATE TO MR. JEDREY'S SERVICE AS A BOARD MEMBER **Supplemental Information** Part V

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

Return Reference Explanation

efile GRAPHI	C print - DO NOT PROCESS	As Filed Data -		DLN: 93493227033847
SCHEDULE O (Form 990 or 990-EZ)  Supplemer  Complete to p Form 990		ride information to 990-EZ or to provide a Attach to Form 99 Schedule O (Form 990 www.irs.gov/fo	2015 Open to Public	
	nization L BUSINESS SCHOOL INC O, Supplemental Informati	on	'	oloyer identification number
Return Reference		Б	planation	
FORM 990, PART VI, SECTION A, LINE 2	EDWARD HULT AND PHILIP HULT A	RE BROTHERS AND AF	RE MEMBERS OF THE BOARD OF	DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI.	THE ORGANIZATION'S PRESIDENT, TREASURER AND OTHER MEMBERS OF THE BOARD OF DIRECTORS REVIEW A DRAFT
SECTION B,	OF THE FORM 990, WHICH IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS ANY RESULTANT COMMENTS AND CHANGES ARE DISCUSSED WITH THE INDEPENDENT ACCOUNTANTS AND IF APPROPRIATE,
LINE 11	INCORPORATED INTO THE FINAL VERSION OF FORM 990 PRIOR TO ITS FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS AND EMPLOYEES ARE PROVIDED WITH COPIES OF THE CONFLICT OF INTEREST POLICY DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AT BOARD MEETINGS EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST DURING THEIR ANNUAL REVIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE SCHOOL'S PRESIDENT IS COMPENSATED BY HULT SUPPORT SERVICES, LTD, WHICH IS A FOR-PROFIT ENTITY OWNED BY THE SCHOOL THE SCHOOL PRESIDENT'S ANNUAL SALARY WAS 300,000 GBP FOR THE YEAR ENDED SEPTEMBER 30, 2017 THE SCHOOL'S COMPENSATION AND EVALUATION COMMITTEE REVIEWS THE SCHOOL'S PRESIDENT'S COMPENSATION ANNUALLY THE COMMITTEE BASES ITS EVALUATION AND DETERMINES COMPENSATION LEVELS ON THIRD PARTY SALARY SURVEYS AND COMPARABILITY DATA THE COMPENSATION COMMITTEE PROPOSES THE PRESIDENT'S COMPENSATION LEVEL TO THE FULL BOARD FOR APPROVAL ALL COMPENSATION DISCUSSIONS, DELIBERATIONS AND DECISIONS ARE FULLY DOCUMENTED IN THE THE SCHOOL'S BOARD MINUTES FOR KEY EMPLOYEES AND OFFICERS OF THE SCHOOL, COMPENSATION IS BASED ON A FIXED SUM AGREED UPON AT THE TIME OF EMPLOYMENT THIS SUM REFLECTS AN EMPLOYEE'S LEVEL OF EXPERIENCE AND EXPERTISE WHEN (S)HE JOINS THE ORGANIZATION SALARIES WITHIN THE ORGANIZATION ARE STRICTLY CONFIDENTIAL AND NEGOTIATED INDIVIDUALLY

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC VIA THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICES AND UPON REQUEST THE SCHOOL'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANTS

Return Reference	Explanation
FORM 990, OTHER RELEVANT INFORMATION AND DISCLOSURES	CONTRACTUAL A GREEMENTS PRIOR TO THE 2016-2017 SCHOOL YEAR. THE SCHOOL'S PRINCIPAL REVENUE SOURCE WAS INSTITUTIONAL FEES EARNED FROM ITS SERVICES A GREEMENT WITH HULT INTERNATIONAL B USINESS SCHOOL AG, A SWISS CORPORATION (THE "RECRUITER"), THAT SUPPORTED THE SCHOOL IN MAR KETING ITS PROGRAMS TO PROSPECTIVE STUDENTS FROM A ROUND THE WORLD THE RECRUITER PAID THE SCHOOL INSTITUTIONAL FEES TO PROVIDE EDUCATIONAL, ACADEMIC AND ADMINISTRATIVE SERVICES TO THE SCHOOL INSTITUTIONAL FEES TO PROVIDE EDUCATIONAL, ACADEMIC AND ADMINISTRATIVE SERVICES TO THE SCHOOL SEPTEMBER 30, 2016 THE SCHOOL'S ARRANGEMENT WITH THE RECRUITER TOTALED \$33,942,969 F OR THE YEAR ENDED SEPTEMBER 30, 2016 THE SCHOOL'S ARRANGEMENT WITH THE RECRUITER CHANGED ON OCTOBER 1, 2015, SO THAT ALL STUDENT TUITION FROM THAT DATE FORWARD IS INVOICED BY AND BELONGS TO THE SCHOOL THE SCHOOL BILLED THE RECRUITER FOR COSTS INCURRED RELATING TO THE 2015-2016 ACADEMIC YEAR AND IS NO LONGER UNDER CONTRACT WITH THE RECRUITER ADDITIONALLY, THE SCHOOL BILLED THE RECRUITER \$602,761 FOR MARKETING SERVICES PAID ON ITS BEHALF DURING THE YEAR ENDED SEPTEMBER 30, 2016 DURING 2016, THE SCHOOL BILLED THE RECRUITER \$602,761 FOR MARKETING SERVICES PAID ON ITS BEHALF DURING THE YEAR ENDED SEPTEMBER 30, 2016 MASSACHUSETTS NONPROFIT CHARITABLE ORGANIZATION THAT PROVIDES ENROLLMENT, MANAGEMENT, MARKETING, IT AND FINANCIAL SERVICES TO THE SCHOOL THE SCHOOL WAS CHARGED \$30,490,508 FOR THESE SERVICES DURING THE YEAR ENDED SEPTEMBER 30, 2016 ADDITIONALLY, THE SCHOOL BILLED HES SERVICES PAID ON ITS B HALF DURING THE YEAR ENDED SEPTEMBER 30, 2016 AT SEPTEMBER 30, 2016 AND THE RECRUITER PROVIDES PAYROLL PROCESSING, HEALTH INSURANCE AND RETIREMENT PLAN ADMINISTRATIVE SERVICES WITH FE INSTITUTE FOR CULTURAL EXCHANGE, INC ("FE INSTITUTE") EF INSTITUTE PROVIDES PAYROLL PROCESSING, HEALTH INSURANCE AND RETIREMENT PLAN

Return Reference	Explanation
FORM 990, OTHER RELEVANT INFORMATION AND DISCLOSURES	S RELATING TO THE SCHOOL'S ACADEMIC PROGRAMS IN DUBAI AND SHANGHAI, INCLUDING GENERAL AND ADMINISTRATIVE SERVICES (FINANCE, PAYROLL, FACILITIES MANAGEMENT, ETC.), RECRUITMENT, AND CURRICULUM IMPLEMENTATION SERVICE COSTS INCURRED BY THE SCHOOL WITH FZ-LLC TOTALED \$761,7 79 FOR THE YEAR ENDED SEPTEMBER 30, 2016 ENROLLIMENT SERVICES DURING THE YEAR ENDED SEPTEMBER 30, 2016, THE SCHOOL WAS BILLED \$1,397,013 FOR SALARIES, RENT AND A VARIETY OF OTHER COSTS BY EF LANGUAGE SCHOOLS, INC ("LANGUAGE SCHOOLS," IN THE SEPTEMBER 30, 2016, THE SCHOOL WED LANGUAGE SCHOOLS, S64,337, WHICH IS INCLUDED IN "OTHER CURRENT LIABILITIES" ON THE ACC OMPANYING BALANCE SHEET CONTRIBUTIONS AND A DVANCES DURING THE YEAR ENDED SEPTEMBER 30, 2016, THE SCHOOL RECEIVED CONTRIBUTIONS FROM SIGNUM INTERNATIONAL 5 A R.L. ("SIGNUM") TOTALI NG \$23,000,000 ADDITIONALLY, THE SCHOOL RECEIVED NON-INTEREST BEARING ADVANCES FROM SIGNUM TOTALING \$4,000,000 WHICH WERE OUTSTANDING AT SEPTEMBER 30, 2016 THIS AMOUNT IS INCLUDED IN "OTHER CURRENT LIABILITIES" ON THE ACCOMPANYING BALANCE SHEET RENTAL AGREEMENTS THE SCHOOL RENTS CLASSROOM, DORMITORY AND ADMINISTRATIVE SPACE FROM SFEKTA SCHOOLS, INC AND E F LANGUAGE SCHOOLS, INC OPERATING LEASES - EFEKTA THE SCHOOL HAS HAD A LEASE AGREEMENT FOR CLASSROOM AND ADMINISTRATIVE SPACE IN CAMBRIDGE, MASSACHUSETTS WITH FEEKTA SCHOOLS, INC ("EFEKTA") SINCE 2006 THE LEASE AGREEMENT WAS AMENDED AND EXTENDED ON JUNE 1, 2014 TO ALLOW THE SCHOOL TO ADD THREE ADDITIONAL NEWLY RENOVATED FLOORS TO THE LEASE RENT EXPENSE U NDER THE BARREMENT TOTALED \$3,345,273 FOR THE YEAR ENDED SEPTEMBER 30, 2016 THE TERMS OF THE LEASE HAVE BEEN CONFIRMED TO BE AT OR SLIGHTLY BELOW MARKET VALUE IN CAMBRIDGE EFEKTA HAS ALSO SUPPORTED THE SCHOOL IN SECURING CLASSROOM SPACE AND STUDENT DORMITORIES FROM LE THE SCHOOL BETWEEN SEPTEMBER 2010 AND SEPTEMBER 2013, 11E SCHOOL ENTERED IN TO AMBRIDGE EFEKTA HAS ALSO SUPPORTED THE SCHOOL IN SECURING CLASSROOM SPACE ON DEGOTIATE THE CONTRACTS AND ACTS AS AN INTERNEDIATE OF TIS STENDED FOUR FLOORS OF THE LEASE E

Return Reference	Explanation
FORM 990,	ROVEMENT PAYMENTS ARE SCHEDULED TO BE REQUIRED THROUGH 2020 AS PART OF ONE OF ITS LEASE A
OTHER	GREEMENTS, THE SCHOOL IS REQUIRED TO MAINTAIN A LETTER OF CREDIT WITH A BANK TOTALING \$275 ,000 THE
RELEVANT	LETTER OF CREDIT EXPIRES SEPTEMBER 1, 2017 THE LEASE AGREEMENTS ABOVE CONTAIN PROVISIONS WHEREBY THE
INFORMATION	SCHOOL IS REQUIRED TO MAKE ADDITIONAL LEASE PAYMENTS SHOULD THE LAND LORD'S REAL ESTATE TAXES AND
AND	OPERATING EXPENSES EXCEED CERTAIN THRESHOLDS OPERATING LEASE S - LANGUAGE SCHOOLS THE SCHOOL HAS
DISCLOSURES	AN ADDITIONAL TENANT-AT-WILL AGREEMENT WITH EF LANGUAG E SCHOOLS, INC TO LEASE SPACE IN MIAMI FOR
	ENROLLMENT SERVICES RENT EXPENSE PAID TO EF LANGUAGE SCHOOLS, INC TOTALED \$199,972 DURING THE YEAR
	ENDED SEPTEMBER 30, 2016 OTHER REC EIVABLES AT SEPTEMBER 30, 2016, THE SCHOOL HAD MADE SHORT-TERM NON-
	INTEREST BEARING WORKIN G CAPITAL ADVANCES TO HULT SUPPORT SERVICES, LTD. ("HSS"), A FOR-PROFIT
	CORPORATION ORGANIZED IN THE UNITED KINGDOM THAT IS OWNED BY THE SCHOOL, TOTALING \$592,322

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SCHEDULE R | Related Or

**DLN: 93493227033847**OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

ame of the organization JLT INTERNATIONAL BUSINESS SCHOOL INC				<b>Employer ider</b> 04-3348440	ntification number		
Part I Identification of Disregarded Entities Comple	te if the organization a	nswered "Yes" on	Form 990, Part I\	-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations Complete if the	e organization ans	wered "Yes" on Fo	orm 990, Part	IV, line 34 because it l	nad on	е
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))		Section (13) co	g) 512(b) ontrolled tity?
1)HULT EDUCATIONAL SERVICESINC  DIE EDUCATION STREET  CAMBRIDGE, MA 02141  11-2441907	PROVIDE VARIOUS SUPPORT SERVICES TO HULT INTERNATIONAL BUSINESS SCHOOL, INC	MA	501 (C)(3)	APPLIED FOR		Yes	No No
						+	
						_	

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

(a) Name, address, and EIN of related organization				(c) Legal domicile (state or foreign country)	Il Direct ile controlling or entity in	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
				] 314)		Yes	No	1	Yes	No			
The stiff of the stiff of Deleted Consultations Tours bloom							175.4	0			***		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(i contro entit	L3) olled cy?
HULT SUPPORT SERVICES (1)LTD  22 CHELSEA MANOR STREET LONDON UK	PROVIDE VARIOUS SUPPORT SERVICES TO HULT INT BUSINESS SCHOOL, INC		HULT INTERNATIONAL BUSINESS SCHOOL INC	С	4,760,981	1,267,451	100 000 %	Yes	No

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
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	Transactions with Related organizations complete if the organization answered Tes of Form 250, Further, line 34, 355, or 30.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> 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)	<b>1</b> b		No
c	Gıft, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
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)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		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
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
•		اسما	Yes	
	Performance of services or membership or fundraising solicitations by related organization(s)		res	
	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	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	<b>1</b> s		No

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HULT EDUCATIONAL SERVICES INC	L	8,887,438	AMOUNTS INVOICED
(2)HULT EDUCATIONAL SERVICES INC	М	30,490,508	AMOUNTS INVOICED
(3)HULT EDUCATIONAL SERVICES INC	D	613,434	ACTUAL BALANCE DUE
(4)HULT SUPPORT SERVICES LTD	D	592,322	ACTUAL BALANCE DUE

#### 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

revenue) that was not a related organization. See instructions in													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 .	
	l .		<u> </u>			1				C-l	ll. D (5		2015

