

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning****10/01, 2008, and ending****09/30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INSTITUTE OF INTERNATIONAL EDUCATION		D Employer identification number
		Doing Business As		13-1624046
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		809 UNITED NATIONS PLAZA		(212) 883-8200
		City or town, state or country, and ZIP + 4		
		NEW YORK, NY 10017		G Gross receipts \$ 366,804,504.
		F Name and address of principal officer: ALLAN E. GOODMAN		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		809 UNITED NATIONS PLAZA NEW YORK, NY 10017		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: WWW.IIE.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1919		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSTITUTE OF INTERNATIONAL EDUCATION IS AN INTERNATIONAL EDUCATION AND TRAINING ORGANIZATION COMMITTED TO DELIVERING PROGRAM EXCELLENCE TO A DIVERSE RANGE OF PARTICIPANTS, SPONSORS, AND DONORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5 Total number of employees (Part V, line 2a)	5	646
	6 Total number of volunteers (estimate if necessary)	6	8,470
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-26,051.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-26,051.	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	274,847,008.	338,813,957.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,160,778.	22,459,248.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,626,604.	982,725.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	903,465.	-101,115.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	292,537,855.	362,154,815.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	220,841,756.	238,799,078.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,103,461.	43,696,901.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,044,180.	224,059.	197,713.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,106,514.	60,011,904.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	289,275,790.	342,705,596.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	3,262,065.	19,449,219.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	182,025,456.	179,112,391.
	22 Net assets or fund balances. Subtract line 21 from line 20.	93,086,339.	69,111,228.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer E-filed Return		Date	
Paid Preparer's Use Only	Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	
PRICEWATERHOUSECOOPERS LLP		13-4008324	646-471-3000	
300 MADISON AVENUE NEW YORK, NY 10017				

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)JSA
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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 283,788,993. including grants of \$ 215,173,247.) (Revenue \$ 13,888,018.)

SEE STATEMENT 2

4b (Code:) (Expenses \$ 33,214,014. including grants of \$ 16,368,708.) (Revenue \$ 5,442,023.)

HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT:

IIE WORKS CLOSELY WITH PUBLIC AND PRIVATE HIGHER EDUCATION

INSTITUTIONS TO DEVELOP HIGH-QUALITY ACADEMIC PROGRAMS IN

COOPERATION WITH GOVERNMENTAL, NON-GOVERNMENTAL ORGANIZATIONS, AND

CORPORATIONS. LEVERAGING EXTENSIVE HIGHER EDUCATION NETWORKS

WORLDWIDE, IIE IS UNIQUELY POSITIONED TO HELP SHAPE NEW

UNIVERSITIES AND EXPAND THE CAPABILITIES AND PARTNERSHIPS OF

EXISTING ACADEMIC INSTITUTIONS. IIE SERVES AS A KEY CONSULTANT TO

UNIVERSITY LEADERS TO HELP IDENTIFY AND DEVELOP PARTNERSHIPS WITH

UNIVERSITIES IN THE U.S. AND OTHER COUNTRIES. EXAMPLES OF

UNIVERSITIES WE HAVE WORKED WITH INCLUDE KAUST AND NYU ABU DHABI.

4c (Code:) (Expenses \$ 10,629,347. including grants of \$ 5,918,561.) (Revenue \$ 216,361.)

EMERGENCY STUDENT AND SCHOLAR ASSISTANCE:

THE INSTITUTE IS ACTIVELY INVOLVED WITH PROVIDING EMERGENCY

ASSISTANCE TO SCHOLARS AND STUDENTS THROUGHOUT THE WORLD. THROUGH

THE SCHOLAR RESCUE FUND, THE INSTITUTE PROVIDES SUPPORT AND SAFE

HAVEN TO ACADEMICS WHO ARE PERSECUTED AS A RESULT OF THEIR

ACADEMIC WORK. THROUGH THE EMERGENCY STUDENT FUND, THE INSTITUTE

PROVIDES SUPPORT TO STUDENTS FACING EMERGENCIES AND CRISES SUCH AS

ILLNESS OR NATURAL DISASTERS.

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 3

(Expenses \$ 6,196,047. including grants of \$ 1,338,562.) (Revenue \$ 2,912,846.)

4e Total program service expenses ► \$ 333,828,401. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 <input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 <input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 <input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 <input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b <input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 <input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 <input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 <input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 <input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 <input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 <input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c <input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b <input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 <input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	304
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	646
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>SEE STATEMENT 4</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	44
b	Enter the number of voting members that are independent	1b	40
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA, CO, CT, DC, IL, MD, NJ, NY, TX, VA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MARK D. MOYER 809 UNITED NATIONS PLAZA NEW YORK, NY 10017
212-984-5398

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Part VIII Statement of Revenue

13-1624046

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	639,976.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	190,633,645.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	147,540,336.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		338,813,957.			
Program Service Revenue				Business Code			
	2a	FEE FOR SERVICE	900099	20,639,297.	20,639,297.		
	b	PUBLICATION SALES	519100	300,914.	300,914.		
	c	STATISTICAL REPORTS	519100	26,360.	26,360.		
	d	UNIVERSITY FAIR REVENUE	900099	1,060,412.	1,060,412.		
	e	MEMBERSHIP DUES	900099	432,265.	432,265.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		22,459,248.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT. 6 ▶		2,076,787.		-26,051.	2,102,838.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5	Royalties ▶		NONE			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .					
	d	Net rental income or (loss) ▶		NONE			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,697,668.	238,060.			
	b	Less: cost or other basis and sales expenses	4,029,790.				
	c	Gain or (loss)	-1,332,122.	238,060.			
	d	Net gain or (loss) ▶		-1,094,062.			-1,094,062.
	8a	Gross income from fundraising events (not including \$ 639,976. of contributions reported on line 1c). See Part IV, line 18. a		513,524.			
	b	Less: direct expenses b		619,899.			
	c	Net income or (loss) from fundraising events ▶		-106,375.			-106,375.
	9a	Gross income from gaming activities. See Part IV, line 19. a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶		NONE			
	10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory. ▶		NONE				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS INCOME	900099	5,260.			5,260.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		5,260.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		362,154,815.	22,459,248.	-26,051.	907,661.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	38,285,866.	38,285,866.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	119,406,252.	119,406,252.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	81,106,960.	81,106,960.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,579,807.	3,186,028.	357,981.	35,798.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	29,877,050.	26,590,578.	2,987,703.	298,769.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,344,205.	2,086,345.	234,420.	23,440.
9 Other employee benefits	5,498,208.	4,893,404.	549,821.	54,983.
10 Payroll taxes	2,397,631.	2,133,890.	239,764.	23,977.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	358,889.	319,411.	39,478.	
c Accounting	416,769.	370,924.	45,845.	
d Lobbying	50,000.	44,500.	5,500.	
e Professional fundraising services. See Part IV, line 17	197,713.			197,713.
f Investment management fees	256,187.	228,006.	28,181.	
g Other	10,348,216.	9,582,948.	765,268.	
12 Advertising and promotion	NONE			
13 Office expenses	3,099,597.	2,758,641.	309,960.	30,996.
14 Information technology	5,462,790.	4,861,883.	546,279.	54,628.
15 Royalties	NONE			
16 Occupancy	6,314,356.	5,619,776.	631,436.	63,144.
17 Travel	2,870,338.	2,554,601.	287,034.	28,703.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	13,952,493.	13,858,260.	85,666.	8,567.
20 Interest	796,183.	708,603.	87,580.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	3,148,151.	2,801,854.	314,815.	31,482.
23 Insurance	412,869.	367,453.	41,287.	4,129.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS _____	12,525,066.	12,062,218.	274,997.	187,851.
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	342,705,596.	333,828,401.	7,833,015.	1,044,180.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,013,279.	1	19,635,926.
	2 Savings and temporary cash investments	34,550,084.	2	19,398,730.
	3 Pledges and grants receivable, net	10,273,148.	3	2,250,466.
	4 Accounts receivable, net	19,610,105.	4	16,251,589.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	2,013.	8	NONE
	9 Prepaid expenses and deferred charges	6,496,729.	9	9,923,087.
	10a Land, buildings, and equipment: cost basis	10a 48,093,633.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 25,592,202.		
		22,311,369.	10c	22,501,431.
	11 Investments - publicly traded securities	60,045,113.	11	69,250,263.
	12 Investments - other securities. See Part IV, line 11	15,051,422.	12	15,049,888.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,672,194.	15	4,851,011.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	182,025,456.	16	179,112,391.	
Liabilities	17 Accounts payable and accrued expenses	12,475,734.	17	17,088,845.
	18 Grants payable	65,596,527.	18	37,356,961.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	15,014,078.	20	14,665,422.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	93,086,339.	26	69,111,228.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,509,632.	27	40,897,232.
	28 Temporarily restricted net assets	51,641,132.	28	62,745,961.
	29 Permanently restricted net assets	4,788,353.	29	6,357,970.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	88,939,117.	33	110,001,163.
	34 Total liabilities and net assets/fund balances	182,025,456.	34	179,112,391.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

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

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	177,769,634.	200,679,537.	238,624,502.	274,847,008.	338,813,957.	1,230,734,638.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	177,769,634.	200,679,537.	238,624,502.	274,847,008.	338,813,957.	1,230,734,638.
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)						197,493,557.
6 Public support. Subtract line 5 from line 4.						1,033,241,081.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	177,769,634.	200,679,537.	238,624,502.	274,847,008.	338,813,957.	1,230,734,638.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,527,559.	2,468,075.	4,361,295.	3,381,996.	2,076,787.	13,815,712.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	532,361.	741,514.	773,262.	903,465.	-101,115.	2,849,487.
11 Total support. Add lines 7 through 10						1,247,399,837.
12 Gross receipts from related activities, etc. (See instructions.)					12	58,625,560.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.83 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.61 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

- **To be completed by organizations described below.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
INSTITUTE OF INTERNATIONAL EDUCATION	13-1624046

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		87,860.
j	Total lines 1c through 1i			87,860.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER LOBBYING ACTIVITIES

THE CEO AND CERTAIN BOARD TRUSTEES OF INSTITUTE OF INTERNATIONAL

EDUCATION AS WELL AS AN INDEPENDENT CONSULTANT MEET WITH LEGISLATIVE AND

GOVERNMENT OFFICIALS AND/OR THEIR STAFF TO BOTH PROVIDE INFORMATION

REGARDING THE MISSION OF THE ORGANIZATION TO THOSE INDIVIDUALS THAT HAVE

SIMILAR OBJECTIVES AND GOALS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number

13-1624046

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,107,918.				
b Contributions	6,871,737.				
c Investment earnings or losses	2,357,117.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,420,257.				
g End of year balance	54,916,515.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 11.0000 %
 b Permanent endowment ► 6.0000 %
 c Term endowment ► 83.0000 %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.


Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		18,896,140.	10,419,303.	8,476,837.
c Leasehold improvements		8,730,636.	2,911,586.	5,819,050.
d Equipment		7,590,821.	5,543,077.	2,047,744.
e Other		12,876,036.	6,718,236.	6,157,800.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				22,501,431.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ARCHSTONE	4,697,948.	FMV
EVANSTONE/WEATHERLOW	4,545,849.	FMV
GRESHAM/TAP FUND	3,139,885.	FMV
PIMCO	2,666,206.	FMV
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►	15,049,888.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

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

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	362,154,815.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	342,705,596.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	19,449,219.
4	Net unrealized gains (losses) on investments	4	1,612,827.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	1,612,827.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	21,062,046.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	363,511,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,612,827.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,612,827.
3	Subtract line 2e from line 1	3	361,898,629.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	256,186.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	256,186.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	362,154,815.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	342,449,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	342,449,410.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	256,186.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	256,186.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	342,705,596.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE D, PART V

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT IS USED FOR TWO PURPOSES. ONE, TO PROVIDE A

REASONABLE AND PRUDENT LEVEL OF CURRENTLY EXPENDABLE INCOME IN ACCORDANCE

WITH THE SPENDING POLICY SET BY THE BOARD OF TRUSTEES. TWO, TO SUPPORT

THE ORGANIZATION AND ITS MISSION OVER THE LONG TERM BY MAINTAINING FUTURE

GROWTH OF THE ENDOWMENT.

Part XIV Supplemental Information (continued)

[illegible]

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SEE SCHEDULE F-1					
Totals ►					

[illegible]

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	60
3	Enter total number of other organizations or entities	3

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.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS OUTSIDE THE UNITED STATES

OVERALL: ALL OPERATIONS ARE CLOSELY MANAGED BY THE PROGRAM MANAGERS AND VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I.E., CFO, CONTROLLER'S DIVISION, GRANTS AND CONTRACTS, LEGAL SERVICES AND ADMINISTRATIVE SERVICES). THERE IS REGULAR MONTHLY MONITORING BY THESE MANAGERS. MID-YEAR BUDGET REVIEWS ARE PERFORMED BY SENIOR MANAGEMENT TO REVIEW THE ACTIVITIES OF ALL PROGRAMS AND ADJUST TO CHANGES IN BUDGET ASSUMPTIONS. QUARTERLY REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS.

BUDGETS: BUDGETS ARE ESTABLISHED ON A DIVISIONAL AND PROGRAM BASIS WITH CLOSE COORDINATION BETWEEN PROGRAM DIVISIONS AND BUDGET AND FINANCE. VARIANCES ARE REVIEWED EACH MONTH BY THE PROGRAM DIRECTORS AND SEMI-ANNUALLY WITH THE CFO. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE UPDATED WEEKLY, TO MONITOR PERFORMANCE.

PAYMENTS: PAYMENTS FOR DISBURSEMENTS AND REIMBURSEMENTS RELATING TO ALL GRANT FUNDS REQUIRE APPROPRIATE SUPPORTING DOCUMENTATION. BEFORE PAYMENTS ARE MADE, GRANTEES AND VENDORS ARE CHECKED AGAINST THE EXCLUDED PARTIES LIST SYSTEM (EPLS) TO ENSURE THESE PAYEES ARE IN COMPLIANCE WITH APPROPRIATE RULES AND REGULATIONS. UPON APPROVAL FROM EPLS, PAYMENTS WILL INCLUDE AGREEMENTS STATING THE TERMS OF THE GRANT SIGNED BY IIE AND THE GRANTEE OR VENDOR AND IIE SUPERVISOR/MANAGER LEVEL APPROVED PAYMENT DOCUMENTS TO PROCESS EACH OF THE DISBURSEMENTS OR REIMBURSEMENTS. ALL COSTS ASSOCIATED WITH THESE PAYMENTS ARE CONTROLLED BY PROGRAM MANAGEMENT AS WELL AS THE FINANCE TEAM WHO ENSURE THAT THE PAYMENTS ARE RELATED TO

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

ALLOWABLE AND SPONSOR APPROVED ACTIVITIES.

SEVIS: IIE REPORTS TO THE STUDENT AND EXCHANGE VISITOR PROGRAM (SEVP)

WHICH SERVES AS THE BRIDGE FOR VARIED GOVERNMENT ORGANIZATIONS THAT HAVE

AN INTEREST IN INFORMATION ON FOREIGN STUDENTS. SEVP USES WEB-BASED

TECHNOLOGY, THE STUDENT AND EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS),

TO TRACK AND MONITOR SCHOOLS AND PROGRAMS, STUDENTS, EXCHANGE VISITORS

AND THEIR DEPENDENTS THROUGHOUT THE DURATION OF APPROVED PARTICIPATION

WITHIN THE U.S. EDUCATION SYSTEM.

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (From 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 to list additional information for
Part I, line 3; Part II, line 1; or Part III.**

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDENT EDUCATION EXCH	3,322,865.
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	STUDENT EDUCATION EXCH	99,490.
EAST ASIA AND THE PACIFIC	5	26	PROGRAM SERVICES	STUDENT EDUCATION EXCH	5,100,550.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDENT EDUCATION EXCH	11,168,890.
EAST ASIA AND THE PACIFIC			GRANTMAKING	STUDENT EDUCATION EXCH	1,460,255.
EUROPE	1	8	PROGRAM SERVICES	STUDENT EDUCATION EXCH	1,441,743.
EUROPE			PROGRAM SERVICES	STUDENT EDUCATION EXCH	26,125,222.
EUROPE			GRANTMAKING	STUDENT EDUCATION EXCH	67,369.
MIDDLE EAST AND NORTH AFRICA	1	10	PROGRAM SERVICES	STUDENT EDUCATION EXCH	1,772,445.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDENT EDUCATION EXCH	8,273,914.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	STUDENT EDUCATION EXCH	819,121.
NORTH AMERICA	1	13	PROGRAM SERVICES	STUDENT EDUCATION EXCH	3,041,304.
NORTH AMERICA			PROGRAM SERVICES	STUDENT EDUCATION EXCH	2,273,309.
NORTH AMERICA			GRANTMAKING	STUDENT EDUCATION EXCH	4,697.
RUSSIA/INDEPENDENT STATES	2	21	PROGRAM SERVICES	STUDENT EDUCATION EXCH	1,917,397.
RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	STUDENT EDUCATION EXCH	4,830,771.
RUSSIA/INDEPENDENT STATES			GRANTMAKING	STUDENT EDUCATION EXCH	82,738.
SOUTH AMERICA			PROGRAM SERVICES	STUDENT EDUCATION EXCH	9,329,246.
SOUTH AMERICA			GRANTMAKING	STUDENT EDUCATION EXCH	583,106.
SOUTH ASIA			PROGRAM SERVICES	STUDENT EDUCATION EXCH	3,413,025.
SOUTH ASIA			GRANTMAKING	STUDENT EDUCATION EXCH	18,330.
SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICES	STUDENT EDUCATION EXCH	112,365.
Totals ►					

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

Schedule F-1 (Form 990) 2008

Continuation Sheet for Schedule F (From 990)

OMB No. 1545-0047

2008

Open to Public Inspection

► Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDENT EDUCATION EXCH	9,234,614.
Totals ▶	11	81			94,492,766.

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

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,000.	CHECK		N/A	N/A
			SOUTH AMERICA	EDUCATION EXCHANGE	16,882.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	6,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	8,065.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	8,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	29,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	18,800.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	29,746.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,183.	CHECK		N/A	N/A
			SOUTH AMERICA	EDUCATION EXCHANGE	203,697.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	14,520.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	5,400.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	29,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	17,103.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	532,928.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	13,000.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	9,419.	CHECK		N/A	N/A
			SOUTH AMERICA	EDUCATION EXCHANGE	342,207.	CHECK		N/A	N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	6,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	7,369.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	5,100.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	12,615.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	9,485.	CHECK		N/A	N/A
			SOUTH AMERICA	EDUCATION EXCHANGE	18,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	19,804.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,000.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	19,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	1,175,876.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	11,824.	CHECK		N/A	N/A
			SOUTH ASIA	EDUCATION EXCHANGE	10,330.	CHECK		N/A	N/A
			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	67,097.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	26,245.	CHECK		N/A	N/A
			CENTRAL AMERICA AND CARI	EDUCATION EXCHANGE	5,853.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	9,000.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,003.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	18,600.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,978.	CHECK		N/A	N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	20,540.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	5,647.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	8,006.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,000.	CHECK		N/A	N/A
			SOUTH ASIA	EDUCATION EXCHANGE	8,000.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	33,716.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	6,000.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	5,500.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	17,170.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	15,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	15,618.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	7,000.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,931.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,931.	CHECK		N/A	N/A
			RUSSIA AND THE NEWLY IND	EDUCATION EXCHANGE	82,738.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	5,735.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	17,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	20,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	20,000.	CHECK		N/A	N/A

Schedule F-1 (Form 990) 2008

[illegible]

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	CENTRAL AMERICA AND THE	43	37,548.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	EAST ASIA AND THE PACIFI	112	122,308.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	EUROPE	283	358,827.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	MIDDLE EAST AND NORTH AF	60	45,514.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	NORTH AMERICA	41	42,896.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	RUSSIA AND THE NEWLY IND	57	70,415.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	SOUTH AMERICA	170	176,721.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	SOUTH ASIA	67	59,774.	CHECK		N/A	N/A
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	SUB-SAHARAN AFRICA	154	139,165.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	CENTRAL AMERICA AND THE	214	2,231,660.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	EAST ASIA AND THE PACIFI	492	1,866,373.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	EUROPE	1,007	10,914,056.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	MIDDLE EAST AND NORTH AF	410	3,503,598.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	NORTH AMERICA	96	541,136.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	RUSSIA AND THE NEWLY IND	365	3,835,000.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	SOUTH AMERICA	604	4,465,710.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	SOUTH ASIA	187	1,230,767.	CHECK		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATIO	SUB-SAHARAN AFRICA	582	6,125,452.	CHECK		N/A	N/A
SCHOLARSHIPS	CENTRAL AMERICA AND THE	98	379,550.	CHECK		N/A	N/A
SCHOLARSHIPS	EAST ASIA AND THE PACIFI	249	1,041,941.	CHECK		N/A	N/A

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE	452	1,838,782.	CHECK		N/A	N/A
SCHOLARSHIPS	MIDDLE EAST AND NORTH AF	92	504,459.	CHECK		N/A	N/A
SCHOLARSHIPS	NORTH AMERICA	89	425,769.	CHECK		N/A	N/A
SCHOLARSHIPS	RUSSIA AND THE NEWLY IND	29	137,775.	CHECK		N/A	N/A
SCHOLARSHIPS	SOUTH AMERICA	299	1,290,504.	CHECK		N/A	N/A
SCHOLARSHIPS	SOUTH ASIA	54	233,198.	CHECK		N/A	N/A
SCHOLARSHIPS	SUB-SAHARAN AFRICA	142	577,367.	CHECK		N/A	N/A
INSURANCE	EAST ASIA AND THE PACIFI	1	117.	CHECK		N/A	N/A
INSURANCE	EUROPE	4	269.	CHECK		N/A	N/A
INSURANCE	MIDDLE EAST AND NORTH AF	1	366.	CHECK		N/A	N/A
INSURANCE	NORTH AMERICA	2	481.	CHECK		N/A	N/A
INSURANCE	SOUTH ASIA	1	44.	CHECK		N/A	N/A
INSURANCE	SUB-SAHARAN AFRICA	3	325.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	CENTRAL AMERICA AND THE	96	190,750.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	EAST ASIA AND THE PACIFI	118	199,313.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	EUROPE	427	1,064,333.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	MIDDLE EAST AND NORTH AF	135	264,318.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	NORTH AMERICA	61	111,461.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	RUSSIA AND THE NEWLY IND	106	326,365.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	SOUTH AMERICA	188	397,211.	CHECK		N/A	N/A

[illegible]

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- | | | | | | |
|----------|-------------------------------------|-------------------------|----------|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Email solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRADLEY ASSOCIATES INC.	EVENT PLANNING	X		913,420.	197,713.	715,707.
Total ►				913,420.	197,713.	715,707.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA, CO, CT, DC, IL, MD, NJ, NY, TX, VA,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	NY GALA (event type)	REG OFFICE GALA (event type)	NONE (total number)	
Revenue				
1 Gross receipts	1,010,220.	143,280.		1,153,500.
2 Less: Charitable contributions	626,000.	13,976.		639,976.
3 Gross revenue (line 1 minus line 2)	384,220.	129,304.		513,524.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	458,945.	160,954.		619,899.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(619,899.)
9 Net income summary. Combine lines 3 and 8 in column (d)				-106,375.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				
9 Enter the state(s) in which the organization operates gaming activities: _____				
a Is the organization licensed to operate gaming activities in each of these states?	9a			
b If "No," Explain: _____				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a			
b If "Yes," Explain: _____				
11 Does the organization operate gaming activities with nonmembers?	11			
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12			

Schedule G (Form 990 or 990-EZ) 2008

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
c	If "Yes," enter name and address:		
	Name ► _____		
	Address ► _____		
16	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | | |
|----------|--|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations | ▶ | 62 |
| 3 | Enter total number of other organizations | ▶ | 3 |

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTEE ALLWNC(BOOKS, SUPPLIES, COMPUTER)	3,727	4,164,929.		N/A	N/A
GRANTEE COST OF LIVING, MEALS, RELOCATION	6,760	60,967,686.		N/A	N/A
SCHOLARSHIPS	280	1,180,331.		N/A	N/A
INSURANCE	18	20,016.		N/A	N/A
TRAVEL AND FIELD TRIPS	1,873	2,281,906.		N/A	N/A
TUITION	18,191	50,791,384.		N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES

OVERALL: ALL OPERATIONS ARE CLOSELY MANAGED BY THE PROGRAM MANAGERS AND

VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I. E., CFO,

CONTROLLER'S DIVISION, GRANTS AND CONTRACTS, LEGAL SERVICES AND

ADMINISTRATIVE SERVICES). THERE IS REGULAR MONTHLY MONITORING BY THESE

MANAGERS. MID-YEAR BUDGET REVIEWS ARE PERFORMED BY SENIOR MANAGEMENT TO

REVIEW THE ACTIVITIES OF ALL PROGRAMS AND ADJUST TO CHANGES IN BUDGET

ASSUMPTIONS. QUARTERLY REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT

OR GRANT REQUIREMENTS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

BUDGETS: BUDGETS ARE ESTABLISHED ON A DIVISIONAL AND PROGRAM BASIS WITH

CLOSE COORDINATION BETWEEN PROGRAM DIVISIONS AND BUDGET AND FINANCE.

VARIANCES ARE REVIEWED EACH MONTH BY THE PROGRAM DIRECTORS AND

SEMI-ANNUALLY WITH THE CFO. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE

UPDATED WEEKLY, TO MONITOR PERFORMANCE.

PAYMENTS: PAYMENTS FOR DISBURSEMENTS AND REIMBURSEMENTS RELATING TO ALL

GRANT FUNDS REQUIRE APPROPRIATE SUPPORTING DOCUMENTATION. BEFORE PAYMENTS

ARE MADE, GRANTEEES AND VENDORS ARE CHECKED AGAINST THE EXCLUDED PARTIES

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

LIST SYSTEM (EPLS) TO ENSURE THESE PAYEES ARE IN COMPLIANCE WITH
 APPROPRIATE RULES AND REGULATIONS. UPON APPROVAL FROM EPLS, PAYMENTS WILL
 INCLUDE AGREEMENTS STATING THE TERMS OF THE GRANT SIGNED BY IIE AND THE
 GRANTEE OR VENDOR AND IIE SUPERVISOR/MANAGER LEVEL APPROVED PAYMENT
 DOCUMENTS TO PROCESS EACH OF THE DISBURSEMENTS OR REIMBURSEMENTS. ALL
 COSTS ASSOCIATED WITH THESE PAYMENTS ARE CONTROLLED BY PROGRAM MANAGEMENT
 AS WELL AS THE FINANCE TEAM WHO ENSURE THAT THE PAYMENTS ARE RELATED TO
 ALLOWABLE AND SPONSOR APPROVED ACTIVITIES.

SEVIS: IIE REPORTS TO THE STUDENT AND EXCHANGE VISITOR PROGRAM (SEVP)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

WHICH SERVES AS THE BRIDGE FOR VARIED GOVERNMENT ORGANIZATIONS THAT HAVE

AN INTEREST IN INFORMATION ON FOREIGN STUDENTS. SEVP USES WEB-BASED

TECHNOLOGY, THE STUDENT AND EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS),

TO TRACK AND MONITOR SCHOOLS AND PROGRAMS, STUDENTS, EXCHANGE VISITORS

AND THEIR DEPENDENTS THROUGHOUT THE DURATION OF APPROVED PARTICIPATION

WITHIN THE U.S. EDUCATION SYSTEM.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,925,262.		N/A	N/A	EDUCATION EXCHANGE
AMERICAN UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	263,034.		N/A	N/A	EDUCATION EXCHANGE
ARIZONA STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,136,240.		N/A	N/A	EDUCATION EXCHANGE
BOSTON UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	355,860.		N/A	N/A	EDUCATION EXCHANGE
BRIGHAM YOUNG UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,359,464.		N/A	N/A	EDUCATION EXCHANGE
BRYN MAWR COLLEGE C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	3,317,126.		N/A	N/A	EDUCATION EXCHANGE
CALIFORNIA STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,200,000.		N/A	N/A	EDUCATION EXCHANGE
CONNECTING CULTURES, LLC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	217,428.		N/A	N/A	EDUCATION EXCHANGE
CORNELL UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	177,981.		N/A	N/A	EDUCATION EXCHANGE
EMBARK C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	390,276.		N/A	N/A	EDUCATION EXCHANGE
EMORY UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	107,258.		N/A	N/A	EDUCATION EXCHANGE
ENERGY MARKETS GROUP, INC (EMG) C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	125,300.		N/A	N/A	EDUCATION EXCHANGE
GEORGIA TECH RESEARCH CORP C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	236,144.		N/A	N/A	EDUCATION EXCHANGE
HELMSBRISCOE C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	37,422.		N/A	N/A	EDUCATION EXCHANGE
HMW INTERNATIONAL, INC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017			171,700.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of Section 501(c)(3) and government organizations 62

3 Enter total number of other organizations 3

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLBROOK GLOBAL FIELD EXPEDITIONS C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	74,753.		N/A	N/A	EDUCATION EXCHANGE
HOWARD UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	584,777.		N/A	N/A	EDUCATION EXCHANGE
INDIANA UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	836,896.		N/A	N/A	EDUCATION EXCHANGE
LASPAU C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	3,524,930.		N/A	N/A	EDUCATION EXCHANGE
LOUISIANA STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	104,285.		N/A	N/A	EDUCATION EXCHANGE
MASSACHUSETTS INST. OF TECHNOLOGY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	165,473.		N/A	N/A	EDUCATION EXCHANGE
METRO AREA CHICAGO C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	22,000.		N/A	N/A	EDUCATION EXCHANGE
METRO AREA LOS ANGELES C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	22,000.		N/A	N/A	EDUCATION EXCHANGE
METRO AREA SAN FRANCISCO C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	22,000.		N/A	N/A	EDUCATION EXCHANGE
METRO AREA WASHINGTON, DC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	22,000.		N/A	N/A	EDUCATION EXCHANGE
METRO COORDINATORS C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	233,000.		N/A	N/A	EDUCATION EXCHANGE
MICHIGAN STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,030,806.		N/A	N/A	EDUCATION EXCHANGE
NORTH GEORGIA COLLEGE AND STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	236,662.		N/A	N/A	EDUCATION EXCHANGE
OHIO STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	2,103,235.		N/A	N/A	EDUCATION EXCHANGE
ONE TO WORLD C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	22,000.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	124,999.		N/A	N/A	EDUCATION EXCHANGE
PENN STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	171,734.		N/A	N/A	EDUCATION EXCHANGE
PERFORMANCE SOLUTIONS GROUP INC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	14,621.		N/A	N/A	EDUCATION EXCHANGE
PORTLAND STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	499,979.		N/A	N/A	EDUCATION EXCHANGE
SAN DIEGO STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	233,488.		N/A	N/A	EDUCATION EXCHANGE
SAN FRANCISCO STATE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	58,706.		N/A	N/A	EDUCATION EXCHANGE
SILVER PEG SOLUTIONS, LLC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	468,980.		N/A	N/A	EDUCATION EXCHANGE
SPANTRAN EDUCATIONAL SERVICES, INC C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	223,575.		N/A	N/A	EDUCATION EXCHANGE
SPARTA SOCIAL NETWORKS, INC. C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	103,935.		N/A	N/A	EDUCATION EXCHANGE
SYRACUSE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	163,808.		N/A	N/A	EDUCATION EXCHANGE
TEXAS A&M C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	147,549.		N/A	N/A	EDUCATION EXCHANGE
THE JOHNS HOPKINS UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	243,036.		N/A	N/A	EDUCATION EXCHANGE
TRC ALTERNATIVE ENERGY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017			131,880.		N/A	N/A	EDUCATION EXCHANGE
TULANE UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	140,256.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF ARIZONA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	322,180.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	684,263.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF HAWAII C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,584,379.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MARYLAND C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	2,810,714.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MICHIGAN C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	337,684.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MINNESOTA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	503,618.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MISSISSIPPI C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,002,625.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MONTANA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,000,000.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF OHIO C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	121,484.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF OKLAHOMA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	405,604.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF OREGON C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	1,715,586.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF RHODE ISLAND C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	502,381.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF SOUTH CAROLINA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	93,374.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF SOUTH FLORIDA C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	13,497.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF TEXAS C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	3,600,288.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF UTAH C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017		501(C)(3)	148,546.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

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

Schedule I-1 (Form 990) 2008

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number	
--------------------------------	--

13-1624046

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

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

Schedule J (Form 990) 2008

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

OTHER EMPLOYEE EXPENSES

TRAVEL FOR COMPANIONS: THERE IS A HOME LEAVE POLICY IN WHICH

INTERNATIONAL DIRECTORS THAT HAVE RELOCATED FOR THE ORGANIZATION ARE

ALLOWED TO TRAVEL HOME ONCE EVERY TWO YEARS WITH THEIR FAMILY.

HOUSING ALLOWANCE: TWO OF THE HIGHEST COMPENSATED EMPLOYEES, ALAN ADELMAN

AND ELIZABETH KHALIFA, RECEIVE HOUSING ALLOWANCE. THESE EMPLOYEES ARE

INTERNATIONAL DIRECTORS LIVING OUTSIDE THE U.S.

SOCIAL CLUB DUES: DR. ALLAN E. GOODMAN, CEO, IS A MEMBER OF THE CITY CLUB

OF WASHINGTON AT FRANKLIN SQUARE WHICH IS LESS THAN \$10K A YEAR.

SCHEDULE J, PART I, LINE 4B

PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE CEO AND COO CAN PARTICIPATE IN THE 457(F) PLAN. THERE WERE NO

CONTRIBUTIONS MADE IN FY 2009.

**SCHEDULE J-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information
regarding compensation.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. ALLAN E. GOODMAN	(i)	372,051.	30,000.	21,369.	37,750.	6,465.	467,635.	305,238.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PEGGY BLUMENTHAL	(i)	278,201.	25,000.	4,157.	36,604.	4,875.	348,837.	224,373.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDITH CECIL	(i)	190,778.	10,000.	16,627.	37,206.	3,312.	257,923.	170,420.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN CHEN	(i)	221,633.	20,000.	840.	32,375.	6,512.	281,360.	198,714.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAYE CHEN	(i)	123,240.	2,500.	15,875.	27,620.	8,200.	177,435.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANIELA Z. KAISTH	(i)	162,581.	10,000.	15,992.	18,825.	7,172.	214,570.	155,667.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS W. KEAR	(i)	144,477.	14,000.	1,972.	32,318.	8,255.	201,022.	133,840.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY KIRK	(i)	212,513.	10,000.	1,157.	30,141.	3,320.	257,131.	180,784.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK S. LAZAR	(i)	142,333.	10,000.	15,904.	29,800.	9,572.	207,609.	139,221.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SABINE U. O' HARA	(i)	196,317.	5,000.	1,088.	19,062.	6,075.	227,542.	155,725.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT E. SLATTERY	(i)	142,501.	13,000.	3,820.	25,434.	5,312.	190,067.	129,156.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOAN WALL	(i)	141,195.	5,000.	17,731.	33,994.	5,393.	203,313.	133,149.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH KHALIFA	(i)	135,424.	1,000.	24,023.	23,630.	500.	184,577.	133,270.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAGRITI PAREKH	(i)	120,779.	11,000.	15,850.	25,786.	5,312.	178,727.	120,163.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALAN ADELMAN	(i)	117,890.	1,500.	40,672.	12,016.	500.	172,578.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY OVERHOLT	(i)	130,652.	6,500.	1,243.	11,215.	6,980.	156,590.	117,294.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

Employer identification number

13-1624046

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

[illegible]

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer Identification number

13-1624046

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. THOMAS S. JOHNSON TRUSTEE	5.	X						NONE	NONE	NONE
DR. HENRY KAUFMAN TRUSTEE	1.	X						NONE	NONE	NONE
MR. MARK ANGELSON TRUSTEE	4.	X						NONE	NONE	NONE
MRS. MARYAM ANSARY TRUSTEE	1.	X						NONE	NONE	NONE
PRESIDENT LEE C. BOLLINGER TRUSTEE	1.	X						NONE	NONE	NONE
DR. GEORGE CAMPBELL, JR. TRUSTEE	1.	X						NONE	NONE	NONE
MRS. MARIA LIVANOS CATTALUI TRUSTEE	1.	X						NONE	NONE	NONE
DR. RICHARD A. DEBS TRUSTEE	1.	X						NONE	NONE	NONE
MR. ROBERT L. DILENSCHNEIDER TRUSTEE	2.	X						NONE	NONE	NONE
MR. GEORGE J. DONNELLY TRUSTEE	1.	X						NONE	NONE	NONE
DR. WILLIAM G. DURDEN TRUSTEE	1.	X						NONE	NONE	NONE
AMBASSADOR HARRIET ELAM-THOMAS TRUSTEE	1.	X						NONE	NONE	NONE
MR. G. STEPHEN FISHER TRUSTEE	1.	X						NONE	NONE	NONE
MR. STEPHEN C. FRANCIS TRUSTEE	2.	X						NONE	NONE	NONE
MR. SCOTT FREIDHEIM TRUSTEE	1.	X						NONE	NONE	NONE
MR. BART FRIEDMAN TRUSTEE	1.	X						NONE	NONE	NONE
MR. VICTOR J. GOLDBERG TRUSTEE	3.	X						NONE	NONE	NONE
DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.	X		X				423,420.	NONE	44,215.
MR. PETER M. GOTTSEGEN TRUSTEE	1.	X						NONE	NONE	NONE
MR. JACK M. GREENBERG TRUSTEE	1.	X						NONE	NONE	NONE
MR. BRADLEY A. GREY TRUSTEE (LEFT IN FY09)		X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer Identification number

13-1624046

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MS. RUTH HINERFELD TRUSTEE	2.	X						NONE	NONE	NONE
DR. KAREN A. HOLBROOK TRUSTEE	1.	X						NONE	NONE	NONE
MS. PAMELA HOWARD TRUSTEE	1.	X						NONE	NONE	NONE
MR. S. A. IBRAHIM TRUSTEE	1.	X						NONE	NONE	NONE
DR. HENRY G. JARECKI TRUSTEE	3.	X						NONE	NONE	NONE
MR. JULIAN JOHNSON TRUSTEE	4.	X						NONE	NONE	NONE
MR. MARK KAPLAN TRUSTEE	1.	X						NONE	NONE	NONE
THE HONORABLE HENRY A. KISSINGER TRUSTEE	1.	X						NONE	NONE	NONE
MR. E. MICHEL KRUSE TRUSTEE	2.	X						NONE	NONE	NONE
MR. JOHN W. LOW TRUSTEE	2.	X						NONE	NONE	NONE
MR. RAYMOND A. MASON TRUSTEE (LEFT IN FY09)		X						NONE	NONE	NONE
THE HON DONALD F. MCHENRY TRUSTEE	1.	X						NONE	NONE	NONE
MS. LINDA R. MEIER TRUSTEE	1.	X						NONE	NONE	NONE
MR. MICHAEL G. MORRIS TRUSTEE	1.	X						NONE	NONE	NONE
MR. LAURENCE C. MORSE TRUSTEE	1.	X						NONE	NONE	NONE
MR. KARLHEINZ MUHR TRUSTEE	1.	X						NONE	NONE	NONE
MRS. DIANE J. PATON TRUSTEE	1.	X						NONE	NONE	NONE
MR. VICTOR J. REVENKO TRUSTEE	1.	X						NONE	NONE	NONE
DR. GEORGE RUPP TRUSTEE	1.	X						NONE	NONE	NONE
MR. THOMAS A. RUSSO TRUSTEE	1.	X						NONE	NONE	NONE
PRESIDENT JOHN SEXTON TRUSTEE	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer Identification number

13-1624046

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. BEVERLY DANIEL TATUM TRUSTEE	1.	X						NONE	NONE	NONE
MR. PETER R. THOMPSON TRUSTEE	3.	X						NONE	NONE	NONE
MR. HENRIK N. VANDERLIP TRUSTEE	1.	X						NONE	NONE	NONE
MS. LINDA VESTER TRUSTEE	1.	X						NONE	NONE	NONE
PEGGY BLUMENTHAL CHIEF OPERATING OFFICER	40.			X				307,358.	NONE	41,479.
EDITH CECIL VP, PROGRAMS	40.			X				217,405.	NONE	40,518.
BRIAN CHEN CHIEF INFORMATION OFFICER	40.			X				242,473.	NONE	38,887.
JAYE CHEN VP AND GENERAL COUNSEL	40.			X				141,615.	NONE	35,820.
DANIELA Z. KAISTH VP, PROGRAMS	40.			X				188,573.	NONE	25,997.
DENNIS W. KEAR DEPUTY VP, IT	40.			X				160,449.	NONE	40,573.
MARY KIRK VP, PROGRAMS	40.			X				223,670.	NONE	33,461.
MARK S. LAZAR VP, PROGRAMS	40.			X				168,237.	NONE	39,372.
MARK D. MOYER CHIEF FINANCIAL OFFICER	40.			X				73,710.	NONE	1,538.
SABINE U. O'HARA VP, PROGRAMS	40.			X				202,405.	NONE	25,137.
ROBERT E. SLATTERY DEPUTY VP, ADMIN	40.			X				159,321.	NONE	30,746.
JOAN WALL VP HUMAN RESOURCES	40.			X				163,926.	NONE	39,387.
ELIZABETH KHALIFA INTL DIVISION DIR	40.					X		160,447.	NONE	24,130.
JAGRITI PAREKH DIR IT DEVELOPMENT	40.					X		147,629.	NONE	31,098.
ALAN ADELMAN INTL DIVISION DIR	40.					X		160,062.	NONE	12,516.
NANCY OVERHOLT DIVISION DIRECTOR	40.					X		138,395.	NONE	18,195.
KIRK LENGA DIR FINANCE & BUDGET	40.					X		118,487.	NONE	26,913.

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

Schedule J-2 (Form 990) 2008

JSA

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► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

Part I

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
C. SLATTERY	R. SLATTERY(OFFICER) -SON	27,507.	EMPLOYMENT (SEE SCHEDULE O)		X
J. ANGELSON	ANGELSON(TRUSTEE) DAUGHTER	20,025.	EMPLOYMENT (SEE SCHEDULE O)		X
GRESHAM FUND	SEE SCHEDULE O	250,000.	IIE INVESTMENT IN GRESHAM FUND		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

EXPENSES: \$4,546,063 GRANTS: \$1,020,741 REVENUE: \$1,092,895

THE INSTITUTE IMPLEMENTS PROGRAMS TO BUILD LEADERSHIP SKILLS AND ENHANCE

THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL

CHALLENGES. LONG AND SHORT TERM TRAINING PROGRAMS IMPLEMENTED BY THE

INSTITUTE CONNECT STUDENTS AND PROFESSIONALS WITH PEERS AND COLLEAGUES

AROUND THE WORLD TO GAIN THE SKILLS AND INTERNATIONAL PERSPECTIVES THEY

WILL NEED TO FORGE SOLUTIONS TO GLOBAL CHALLENGES.

RESEARCH AND PUBLICATIONS:

EXPENSES: \$1,649,984 GRANTS: \$317,821 REVENUE: \$1,819,951

THE INSTITUTE UNDERTAKES ORIGINAL RESEARCH ACTIVITIES RESULTING IN THE

PUBLICATION OF MATERIALS GERMANE TO VARIOUS ASPECTS OF INTERNATIONAL

EDUCATION. AN EXAMPLE OF THIS TYPE OF ENDEAVOR IS THE ANNUAL CENSUS OF

FOREIGN STUDY WHICH RESULTS IN THE PUBLICATION "OPEN DOORS," AN IMPORTANT

SOURCE DOCUMENT FOR STATISTICAL ANALYSIS OF ACADEMIC MOBILITY BETWEEN THE

US AND THE NATIONS OF THE WORLD. IIE ALSO PROVIDES RESEARCH AND PROGRAM

EVALUATION SERVICES TO DOMESTIC AND INTERNATIONAL GOVERNMENTAL AGENCIES,

NONGOVERNMENTAL ORGANIZATIONS AND FOUNDATIONS. IIE'S PUBLICATIONS ON

INTERNATIONAL EDUCATION TOPICS AND GUIDES TO INTERNATIONAL STUDY PROGRAMS

AND FUNDING SERVE AS A RAPID RESPONSE TO THE CHANGING LANDSCAPE OF

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

INTERNATIONAL EDUCATION. THE INSTITUTE ALSO MAINTAINS COMPREHENSIVE

WEB-SITES PERTAINING TO INTERNATIONAL EDUCATION.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES CONTINUATION

INDONESIA

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 2

FAMILY AND BUSINESS RELATIONSHIPS

1. R. L. DILENSCHNEIDER, M. MORRIS, B. GREY AND K. MUHR - BUSINESS

RELATIONSHIP THROUGH ORDINARY BUSINESS COURSE.

2. H. JARECKI AND M. KAPLAN - BUSINESS RELATIONSHIP

3. H. JARECKI AND T. RUSSO - BUSINESS RELATIONSHIP

4. B. FRIESMAN AND OTHER IIE TRUSTEES - BUSINESS RELATIONSHIP THROUGH

PROFESSIONAL CLIENT SERVICE.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 4

SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS

OVER THE PAST FEW YEARS, IIE HAS PERIODICALLY REVIEWED AND UPDATED ITS

BY-LAWS, INCLUDING DURING FY09 AN INCREASE IN THE NUMBER OF BOARD

MEMBERS. A COPY HAS BEEN MAILED TO THE INTERNAL REVENUE SERVICE IN

ACCORDANCE WITH THE INSTRUCTIONS.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 10

REVIEW PROCESS FOR FORM 990

THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FINAL FORM 990. THE FINAL

FORM 990 IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE AND THEN THE BOARD

OF TRUSTEE MEMBERS BEFORE FILING.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL OFFICERS, TRUSTEES

AND EMPLOYEES. UPDATED ANNUAL DISCLOSURES ARE REQUIRED FROM EACH

RECIPIENT. THIS PROCESS IS MONITORED BY HUMAN RESOURCES.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 15A & 15B

COMPENSATION POLICY

THE COMPENSATION / HUMAN RESOURCES COMMITTEE REVIEWS THE SALARIES FOR THE

OFFICERS AND KEY EMPLOYEES ANNUALLY. THERE IS AN OUTSIDE CONSULTING FIRM

THAT IS HIRED EVERY THREE (3) YEARS THAT PERFORMS A PEER ANALYSIS ON THE

COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES.

PERFORMANCE AND MERIT ARE CONSIDERED FOR BONUSES AND SALARY INCREASES.

THE COMPENSATION COMMITTEE PRESENTS COMPENSATION RECOMMENDATIONS FOR THE

OFFICERS TO THE EXECUTIVE COMMITTEE FOR APPROVAL. COMPENSATION

RECOMMENDATIONS FOR THE CEO AND COO ARE PRESENTED BY THE EXECUTIVE

COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

INSTITUTE OF INTERNATIONAL EDUCATION'S GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

FORM 990, PART VII

AVERAGE HOURS

J. CHEN AND S. O'HARA, OFFICERS OF IIE, SPEND ONE AVERAGE HOUR EACH WEEK

ON INTERNATIONAL FELLOWSHIPS FUND, A RELATED ENTITY.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

1. C. SLATTERY, THE SON OF R. SLATTERY, OFFICER OF IIE, WORKED PART TIME

FOR IIE. THE COMPENSATION PAID FOR FY09 WAS \$27,507.

2. J. ANGELSON, THE DAUGHTER OF M. ANGELSON, TRUSTEE OF IIE, WORKED FOR

IIE FROM JULY 2008 UNTIL MAY 2009. THE COMPENSATION PAID FOR FY09 WAS

\$20,025.

3. GRESHAM FUND - H. JARECKI AND M. KAPLAN, TRUSTEES OF IIE, ALSO SERVE

AS PRINCIPAL/CUSTODIAN AND DIRECTOR OF GRESHAM FUND, RESPECTIVELY. IIE

HAS A FMV INTEREST OF \$3.1 MILLION IN GRESHAM FUND AS OF 9/30/2009.

DURING FY09, IIE INVESTED \$250,000 IN GRESHAM FUND.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
INTERNATIONAL FELLOWSHIPS FUND, INC. 13-4162722 809 UNITED NATIONS PLAZA, 9 FL NEW YORK, NY 10017	SUPPORT ORG	DE	501 (C) (3)	11 A - I	N/ A
INDONESIAN INTERNATIONAL EDUCATION FDN MENARA IMPERIUM, 28TH FL JAKARTA SELATAN, 12980	EDUC EXCHANGE	ID	FGN EXEMPT		N/ A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X
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 other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1) INTERNATIONAL FELLOWSHIPS FUND, INC.	CKMNPR	1,972,000.
(2) INDONESIAN INTERNATIONAL EDUCATION FDN	B	1,175,876.
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

IIE'S MISSION IS PROMOTING CLOSER EDUCATIONAL RELATIONS BETWEEN THE PEOPLE OF THE UNITED STATES AND THOSE OF OTHER COUNTRIES, STRENGTHENING AND LINKING INSTITUTIONS OF HIGHER LEARNING GLOBALLY, RESCUING THREATENED SCHOLARS AND ADVANCING ACADEMIC FREEDOM, BUILDING LEADERSHIP SKILLS AND ENHANCING THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL CHALLENGES.

FORM 990, PART III - PROGRAM SERVICES

=====

4A PROGRAM SERVICE

INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS:

THE INSTITUTE IMPLEMENTS PRESTIGIOUS AND INNOVATIVE SCHOLARSHIP PROGRAMS AND IDENTIFIES TALENT FROM AROUND THE WORLD. THESE PROGRAMS ALLOW STUDENTS ACCESS TO LEADING INSTITUTIONS OF HIGHER EDUCATION AND AN INTERNATIONAL EXPERIENCE THAT IS IMPORTANT IN THE 21ST CENTURY WORKPLACE.

EXAMPLES OF THESE PROGRAMS INCLUDE FULBRIGHT STUDENT AND FULBRIGHT SCHOLAR, WHICH ARE SPONSORED BY THE UNITED STATES DEPARTMENT OF STATE. THESE PROGRAMS, ALONG WITH OTHERS ADMINISTERED BY THE ORGANIZATION, ARE VITAL TO PROMOTING MUTUAL UNDERSTANDING AND THE DEVELOPMENT OF GLOBAL LEADERS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
LEADERSHIP DEVELOPMENT EDUCATIONAL SVCS(SEE SCH O)	1,020,741.	4,546,063.	1,092,895.
RESEARCH AND PUBLICATIONS (SEE SCH O)	317,821.	1,649,984.	1,819,951.
	-----	-----	-----
TOTALS	1,338,562.	6,196,047.	2,912,846.
	=====	=====	=====

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
=====

CHINA
EGYPT
HUNGARY
INDIA
MEXICO
RUSSIA
THAILAND
UKRAINE
VIETNAM
ETHIOPIA

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
SIEMENS IT SOLUTIONS & SERVICES DEPT CH 14235 PALANTINE, IL 60055-4235	TECHNICAL SERVICES	1,211,357.
ALPHA TECHNOLOGIES, INC. 78 ROUTE 173 WEST, SUITE 4 HAMPTON, NJ 08827	IT CONSULTING SVCS	980,261.
SITA CORPORATION 347 ELIZABETH AVENUE SOMERSET, NJ 08873-0037	INFORMATION SERVICES	684,353.
ASSYST INTERNATIONAL PVT LTD 22866 SHAW ROAD STERLING, VA 20166-9400	INFORMATION SERVICES	488,159.
PRICewaterhouseCOOPERS, LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170-8001	AUDITOR SERVICES	478,484.

	TOTAL COMPENSATION	3,842,614. =====

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
DIVIDENDS & INTEREST	2,076,787.		-26,051.	2,102,838.
	-----	-----	-----	-----
TOTALS	2,076,787.		-26,051.	2,102,838.
	=====	=====	=====	=====