

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

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning** 10/01, 2009, and ending 09/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 809 UNITED NATIONS PLAZA City or town, state or country, and ZIP + 4 NEW YORK, NY 10017	D Employer identification number 13-1624046
	F Name and address of principal officer: ALLAN E. GOODMAN 809 UNITED NATIONS PLAZA NEW YORK, NY 10017	E Telephone number (212) 883-8200
	G Gross receipts \$ 334,703,242.	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Form 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: IIE IS AN INTERNATIONAL ORGANIZATION THAT IMPLEMENTS HIGHER EDUCATION EXCHANGE AND TRAINING PROGRAMS INVOLVING US AND NON-US PARTICIPANTS ON BEHALF OF PUBLIC AND PRIVATE SECTORS, SPONSORS AND DONORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of employees (Part V, line 2a)	5	695
	6 Total number of volunteers (estimate if necessary)	6	8,219
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-5,228.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	338,813,957.	309,497,032.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,459,248.	19,887,063.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	982,725.	1,974,557.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-101,115.	-107,183.
	12 362,154,815.	331,251,469.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	238,799,078.	238,810,562.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,696,901.	47,265,672.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	197,713.	309,868.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,134,007.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	60,011,904.	51,863,010.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	342,705,596.	338,249,112.	
19 Revenue less expenses. Subtract line 18 from line 12	19,449,219.	-6,997,643.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	179,112,391.	180,798,884.
	22 Net assets or fund balances. Subtract line 21 from line 20	69,111,228.	71,450,570.
		110,001,163.	109,348,314.

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	Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P01080295
	Firm's name (or yours if self-employed), address, and ZIP + 4	PRICEWATERHOUSECOOPERS LLP 300 MADISON AVENUE NEW YORK, NY 10017	EIN	13-4008324
	Phone no.	646-471-3000		
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE SCHEDULE O.

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 \$ 242,330,124. including grants of \$ 181,415,267.) (Revenue \$ 11,368,163.)
INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS. SEE SCHEDULE O.**4b** (Code:) (Expenses \$ 57,251,735. including grants of \$ 46,556,600.) (Revenue \$ 959,190.)
LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES. SEE SCHEDULE O.**4c** (Code:) (Expenses \$ 21,805,563. including grants of \$ 8,432,316.) (Revenue \$ 6,829,040.)
HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT. SEE SCHEDULE O.**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 6,830,496. including grants of \$ 2,406,379.) (Revenue \$ 730,670.)

4e Total program service expenses ► 328,217,918.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" 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>		<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>	<input checked="" 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>		
6 Did the organization maintain any donor advised funds or any similar funds or 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>		<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>		<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>		<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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input checked="" type="checkbox"/>	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" 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>	<input checked="" 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>	<input checked="" type="checkbox"/>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		<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>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

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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 375	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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 695	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b X	
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: SEE SCHEDULE O 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 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 44		
b Enter the number of voting members that are independent	1b 41		
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 organization 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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(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	3.00	X						0.	0.	0.
DR. HENRY KAUFMAN TRUSTEE	1.00	X						0.	0.	0.
MR. MARK ANGELSON TRUSTEE	4.00	X						0.	0.	0.
MRS. MARYAM ANSARY TRUSTEE	1.00	X						0.	0.	0.
PRESIDENT LEE C. BOLLINGER TRUSTEE	1.00	X						0.	0.	0.
DR. GEORGE CAMPBELL, JR. TRUSTEE	1.00	X						0.	0.	0.
MRS. MARIA LIVANOS CATTALUI TRUSTEE	1.00	X						0.	0.	0.
DR. RICHARD A. DEBS TRUSTEE	1.00	X						0.	0.	0.
MR. ROBERT L. DILENSCHNEIDER TRUSTEE	1.00	X						0.	0.	0.
MR. GEORGE J. DONNELLY TRUSTEE	1.00	X						0.	0.	0.
DR. WILLIAM G. DURDEN TRUSTEE	1.00	X						0.	0.	0.
AMBASSADOR HARRIET ELAM-THOMAS TRUSTEE	1.00	X						0.	0.	0.
MR. G. STEPHEN FISHER TRUSTEE	1.00	X						0.	0.	0.
MR. STEPHEN C. FRANCIS TRUSTEE	1.00	X						0.	0.	0.
MR. SCOTT FREIDHEIM TRUSTEE	1.00	X						0.	0.	0.
MR. BART FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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. VICTOR J. GOLDBERG TRUSTEE	2.00	X						0.	0.	0.
DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.00	X		X				458,702.	0.	55,465.
MR. PETER M. GOTTSEGEN TRUSTEE	1.00	X						0.	0.	0.
MR. JACK M. GREENBERG TRUSTEE	1.00	X						0.	0.	0.
MS. RUTH HINERFELD TRUSTEE	2.00	X						0.	0.	0.
DR. KAREN A. HOLBROOK TRUSTEE	1.00	X						0.	0.	0.
MS. PAMELA HOWARD TRUSTEE	1.00	X						0.	0.	0.
MR. S.A. IBRAHIM TRUSTEE	1.00	X						0.	0.	0.
DR. HENRY G. JARECKI TRUSTEE	7.00	X						0.	0.	0.
MR. JULIAN JOHNSON TRUSTEE	3.00	X						0.	0.	0.
MR. MARK KAPLAN TRUSTEE	1.00	X						0.	0.	0.
DR. HENRY A. KISSINGER TRUSTEE	1.00	X						0.	0.	0.
MR. E. MICHEL KRUSE TRUSTEE	1.00	X						0.	0.	0.
1b Total . CONTINUED AT SCHEDULE J-2								4,516,569.	0.	769,450.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **32**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

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	1,218,327.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	213,599,030.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	94,679,675.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		309,497,032.			
Program Service Revenue				Business Code			
	2a	FEE FOR SERVICE	900099	18,388,541.	18,388,541.		
	b	PUBLICATION SALES	519100	536,124.	536,124.		
	c	UNIVERSITY FAIR REVENUE	900099	820,040.	820,040.		
	d	MEMBERSHIP DUES	900099	142,358.	142,358.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		19,887,063.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,302,593.		-5,228.	2,307,821.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . . .					
	d	Net rental income or (loss)		0.			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,679,284.	238,060.			
	b	Less: cost or other basis and sales expenses	3,245,380.				
	c	Gain or (loss)	-566,096.	238,060.			
	d	Net gain or (loss)		-328,036.		-328,036.	
	8a	Gross income from fundraising events (not including \$ <u>1,218,327.</u> of contributions reported on line 1c). See Part IV, line 18	a	96,413.			
	b	Less: direct expenses	b	206,393.			
	c	Net income or (loss) from fundraising events		-109,980.		-109,980.	
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS INCOME	900099	2,797.			2,797.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,797.				
12	Total Revenue. See instructions		331,251,469.	19,887,063.	-5,228.	1,872,602.	

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 . . .	43,823,838.	43,823,838.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	134,391,685.	134,391,685.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	60,595,039.	60,595,039.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,323,788.	2,958,171.	332,379.	33,238.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	32,889,169.	29,702,601.	2,685,487.	501,081.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,613,527.	2,326,039.	261,353.	26,135.
9 Other employee benefits	6,028,951.	5,365,766.	602,895.	60,290.
10 Payroll taxes	2,410,237.	2,145,111.	241,024.	24,102.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	785,909.	683,741.	102,168.	
c Accounting	428,678.	372,950.	55,728.	
d Lobbying	70,060.	60,952.	9,108.	
e Professional fundraising services. See Part IV, line 17	309,868.			309,868.
f Investment management fees	192,341.	167,337.	25,004.	
g Other	7,192,732.	6,633,879.	558,853.	
12 Advertising and promotion	0.			
13 Office expenses	2,995,874.	2,606,410.	359,505.	29,959.
14 Information technology	5,168,442.	3,942,868.	1,225,574.	
15 Royalties	0.			
16 Occupancy	6,612,944.	5,786,332.	759,225.	67,387.
17 Travel	2,502,048.	2,247,813.	254,235.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	12,522,155.	12,435,177.	80,287.	6,691.
20 Interest	789,221.	686,622.	102,599.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	3,453,587.	2,718,158.	677,245.	58,184.
23 Insurance	187,553.	163,171.	22,506.	1,876.
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 -----	8,961,466.	8,404,258.	542,012.	15,196.
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	338,249,112.	328,217,918.	8,897,187.	1,134,007.
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	19,635,926.	1	16,347,811.
	2 Savings and temporary cash investments	19,398,730.	2	6,924,051.
	3 Pledges and grants receivable, net	2,250,466.	3	1,883,083.
	4 Accounts receivable, net	24,160,589.	4	30,261,395.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 sale or use		8	
	9 Prepaid expenses and deferred charges	4,033,966.	9	5,688,646.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,769,132.		
	b Less: accumulated depreciation	10b 28,789,099.		
	11 Investments - publicly traded securities	22,501,431.	10c	22,980,033.
	12 Investments - other securities. See Part IV, line 11	69,250,263.	11	76,757,754.
	13 Investments - program-related. See Part IV, line 11	15,049,888.	12	16,977,543.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,831,132.	14	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	179,112,391.	15	2,978,568.
Liabilities	17 Accounts payable and accrued expenses	179,112,391.	16	180,798,884.
	18 Grants payable	17,088,845.	17	17,170,715.
	19 Deferred revenue	37,356,961.	18	39,983,588.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,665,422.	20	14,296,267.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	69,111,228.	25	
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	40,897,232.	26	71,450,570.
	28 Temporarily restricted net assets	40,897,232.	27	42,405,078.
	29 Permanently restricted net assets	62,745,961.	28	60,437,030.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.	6,357,970.	29	6,506,206.
	30 Capital stock or trust principal, or current funds			
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	110,001,163.	32	
	34 Total liabilities and net assets/fund balances	179,112,391.	33	109,348,314.
			34	180,798,884.

Form **990** (2009)

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

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: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,679,537.	238,624,502.	274,847,008.	338,813,957.	309,497,032.	1,362,462,036.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	200,679,537.	238,624,502.	274,847,008.	338,813,957.	309,497,032.	1,362,462,036.
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).						185,474,067.
6 Public support. Subtract line 5 from line 4.						1,176,987,969.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	200,679,537.	238,624,502.	274,847,008.	338,813,957.	309,497,032.	1,362,462,036.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,468,075.	4,361,295.	3,381,996.	2,076,787.	2,307,821.	14,595,974.
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.)	741,514.	773,262.	903,465.	-101,115.	-107,183.	2,209,943.
11 Total support. Add lines 7 through 10						1,379,267,953.
12 Gross receipts from related activities, etc. (see instructions)					12	70,681,338.
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.33 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82.83 %
16a 33 1/3 % support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS	466,230.	379,850.	628,057.	-106,375.	-109,980.	1,257,782.
MISCELLANEOUS	275,284.	393,412.	275,408.	5,260.	2,797.	952,161.
TOTALS	<u>741,514.</u>	<u>773,262.</u>	<u>903,465.</u>	<u>-101,115.</u>	<u>-107,183.</u>	<u>2,209,943.</u>

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
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No. 1545-0047

2009

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(c)(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 INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2.000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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?														

☐ Yes ☐ 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		108,967.
j	Total. Add lines 1c through 1i			108,967.
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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 (see instructions)	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.

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 PROVIDE INFORMATION REGARDING

THE MISSION OF THE ORGANIZATION TO THOSE INDIVIDUALS.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

b If "Yes," explain the arrangement in Part XI V 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 XI V.

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	54,916,515.	48,107,918.			
b Contributions	1,504,318.	6,871,737.			
c Net investment earnings, gains, and losses	4,894,436.	2,357,117.			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,177,677.				
f Administrative expenses	589,946.	2,420,257.			
g End of year balance	58,547,646.	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) Accumulated depreciation	(d) Book value
1a Land	0.			
b Buildings	0.	19,422,947.	11,097,648.	8,325,299.
c Leasehold improvements	0.	8,876,726.	3,371,604.	5,505,122.
d Equipment	0.	7,897,989.	6,026,902.	1,871,087.
e Other	0.	15,571,470.	8,292,945.	7,278,525.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,980,033.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	331,251,469.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	338,249,112.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,997,643.
4	Net unrealized gains (losses) on investments	4	6,344,794.
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 through 8	9	6,344,794.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-652,849.

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	337,403,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,344,794.
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	6,344,794.
3	Subtract line 2e from line 1	3	331,059,128.
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	192,341.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	192,341.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	331,251,469.

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

1	Total expenses and losses per audited financial statements	1	338,056,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	338,056,771.
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	192,341.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	192,341.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	338,249,112.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV **Supplemental Information** *(continued)*

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

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
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		62,279.
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	786,171.
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		0.
EAST ASIA AND THE PACIFIC	4	27	MAINTAINING OFFICES		3,214,007.
EAST ASIA AND THE PACIFIC			GRANTMAKING		128,054.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	12,741,015.
EUROPE	1	11	MAINTAINING OFFICES		1,337,077.
EUROPE			GRANTMAKING		251,510.
EUROPE			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	11,294,906.
MIDDLE EAST AND NORTH AFRICA	1	10	MAINTAINING OFFICES		1,208,986.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		221,181.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	6,261,076.
NORTH AMERICA	1	15	MAINTAINING OFFICES		1,599,470.
NORTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	770,782.
RUSSIA/INDEPENDENT STATES	2	25	MAINTAINING OFFICES		1,956,104.
RUSSIA/INDEPENDENT STATES			GRANTMAKING		64,075.
RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,708,640.
Totals ►					

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	40,018.	CHECK		N/A	N/A
			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	22,262.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	27,000.	CHECK		N/A	N/A
			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	101,054.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	71,500.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	101,872.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	6,000.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	36,192.	CHECK		N/A	N/A
			EUROPE	EDUCATION EXCHANGE	34,511.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,568.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	11,100.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	12,960.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	27,865.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	56,288.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	57,600.	CHECK		N/A	N/A
			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	29,250.	CHECK		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **18**

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTEE MAINTENANCE (COST OF LIVING)	CENT. AMERICA/CARIBBEAN	35	176,329.	CHECK		N/A	N/A
INSURANCE	CENT. AMERICA/CARIBBEAN	18	3,416.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	CENT. AMERICA/CARIBBEAN	91	446,678.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	CENT. AMERICA/CARIBBEAN	35	141,438.	CHECK		N/A	N/A
TUITION	CENT. AMERICA/CARIBBEAN	7	18,310.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	EAST ASIA/PACIFIC	1	1,000.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	EAST ASIA/PACIFIC	401	3,282,728.	CHECK		N/A	N/A
INSURANCE	EAST ASIA/PACIFIC	145	14,822.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	EAST ASIA/PACIFIC	696	5,449,591.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	EAST ASIA/PACIFIC	231	559,261.	CHECK		N/A	N/A
TUITION	EAST ASIA/PACIFIC	471	3,433,613.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	EUROPE/ICELAND/GREENLAND	21	17,987.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	EUROPE/ICELAND/GREENLAND	345	3,238,995.	CHECK		N/A	N/A
INSURANCE	EUROPE/ICELAND/GREENLAND	213	57,429.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	EUROPE/ICELAND/GREENLAND	811	4,726,296.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	EUROPE/ICELAND/GREENLAND	298	912,986.	CHECK		N/A	N/A
TUITION	EUROPE/ICELAND/GREENLAND	176	2,341,213.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	MIDDLE EAST/NORTH AFRICA	6	8,339.	CHECK		N/A	N/A

Schedule F (Form 990) 2009

Part IV Supplemental Information

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

Continuation Sheet for Schedule F (Form 990)

▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

OMB No. 1545-0047

2009

Open to Public Inspection

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 for region
SOUTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,868,193.
SOUTH ASIA	1	7	MAINTAINING OFFICES		285,904.
SOUTH ASIA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,439,880.
SUB-SAHARAN AFRICA	1	4	MAINTAINING OFFICES		373,096.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	21,997,276.
Totals ▶	11	99			70,569,682.

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

Schedule F-1 (Form 990) 2009

[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 MAINTENANCE (COST OF LIVING)	MIDDLE EAST/NORTH AFRICA	237	2,690,736.	CHECK		N/A	N/A
INSURANCE	MIDDLE EAST/NORTH AFRICA	85	35,980.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	MIDDLE EAST/NORTH AFRICA	137	1,159,885.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	MIDDLE EAST/NORTH AFRICA	71	232,999.	CHECK		N/A	N/A
TUITION	MIDDLE EAST/NORTH AFRICA	80	2,133,137.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	NORTH AMERICA	2	75.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	NORTH AMERICA	74	208,534.	CHECK		N/A	N/A
INSURANCE	NORTH AMERICA	45	3,451.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	NORTH AMERICA	36	195,100.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	NORTH AMERICA	72	202,013.	CHECK		N/A	N/A
TUITION	NORTH AMERICA	29	161,609.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	RUSSIA	102	1,142,825.	CHECK		N/A	N/A
INSURANCE	RUSSIA	4	540.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	RUSSIA	50	359,715.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	RUSSIA	33	60,182.	CHECK		N/A	N/A
TUITION	RUSSIA	10	145,378.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	SOUTH AMERICA	1	450.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	SOUTH AMERICA	147	787,109.	CHECK		N/A	N/A
INSURANCE	SOUTH AMERICA	43	7,759.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	SOUTH AMERICA	244	1,366,888.	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)
TRAVEL AND FIELD TRIPS	SOUTH AMERICA	129	452,851.	CHECK		N/A	N/A
TUITION	SOUTH AMERICA	49	253,136.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	SOUTH ASIA	1	1,800.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	SOUTH ASIA	80	454,516.	CHECK		N/A	N/A
INSURANCE	SOUTH ASIA	38	6,127.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	SOUTH ASIA	57	390,731.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	SOUTH ASIA	71	247,952.	CHECK		N/A	N/A
TUITION	SOUTH ASIA	41	338,754.	CHECK		N/A	N/A
GRANTEE ALLOWANCE, BOOKS	SUB-SAHARAN AFRICA	249	354,891.	CHECK		N/A	N/A
GRANTEE MAINTENANCE (COST OF LIVING)	SUB-SAHARAN AFRICA	565	7,537,284.	CHECK		N/A	N/A
INSURANCE	SUB-SAHARAN AFRICA	403	441,254.	CHECK		N/A	N/A
GRANTS (SCHOLARSHIPS)	SUB-SAHARAN AFRICA	334	1,997,939.	CHECK		N/A	N/A
TRAVEL AND FIELD TRIPS	SUB-SAHARAN AFRICA	503	2,368,563.	CHECK		N/A	N/A
TUITION	SUB-SAHARAN AFRICA	857	9,297,345.	CHECK		N/A	N/A

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))
	GALA (event type)	(event type)	(total number)	
Revenue			0	
1 Gross receipts	1,314,740.			1,314,740.
2 Less: Charitable contributions	1,218,327.			1,218,327.
3 Gross income (line 1 minus line 2)	96,413.			96,413.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	206,393.			206,393.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(206,393.)
11 Net income summary. Combine line 3, column (d), and line 10				-109,980.

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 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
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: _____		
10 a 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	

13 Indicate the percentage of gaming activity operated in:

- | | | | Yes | No |
|----------|---------------------------------------|--------------|-----|----|
| a | The organization's facility | 13a % | | |
| b | An outside facility | 13b % | | |

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

Name ► _____

Address ► _____

15 a 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 of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ►\$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

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" to 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 ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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 COUNCIL OF LEARNED SOCIETIES 228 EAST 45TH STREET, NY, NY 10017-3398	13-1851145	501 (C) (3)	631,293.		N/A	N/A	EDUCATION EXCHANGE
	AMERICAN COUNCILS FOR INT'L EDUCATION 1828 L STREET NW, WASHINGTON, DC 20036	52-1067256	501 (C) (3)	896,653.		N/A	N/A	EDUCATION EXCHANGE
	AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW, WASHING, DC 20016	53-0196549	501 (C) (3)	244,470.		N/A	N/A	EDUCATION EXCHANGE
	AMIDEAST 1730 M ST, NW, STE 1100, WASHINGTON, DC 20036	53-0243270	501 (C) (3)	349,591.		N/A	N/A	EDUCATION EXCHANGE
	ARIZONA STATE UNIVERSITY ASU SCHOLARSHIP OFFICE, TEMPE, AZ 85287-0412	86-6051042	501 (C) (3)	616,978.		N/A	N/A	EDUCATION EXCHANGE
	BERKELEY CITY COLLEGE 2050 CENTER STREET, BERKELEY, CA 94704	94-1590799	501 (C) (3)	94,017.		N/A	N/A	EDUCATION EXCHANGE
	BOSTON COLLEGE 380 MORE HALL, CHESTNUT HILL, MA 02167	04-2103545	501 (C) (3)	12,048.		N/A	N/A	EDUCATION EXCHANGE
	BRIGHAM YOUNG UNIVERSITY P.O. BOX 21128, PROVO, UT 84602-1128	87-0217280	501 (C) (3)	1,555,027.		N/A	N/A	EDUCATION EXCHANGE
	BROWN UNIVERSITY PO BOX 1911, PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	133,548.		N/A	N/A	EDUCATION EXCHANGE
	BRYN MAWR COLLEGE C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY 10017	23-1352621	501 (C) (3)	4,038,609.		N/A	N/A	EDUCATION EXCHANGE
	CALIFORNIA STATE UNIVERSITY, EAST BAY 25800 CARLOS BEE BLVD, HAYWARD, CA 94542-3012	94-1524922	501 (C) (3)	67,280.		N/A	N/A	EDUCATION EXCHANGE
	CALIFORNIA STATE UNIVERSITY, LONG BEACH 1250 BELLFLOWER BLVD, MS 0103, LONG BEACH, CA 90840	95-6106694	501 (C) (3)	8,729.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of section 501(c)(3) and government organizations 98

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

JSA

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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 Part IV and 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 BOOK ALLOWANCE	3,894	3,947,286.		N/A	N/A
GRANTEE MAINTENANCE	6,273	76,876,961.		N/A	N/A
GRANTS (SCHOLARSHIPS)	303	430,797.		N/A	N/A
INSURANCE	689	1,489,717.		N/A	N/A
TRAVEL AND FIELD TRIPS	2,012	5,795,267.		N/A	N/A
TUITION	3,223	45,851,657.		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. PERIODIC 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 Part IV and 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

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 Part IV and 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.

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

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 Part IV and 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.

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)

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

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 Part IV and 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.

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

Name of the organization

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection**

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CALIFORNIA STATE UNIVERSITY, SAN BERNADINO 5500 UNIV PKWY, SAN BERNARDINO, CA 92407	95-6067343	501 (C) (3)	60,681.		N/A	N/A	EDUCATION EXCHANGE
CORNELL UNIVERSITY DEPT FOOD SCIENCE&TECHNOLOGY, GENEVA, NY 14456	15-0532082	501 (C) (3)	788,380.		N/A	N/A	EDUCATION EXCHANGE
DREXEL UNIVERSITY MS#446, 245 N 15TH ST, PHILADELPHIA, PA 19102	23-1352630	501 (C) (3)	69,758.		N/A	N/A	EDUCATION EXCHANGE
EASTERN MICHIGAN UNIVERSITY STES 201-204 PIERCE HALL, YPSILANTI, MI 48197	38-2953297	501 (C) (3)	93,752.		N/A	N/A	EDUCATION EXCHANGE
EDUCATIONAL TESTING SERVICE 4897 COLLECTION CENTER DR, CHICAGO, IL 60693	36-4094830	501 (C) (3)	3,415,971.		N/A	N/A	EDUCATION EXCHANGE
ELI-UNIVERSITY AT BUFFALO 320 BALDY HALL, BUFFALO, NY 14260	16-0865182	501 (C) (3)	32,683.		N/A	N/A	EDUCATION EXCHANGE
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY 600 CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-0936101	501 (C) (3)	87,296.		N/A	N/A	EDUCATION EXCHANGE
EMORY UNIVERSITY C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY 10017	58-0566256	501 (C) (3)	30,050.		N/A	N/A	EDUCATION EXCHANGE
FLORIDA INSTITUTE OF TECHNOLOGY 150 W UNIVERSITY BLVD, MELBOURNE, FL 32901	59-6046500	501 (C) (3)	60,839.		N/A	N/A	EDUCATION EXCHANGE
FLORIDA STATE UNIVERSITY A1500 UNIV CNTR, TALLAHASSEE, FL 32306-2394	59-6152180	501 (C) (3)	305,508.		N/A	N/A	EDUCATION EXCHANGE
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, MS 2E2, FAIRFAX, VA 22030	54-0836354	501 (C) (3)	74,358.		N/A	N/A	EDUCATION EXCHANGE
GEORGETOWN UNIVERSITY 37TH & O ST, NW, WASHINGTON, DC 20057	53-0196603	501 (C) (3)	739,444.		N/A	N/A	EDUCATION EXCHANGE
GEORGIA TECH RESEARCH CORP C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY 10017	58-2374837	501 (C) (3)	338,856.		N/A	N/A	EDUCATION EXCHANGE
HOWARD UNIVERSITY MSC 590501, WASHINGTON, DC 20059	53-0204707	501 (C) (3)	19,975.		N/A	N/A	EDUCATION EXCHANGE
INDIANA UNIVERSITY 601 E KIRKWOOD AVE, BLOOMINGTON, IN 47405	35-6018940	501 (C) (3)	291,412.		N/A	N/A	EDUCATION EXCHANGE

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Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection**

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INT'L PROGRAMS, UC DAVIS EXTENSION 1333 RESEARCH PARK DR, DAVIS, CA 95616	94-6081352	501 (C) (3)	73,136.		N/A	N/A	EDUCATION EXCHANGE
JACKSON STATE UNIVERSITY 1400 JOHN R LYNCH ST, JACKSON, MS 39217	64-6000507	501 (C) (3)	101,853.		N/A	N/A	EDUCATION EXCHANGE
JAMES MADISON UNIVERSITY MSC 3516 WARREN HALL, HARRISONBURG, VA 22807	23-7156305	501 (C) (3)	139,147.		N/A	N/A	EDUCATION EXCHANGE
JOHNS HOPKINS UNIVERSITY 901 S BOND STREET, BALTIMORE, MD 21231	52-0595110	501 (C) (3)	876,038.		N/A	N/A	EDUCATION EXCHANGE
LASPAU 25 MT AUBURN STREET, CAMBRIDGE, MA 02138-6095	04-6151880	501 (C) (3)	1,255,745.		N/A	N/A	EDUCATION EXCHANGE
LINCOLN UNIVERSITY 1570 BALTIMORE PIKE MSC 50, LINCOLN, PA 19352	23-1352655	501 (C) (3)	26,528.		N/A	N/A	EDUCATION EXCHANGE
LOUISIANA STATE UNIVERSITY 125 THOMAS BOYD HALL, BATON ROUGE, LA 70803	72-6020969	501 (C) (3)	14,925.		N/A	N/A	EDUCATION EXCHANGE
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE, MS 8150, LOS ANGELES, CA 90045	95-1643334	501 (C) (3)	12,546.		N/A	N/A	EDUCATION EXCHANGE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501 (C) (3)	804,611.		N/A	N/A	EDUCATION EXCHANGE
MIAMI DADE COMMUNITY COLLEGE 300 NE SECOND AVE, MIAMI, FL 33132-2296	59-6169745	501 (C) (3)	70,487.		N/A	N/A	EDUCATION EXCHANGE
MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG, E LANSING, MI 48824	23-7326030	501 (C) (3)	1,325,665.		N/A	N/A	EDUCATION EXCHANGE
MISSISSIPPI STATE UNIVERSITY PO BOX 9742, MISSISSIPPI, MS 39762	64-0410581	501 (C) (3)	9,577.		N/A	N/A	EDUCATION EXCHANGE
MONTEREY INSTITUTE OF INTL STUDIES 425 VAN BUREN STREET, MONTEREY, CA 93940	94-1425570	501 (C) (3)	262,957.		N/A	N/A	EDUCATION EXCHANGE
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7213, RALEIGH, NC 27695	56-6049503	501 (C) (3)	208,979.		N/A	N/A	EDUCATION EXCHANGE
NORTH GEORGIA COLLEGE & STATE UNIVERSITY 82 COLLEGE CIRCLE, DAHLONEGA, GA 30597	58-6002060	501 (C) (3)	240,377.		N/A	N/A	EDUCATION EXCHANGE

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**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORWICH UNIVERSITY 158 HARMON DRIVE,NORTHFIELD,VT05663	03-0179424	501(C)(3)	31,848.		N/A	N/A	EDUCATION EXCHANGE
OHIO STATE UNIVERSITY, RESEARCH FDN RSRCH FDN,1314 KINNEAR RD,COLUMBUS,OH43212	31-6402113	501(C)(3)	3,324,231.		N/A	N/A	EDUCATION EXCHANGE
OHIO UNIVERSITY ACT RCVBLE,CHUBB HALL RM 015,ATHENS,OH45701	31-6402113	501(C)(3)	623,102.		N/A	N/A	EDUCATION EXCHANGE
ONE TO WORLD 285 WEST BROADWAY, STE 450,NEW YORK,NY10013	13-3179151	501(C)(3)	116,850.		N/A	N/A	EDUCATION EXCHANGE
OREGON STATE UNIVERSITY 14TH & JEFFERSON,CORVALLIS,OR97331-3610	93-6022772	501(C)(3)	147,267.		N/A	N/A	EDUCATION EXCHANGE
PENN STATE UNIVERSITY 410 BOUCKE BUILDING,UNIVERSITY PARK,PA16802	24-6000376	501(C)(3)	101,558.		N/A	N/A	EDUCATION EXCHANGE
PITTSBURGH COUNCIL FOR INTL VISITORS 425 SIXTH AVE, STE 1130,PITTSBURGH,PA15219	25-6067678	501(C)(3)	6,891.		N/A	N/A	EDUCATION EXCHANGE
PORTLAND STATE UNIVERSITY OFFICE INTL AFFAIRS,BOX751,PORTLAND,OR97207	93-0619733	501(C)(3)	362,396.		N/A	N/A	EDUCATION EXCHANGE
PUBLIC HEALTH INSTITUTE 555 12TH STREET -FLOOR 10,OAKLAND,CA94501	94-1646278	501(C)(3)	5,604.		N/A	N/A	EDUCATION EXCHANGE
PURDUE UNIVERSITY 610 PURDUE MALL,WEST LAFAYETTE,IN47907	35-6002041	501(C)(3)	173,293.		N/A	N/A	EDUCATION EXCHANGE
RESEARCH FOUNDATION OF SUNY AT BUFFALO UNIV BUFFALO,402 CROFTS H,BUFFALO,NY14260	14-1368361	501(C)(3)	10,000.		N/A	N/A	EDUCATION EXCHANGE
SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE,SAN DIEGO,CA92182	33-0868418	501(C)(3)	8,265.		N/A	N/A	EDUCATION EXCHANGE
SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR.,SAN DIEGO,CA92182-1948	95-6042721	501(C)(3)	341,450.		N/A	N/A	EDUCATION EXCHANGE
SAN FRANCISCO STATE UNIVERSITY C/O IIE;809 UNITED NATIONS PLAZA,NY,NY10017	94-1384645	501(C)(3)	267,029.		N/A	N/A	EDUCATION EXCHANGE
SOUTHERN UNIVERSITY PO BOX 9494,BATON ROUGE,LA70813	72-6000817	501(C)(3)	14,895.		N/A	N/A	EDUCATION EXCHANGE

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
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Internal Revenue Service**► Attach to Form 990 to list additional information for
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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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SPRING INTERNATIONAL 300 HOTZ HALL, FAYETTEVILLE, AR 72701	84-0965936	501 (C) (3)	78,989.		N/A	N/A	EDUCATION EXCHANGE
STANFORD UNIVERSITY PO BOX 44436, SAN FRANCISCO, CA 94144	94-1156365	501 (C) (3)	668,446.		N/A	N/A	EDUCATION EXCHANGE
STATE UNIVERSITY OF NEW YORK AT BUFFALO 320 BALDY HALL, BUFFALO, NY 14260	16-0865182	501 (C) (3)	15,776.		N/A	N/A	EDUCATION EXCHANGE
TEACHERS COLLEGE 525 W 120TH ST, BOX 305, NEW YORK, NY 10027	13-1624202	501 (C) (3)	344,329.		N/A	N/A	EDUCATION EXCHANGE
TEXAS A & M UNIVERSITY 1113 TAMU, COLLEGE STATION, TX 77843-1113	74-2491445	501 (C) (3)	41,734.		N/A	N/A	EDUCATION EXCHANGE
THE CITADEL 171 MOULTRIE ST, CHARLESTON, SC 29409-0530	04-2103547	501 (C) (3)	21,785.		N/A	N/A	EDUCATION EXCHANGE
THE FORUM ON EDUCATION ABROAD P.O. BOX 1773, CARLISLE, PA 17013	23-3100062	501 (C) (3)	20,575.		N/A	N/A	EDUCATION EXCHANGE
THE REGENTS OF THE UNIVERSITY OF CALIFOR UNIVERSITY OF CALIFORNIA, BERKELEY, CA 94720	95-6006143	501 (C) (3)	5,520.		N/A	N/A	EDUCATION EXCHANGE
TREASURER VIRGINIA TECH 840 UNIVERSITY CITY BLVD, BLACKSBURG, VA 24061	54-6001805	501 (C) (3)	105,849.		N/A	N/A	EDUCATION EXCHANGE
TREASURER, VIRGINIA POLYTECHNIC INST. 1880 PRATT DR, STE 2006, BLACKSBURG, VA 24060	54-6001805	501 (C) (3)	212,167.		N/A	N/A	EDUCATION EXCHANGE
TULANE UNIVERSITY 6823 ST CHARLES AVE, NEW ORLEANS, LA 70118	72-0423889	501 (C) (3)	826,192.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY AT BUFFALO BALDY HALL ROOM 320, BUFFALO, NY 14260-1000	16-0865182	501 (C) (3)	53,279.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY AUXILIARY SERVICES 1400 WASHINGTON AVE, ALBANY, NY 12222	14-1397537	501 (C) (3)	32,149.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF ARIZONA 888 N. EUCLID AVE, RM 510, TUCSON, AZ 85719	74-2652689	501 (C) (3)	606,872.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF BUFFALO 232 CAPEN HALL, BUFFALO, NY 14260	16-0865182	501 (C) (3)	150,284.		N/A	N/A	EDUCATION EXCHANGE

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**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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, L.A. _____ 1125 MURPHY HALL, LOS ANGELES, CA90095-9000	95-6006143	501 (C) (3)	19,331.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF DELAWARE _____ 30 LOVETTE AVE, NEWARK, DE19716-4602	51-6000297	501 (C) (3)	84,595.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF HAWAII _____ 2600 CAMPUS RD, RM 105, HONOLULU, HI96822	99-6000354	501 (C) (3)	1,397,611.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MAINE _____ P.O. BOX 1867, PORTLAND, ME04104	01-6011501	501 (C) (3)	7,083.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MARYLAND _____ 1122 HOLZAPFEL HALL, COLLEGE PARK, MD20742	52-0002023	501 (C) (3)	2,604,594.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MINNESOTA _____ 106 PLEASANT ST, SE, MINNEAPOLIS, MN55455-0433	41-6042488	501 (C) (3)	812,687.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MISSISSIPPI _____ C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY10017	23-7310293	501 (C) (3)	203,972.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MISSOURI _____ 310 JESSE HALL, COLUMBIA, MO65211-1230	44-0546001	501 (C) (3)	46,721.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF MONTANA _____ ACCOUNTS RECEIVABLE, MISSOULA, MT59812	81-6001713	501 (C) (3)	33,251.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF NEBRASKA LINCOLN _____ 124 CANFIELD ADMIN BLDG, LINCOLN, NE68588	23-1352655	501 (C) (3)	46,081.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL _____ MCCOLL BLDG, BOX 3490, CHAPEL HILL, NC27599	56-6001393	501 (C) (3)	76,280.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE _____ STUDENT ACCOUNT, CHARLOTTE, NC28223	56-6059417	501 (C) (3)	53,303.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF OKLAHOMA _____ 1000 ASP AVE RM 105, NORMAN, OK73019-4017	73-6091755	501 (C) (3)	747,397.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF OREGON _____ BUSINESS OFFICE, PO BOX 3237, EUGENE, OR97403	93-6015767	501 (C) (3)	1,829,608.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF PENNSYLVANIA _____ 140 FRANKLIN BLDG, PHILADELPHIA, PA19104-6270	23-1352685	501 (C) (3)	592,079.		N/A	N/A	EDUCATION EXCHANGE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Continuation Sheet for Schedule I (Form 990)

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2009

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Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 RHODE ISLAND 67 UPPER COLLEGE RD, KINGSTON, RI 02881	05-6014351	501 (C) (3)	320,878.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF SOUTH CAROLINA ACCOUNTS RECEIVABLE, COLUMBIA, SC 29208	57-6017985	501 (C) (3)	200,615.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF SOUTH FLORIDA DIV FIN&ACT, 4202 FOWLER AVE, TAMPA, FL 33620	59-0879015	501 (C) (3)	127,959.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159, OFF OF ACCT, AUSTIN, TX 78713	74-1587488	501 (C) (3)	4,056,578.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF UTAH 165 STUDENT SVCS BLDG, SALT LAKE, UT, 84112	87-6000525	501 (C) (3)	7,623.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF WASHINGTON 3935 UNIV WAY NE, JM 24, SEATTLE, WA 98195	94-3079432	501 (C) (3)	388,843.		N/A	N/A	EDUCATION EXCHANGE
UNIVERSITY OF WISCONSIN C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY 10017	39-1742564	501 (C) (3)	97,059.		N/A	N/A	EDUCATION EXCHANGE
VANDERBILT UNIVERSITY 110 21ST AVENUE, NASHVILLE, TN 37203	62-0476822	501 (C) (3)	200,720.		N/A	N/A	EDUCATION EXCHANGE
VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039, RICHMOND, VA 23284-3039	54-0757884	501 (C) (3)	230,647.		N/A	N/A	EDUCATION EXCHANGE
VIRGINIA MILITARY INSTITUTE RESEARCH C/O IIE; 809 UNITED NATIONS PLAZA, NY, NY 10017	54-0737652	501 (C) (3)	298,120.		N/A	N/A	EDUCATION EXCHANGE
WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HTS BLVD, BOWLING GREEN, KY 42101	61-1251555	501 (C) (3)	120,240.		N/A	N/A	EDUCATION EXCHANGE

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**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 any of the boxes on 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, with respect to the filing organization or a related organization:

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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. ALLAN E. GOODMAN	(i) 401,165.	30,000.	27,537.	49,000.	6,465.	514,167.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PEGGY BLUMENTHAL	(i) 297,065.	25,000.	4,356.	44,400.	4,875.	375,696.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
EDITH CECIL	(i) 205,815.	25,000.	17,576.	44,000.	3,312.	295,703.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BRIAN CHEN	(i) 227,641.	20,000.	17,742.	46,500.	6,512.	318,395.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAYE CHEN	(i) 159,985.	10,000.	15,860.	33,000.	8,200.	227,045.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DANIELA Z. KAISTH	(i) 178,841.	20,000.	16,920.	24,000.	5,020.	244,781.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DENNIS W. KEAR	(i) 158,287.	10,000.	4,115.	38,000.	8,135.	218,537.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARY E KIRK	(i) 227,120.	15,000.	1,131.	37,716.	3,820.	284,787.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARK S. LAZAR	(i) 165,218.	10,000.	15,896.	35,500.	9,752.	236,366.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARK D. MOYER	(i) 277,185.	15,000.	18,018.	23,500.	7,822.	341,525.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SABINE U. O'HARA	(i) 190,893.	10,000.	14,720.	27,750.	6,075.	249,438.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT E. SLATTERY	(i) 161,688.	10,000.	4,267.	31,350.	3,312.	210,617.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOAN WALL	(i) 159,587.	10,000.	16,843.	35,013.	5,322.	226,765.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ELIZABETH KHALIFA	(i) 140,137.	2,000.	7,383.	20,694.	16,530.	186,744.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAGRITI PAREKH	(i) 138,774.	6,000.	1,535.	27,290.	3,842.	177,441.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KIRK LENG	(i) 126,347.	10,000.	265.	18,420.	9,252.	164,284.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

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: ONE OF THE HIGHEST COMPENSATED EMPLOYEES, ELIZABETH

KHALIFA, RECEIVES HOUSING ALLOWANCE. THIS EMPLOYEE IS AN INTERNATIONAL

DIRECTOR 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 4A

SEVERANCE PAYMENT

GARY GAFFIELD AND SABINE O'HARA RECEIVED SEVERANCE FOR APPROXIMATELY

\$22,000 AND \$14,000 RESPECTIVELY.

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 4B

PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE CEO AND COO CAN PARTICIPATE IN THE 457(F) PLAN. THE CEO RECEIVED A

CONTRIBUTION OF \$2,100 AND THE COO RECEIVED A CONTRIBUTION OF \$6,600

DURING THE CALENDAR YEAR 2009.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

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)

[illegible]

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

Schedule J-1 (Form 990) 2009

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.

► See the Instructions for Form 990.

OMB No. 1545-0047

2009

**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. JOHN W. LOW TRUSTEE	2.00	X						0.	0.	0.
THE HON DONALD F. MCHENRY TRUSTEE	1.00	X						0.	0.	0.
MS. LINDA R. MEIER TRUSTEE	1.00	X						0.	0.	0.
MR. MICHAEL G. MORRIS TRUSTEE	1.00	X						0.	0.	0.
MR. LAURENCE C. MORSE TRUSTEE	1.00	X						0.	0.	0.
MR. KARLHEINZ MUHR TRUSTEE	1.00	X						0.	0.	0.
MS. LAYA KHADJAVI TRUSTEE	1.00	X						0.	0.	0.
MR. VICTOR J. REVENKO TRUSTEE	3.00	X						0.	0.	0.
DR. GEORGE RUPP TRUSTEE	1.00	X						0.	0.	0.
MR. THOMAS A. RUSSO TRUSTEE	4.00	X						0.	0.	0.
MR. JOHN SEXTON TRUSTEE	1.00	X						0.	0.	0.
DR. BEVERLY DANIEL TATUM TRUSTEE	1.00	X						0.	0.	0.
MR. PETER R. THOMPSON TRUSTEE	2.00	X						0.	0.	0.
MR. HENRIK N. VANDERLIP TRUSTEE	1.00	X						0.	0.	0.
MS. LINDA VESTER TRUSTEE	1.00	X						0.	0.	0.
PEGGY BLUMENTHAL CHIEF OPERATING OFFICER	40.00			X				326,421.	0.	49,275.
EDITH CECIL VP, PROGRAMS	40.00			X				248,391.	0.	47,312.
BRIAN CHEN CHIEF INFORMATION OFFICER	40.00			X				265,383.	0.	53,012.
JAYE CHEN VP AND GENERAL COUNSEL	40.00			X				185,845.	0.	41,200.
DANIELA Z. KAISTH VP, STRATEGIC DEVELOPMENT	40.00			X				215,761.	0.	29,020.
DENNIS W. KEAR DEPUTY VP, IT	40.00			X				172,402.	0.	46,135.

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

Schedule J-2 (Form 990) 2009

**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.

► See the Instructions for Form 990.

OMB No. 1545-0047

2009

**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			
MARY E KIRK VP, PROGRAMS	40.00			X				243,251.	0.	41,536.
MARK S. LAZAR VP, PROGRAMS	40.00			X				191,114.	0.	45,252.
MARK D. MOYER CHIEF FINANCIAL OFFICER	40.00			X				310,203.	0.	31,322.
SABINE U. O'HARA VP, PROGRAMS	40.00			X				215,613.	0.	33,825.
ROBERT E. SLATTERY DEPUTY VP, ADMIN	40.00			X				175,955.	0.	34,662.
JOAN WALL VP HUMAN RESOURCES	40.00			X				186,430.	0.	40,335.
DANIEL OBST DEPUTY VP	40.00			X				107,896.	0.	14,734.
ELIZABETH GLANS DEPUTY VP	40.00			X				105,962.	0.	28,142.
RAJIKA BHANDARI DEPUTY VP	40.00			X				102,077.	0.	26,868.
EDWARD ROSLOF DEPUTY VP	40.00			X				114,791.	0.	23,621.
PETER DONDERO CONTROLLER	40.00				X			151,909.	0.	2,781.
ELIZABETH KHALIFA INTL DIVISION DIR	40.00					X		149,520.	0.	37,224.
JAGRITI PAREKH DIR IT DEVELOPMENT	40.00					X		146,309.	0.	31,132.
KIRK LENGA DIR FINANCE & BUDGET	40.00					X		136,612.	0.	27,672.
NANCY OVERHOLT EXECUTIVE DIRECTOR	40.00					X		137,149.	0.	21,351.
GARY GAFFIELD DEPARTMENT EXECUTIVE DIRECTOR	40.00					X		168,873.	0.	7,574.

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

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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**Open To Public
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Name of the organization

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

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

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship 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	30,000.	EMPLOYMENT (SEE SCHEDULE O)		X
GRESHAM FUND	SEE SCHEDULE O	3,177,663.	IIE LIQUIDATION IN GRESHAM FND		X

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

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

ATTACHMENT 2

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

INSTITUTE OF INTERNATIONAL EDUCATION IS AN INTERNATIONAL ORGANIZATION
THAT IMPLEMENTS HIGHER EDUCATION EXCHANGE AND TRAINING PROGRAMS INVOLVING
US AND NON-US PARTICIPANTS ON BEHALF OF PUBLIC AND PRIVATE SECTORS,
SPONSORS AND DONORS.

FORM 990, PART III, LINE 4A - 4D

PROGRAM SERVICE ACCOMPLISHMENTS:

LINE 4A - INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS:

BY IMPLEMENTING SOME OF THE WORLD'S MOST PRESTIGIOUS AND INNOVATIVE
SCHOLARSHIP PROGRAMS IN A FAIR, OPEN, AND TRANSPARENT MANNER, THE
INSTITUTE PROVIDES TALENT FROM AROUND THE WORLD WITH ACCESS TO LEADING
INSTITUTIONS OF HIGHER EDUCATION AND THE INTERNATIONAL EXPERIENCE THAT
IS CRITICAL TO SUCCESS IN THE 21ST CENTURY WORKPLACE. THESE PROGRAMS ARE
VITAL TO PROMOTING MUTUAL UNDERSTANDING AND DEVELOPING GLOBAL LEADERS.
EXAMPLES INCLUDE THE FULBRIGHT STUDENT AND FULBRIGHT SCHOLAR PROGRAMS
WHICH ARE SPONSORED BY THE UNITED STATES DEPARTMENT OF STATE.

LINE 4B - LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

THE INSTITUTE IMPLEMENTS PROGRAMS TO BUILD LEADERSHIP SKILLS AND ENHANCE
THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL

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

ATTACHMENT 2 (CONT'D)

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.

LINE 4C - HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT:

THE INSTITUTE WORKS CLOSELY WITH PUBLIC AND PRIVATE HIGHER EDUCATION
INSTITUTIONS TO DEVELOP HIGH-QUALITY ACADEMIC EXCHANGE PROGRAMS IN
COORDINATION WITH GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS AND
CORPORATIONS. LEVERAGING EXTENSIVE NETWORKS AND EXPERTISE WITHIN THE
HIGHER EDUCATION COMMUNITY WORLDWIDE, THE INSTITUTE IS UNIQUELY
POSITIONED TO HELP SHAPE NEW UNIVERSITIES AND EXPAND THE CAPABILITIES AND
RELATIONSHIPS OF EXISTING ACADEMIC INSTITUTIONS. THE INSTITUTE ALSO HELPS
IDENTIFY AND DEVELOP RELATIONSHIPS WITH UNIVERSITIES IN THE US AND OTHER
COUNTRIES.

LINE 4D - EMERGENCY STUDENT AND SCHOLAR ASSISTANCE:

EXPENSES:\$5,828,087 INCLUDING GRANTS OF \$2,272,668; REVENUE:\$23,930

THE INSTITUTE PROVIDES 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

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ATTACHMENT 2 (CONT'D)

AS ILLNESS OR NATURAL DISASTERS.

LINE 4D - RESEARCH AND PUBLICATIONS:

EXPENSES:\$1,002,409, INCLUDING GRANTS OF \$133,711; REVENUE:\$706,740

THE INSTITUTE PRODUCES APPLIED RESEARCH AND POLICY ANALYSIS IN THE FIELD OF INTERNATIONAL EDUCATION AND STUDENT MOBILITY. AN EXAMPLE IS "OPEN DOORS," A COMPREHENSIVE INFORMATION RESOURCE PRODUCED WITH SUPPORT FROM THE UNITED STATES DEPARTMENT OF STATE THAT DOCUMENTS AND ANALYZES ACADEMIC MOBILITY BETWEEN THE US AND THE NATIONS OF THE WORLD. THE INSTITUTE ALSO PROVIDES RESEARCH AND PROGRAM EVALUATION SERVICES TO DOMESTIC AND INTERNATIONAL GOVERNMENT AGENCIES, NONGOVERNMENTAL ORGANIZATIONS AND FOUNDATIONS. THE INSTITUTE'S PUBLICATIONS ON INTERNATIONAL EDUCATION TOPICS AND GUIDES TO INTERNATIONAL STUDY PROGRAMS AND FUNDING HELP GUIDE POLICIES AND PROGRAMS IN THE FIELD OF INTERNATIONAL EDUCATION.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES

CHINA; HUNGARY; MEXICO; THAILAND; VIETNAM; EGYPT; INDIA; RUSSIA; UKRAINE; ETHIOPIA.

FORM 990, PART VI, LINE 2

FAMILY AND BUSINESS RELATIONSHIPS

1. H. JARECKI, TRUSTEE, AND M. KAPLAN, TRUSTEE - BUSINESS RELATIONSHIP
2. H. JARECKI, TRUSTEE, AND T. RUSSO, TRUSTEE - BUSINESS RELATIONSHIP

Name of the organization	Employer identification number
INSTITUTE OF INTERNATIONAL EDUCATION	13-1624046
ATTACHMENT 2 (CONT'D)	

FORM 990, PART VI, LINE 4

CHANGES IN ORGANIZATIONAL DOCUMENTS

THE BOARD OF TRUSTEES RATIFIED THE RESPONSIBILITIES OF THE COMPENSATION AND HUMAN RESOURCES COMMITTEE. ADDITIONALLY THERE WAS AN INCREASE IN THE NUMBER OF MEMBERS FOR THE EXECUTIVE COMMITTEE FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 11A

REVIEW PROCESS FOR FORM 990

THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FINAL FORM 990. THE FINAL FORM 990 IS THEN DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND THEN THE BOARD OF TRUSTEE MEMBERS BEFORE FILING.

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.

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

COMPENSATION POLICY

THE COMPENSATION / HUMAN RESOURCES COMMITTEE REVIEWS THE SALARIES FOR THE OFFICERS 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. 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

Name of the organization

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ATTACHMENT 2 (CONT'D)

PRESENTED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES. THE CFO, IN CONSULTATION WITH THE VP OF HUMAN RESOURCES, AND COO REVIEW COMPENSATION FOR KEY EMPLOYEES IN LINE WITH PROPOSED PERFORMANCE AND COMPETITION WITHIN THE INDUSTRY.

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.

FORM 990, PART VII

AVERAGE HOURS

J. CHEN AN OFFICER OF IIE, SPENDS ON AVERAGE ONE HOUR EACH WEEK ON INTERNATIONAL FELLOWSHIPS FUND, A RELATED ENTITY.

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 FY10 WAS APPROXIMATELY \$30,000.

2. GRESHAM FUND - H. JARECKI AND M. KAPLAN, TRUSTEES OF IIE, ALSO SERVED AS PRINCIPAL/CUSTODIAN AND DIRECTOR OF GRESHAM FUND, RESPECTIVELY. IIE LIQUIDATED ITS INTEREST OF \$3.2 MILLION IN GRESHAM FUND IN JULY OF 2010.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

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

ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALPHA TECHNOLOGIES, INC. 78 ROUTE 173 WEST, SUITE 4 HAMPTON, NJ 08827	IT CONSULTING SVCS	769,135.
SITA CORPORATION 347 ELIZABETH AVENUE SOMERSET, NJ 08873-0037	INFORMATION SERVICES	666,872.
PRIME SOFTWARE TECHNOLOGY, INC. 18228 CAMDENHURST DRIVE GAINSVILLE, VA 20155	COMPUTER SERVICES	404,271.
ARENT FOX 1050 CONNECTICUT AVE, N.W. WASHINGTON, DC 20036-5339	LEGAL SERVICES	390,315.
RCM TECHNOLOGIES 20 WATERVIEW BLVD, 4TH FLOOR PARSIPPANY, NJ 07054	COMPUTER CONSULTING	330,950.
TOTAL COMPENSATION		<u>2,561,543.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization
INSTITUTE OF INTERNATIONAL EDUCATION

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INTERNATIONAL FELLOWSHIPS FUND, INC. 13-4162722 809 UNITED NATIONS PLAZA, 9 FL NEW YORK, NY 10017	SUPPORT ORG	DE	501 (C) (3)	11A - 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (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	(b) Transaction type (a–r)	(c) Amount involved
(1) INTERNATIONAL FELLOWSHIPS FUND, INC.	CKMNPR	4,520,901.
(2) INDONESIAN INTERNATIONAL EDUCATION FDN	B	1,068,746.
(3)		
(4)		
(5)		
(6)		

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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]

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