

Exempt Organization Declaration and Signature for Electronic FilingFor calendar year 2010, or tax year beginning 10/01, 2010, and ending 09/30, 20 11**2010**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	366688861.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date
5.3.2012Title
EXECUTIVE VP, CAO**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date <u>5.3.2012</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN P01080295
	Firm's name (or yours if self-employed), address, and ZIP code PRICEWATERHOUSECOOPERS LLP 300 MADISON AVENUE NEW YORK NY 10017	EIN 13-4008324	Phone no. 646-471-3000		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Firm's address ▶			Firm's EIN ▶ Phone no.	

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

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 2011

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	C Name of organization INSTITUTE OF INTERNATIONAL EDUCATION		D Employer identification number 13-1624046	
	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			
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 \$ 369,451,531.				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) <input type="checkbox"/> 501(c)() ◀ (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 INT'L NON-GOVERNMENTAL ORG 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	41.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40.		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	646.		
	6 Total number of volunteers (estimate if necessary)	6	6,125.		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a			
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	309,497,032.	Current Year	339,940,082.
	9 Program service revenue (Part VIII, line 2g)		19,887,063.		22,111,555.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,974,557.		4,658,525.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-107,183.		-21,301.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		331,251,469.		366,688,861.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		238,810,562.		264,400,237.
	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)		47,265,672.		47,507,859.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		309,868.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 859,907.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		51,863,010.		58,794,653.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		338,249,112.		370,702,749.
19 Revenue less expenses. Subtract line 18 from line 12		-6,997,643.		-4,013,888.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	180,798,884.	End of Year	163,037,560.
	21 Total liabilities (Part X, line 26)		71,450,570.		61,960,132.
	22 Net assets or fund balances. Subtract line 21 from line 20		109,348,314.		101,077,428.

Part II Signature Block

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.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP				P01080295
	Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017			Firm's 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 Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**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 \$ 260,436,522. including grants of \$ 201,153,528.) (Revenue \$ 13,962,255.)
INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS. SEE SCHEDULE O.**4b** (Code:) (Expenses \$ 64,329,715. including grants of \$ 54,020,193.) (Revenue \$ 941,208.)
LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES. SEE SCHEDULE O.**4c** (Code:) (Expenses \$ 13,946,442. including grants of \$ 5,660,511.) (Revenue \$ 6,255,288.)
HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT. SEE SCHEDULE O.**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 7,659,414. including grants of \$ 3,566,005.) (Revenue \$ 952,804.)

4e Total program service expenses ► 346,372,093.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b 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? If "Yes," complete Schedule F, Parts I and IV	14b X	
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? If "Yes," complete Schedule F, Parts II and IV	15 X	
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? If "Yes," complete Schedule F, Parts III and IV	16 X	
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? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 line 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 (or a family member thereof) 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)?	<input checked="" type="checkbox"/>	
a Did the organization receive any payment from or engage in any transaction with 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"/> Yes <input type="checkbox"/> No		
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"/>	

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☒ **X**

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 390		
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 646		
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 e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds 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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 41		
b Enter the number of voting members included in line 1a, above, who are independent 1b 40		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant 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 9		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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b 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, IL, MD, NJ, NY, 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: **PETER THOMPSON, CAO 809 UNITED NATIONS PLAZA NEW YORK, NY 10017**
212-984-5490

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MR. THOMAS S. JOHNSON TRUSTEE	5.00	X						0.	0.	0.
(2) DR. HENRY KAUFMAN TRUSTEE	1.00	X						0.	0.	0.
(3) MR. MARK ANGELSON TRUSTEE	4.00	X						0.	0.	0.
(4) MRS. MARYAM PANAHY ANSARY TRUSTEE	3.00	X						0.	0.	0.
(5) DR. LEE C. BOLLINGER TRUSTEE	1.00	X						0.	0.	0.
(6) DR. GEORGE CAMPBELL, JR. TRUSTEE	3.00	X						0.	0.	0.
(7) MRS. MARIA LIVANOS CATTALUI TRUSTEE	1.00	X						0.	0.	0.
(8) DR. RICHARD A. DEBS TRUSTEE	1.00	X						0.	0.	0.
(9) MR. ROBERT L. DILENSCHNEIDER TRUSTEE	5.00	X						0.	0.	0.
(10) MR. GEORGE J. DONNELLY TRUSTEE	1.00	X						0.	0.	0.
(11) DR. WILLIAM G. DURDEN TRUSTEE	1.00	X						0.	0.	0.
(12) AMBASSADOR HARRIET ELAM-THOMAS TRUSTEE	1.00	X						0.	0.	0.
(13) MR. G. STEPHEN FISHER TRUSTEE	1.00	X						0.	0.	0.
(14) MR. STEPHEN C. FRANCIS TRUSTEE	2.00	X						0.	0.	0.
(15) MR. SCOTT FREIDHEIM TRUSTEE	2.00	X						0.	0.	0.
(16) MR. VICTOR J. GOLDBERG TRUSTEE	3.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.00	X		X				490,547.	0.	55,472.
(18) MR. PETER M. GOTTSEGEN TRUSTEE	1.00	X						0.	0.	0.
(19) MR. JACK M. GREENBERG TRUSTEE	1.00	X						0.	0.	0.
(20) MS. RUTH HINERFELD TRUSTEE	5.00	X						0.	0.	0.
(21) DR. KAREN A. HOLBROOK TRUSTEE	3.00	X						0.	0.	0.
(22) MS. PAMELA HOWARD TRUSTEE	1.00	X						0.	0.	0.
(23) MR. S.A. IBRAHIM TRUSTEE	1.00	X						0.	0.	0.
(24) DR. HENRY G. JARECKI TRUSTEE	5.00	X						0.	0.	0.
(25) MR. JULIAN JOHNSON TRUSTEE	1.50	X						0.	0.	0.
(26) MR. MARK KAPLAN TRUSTEE	2.00	X						0.	0.	0.
(27) DR. HENRY A. KISSINGER TRUSTEE	1.00	X						0.	0.	0.
(28) SENATOR EDWARD KAUFMAN TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								490,547.	0.	55,472.
c Total from continuation sheets to Part VII, Section A								4,539,718.	0.	836,549.
d Total (add lines 1b and 1c)								5,030,265.	0.	892,021.

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 **68**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
SCHEDULE O		

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

				(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	736,902.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	239,098,518.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	100,104,662.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		339,940,082.			
Program Service Revenue				Business Code			
	2a	FEE FOR SERVICE	900099	20,335,096.	20,335,096.		
	b	PUBLICATIONS & MEMBERSHIP FEES	900099	808,015.	808,015.		
	c	UNIVERSITY FAIR REVENUE	900099	968,444.	968,444.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		22,111,555.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,485,840.			3,485,840.
	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	3,585,295.	238,060.			
	b	Less: cost or other basis and sales expenses	2,650,670.				
	c	Gain or (loss)	934,625.	238,060.			
	d	Net gain or (loss)		1,172,685.			1,172,685.
	8a	Gross income from fundraising events (not including \$ 736,902. of contributions reported on line 1c). See Part IV, line 18	a	90,098.			
	b	Less: direct expenses	b	112,000.			
	c	Net income or (loss) from fundraising events		-21,902.			-21,902.
	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	601.			601.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		601.				
12	Total revenue. See instructions		366,688,861.	22,111,555.		4,637,224.	

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	37,917,118.	37,917,118.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	150,195,038.	150,195,038.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	76,288,081.	76,288,081.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,103,728.	3,131,145.	923,339.	49,244.
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	32,273,266.	24,624,502.	7,261,485.	387,279.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,746,495.	2,095,576.	617,961.	32,958.
9 Other employee benefits	5,927,601.	4,522,760.	1,333,710.	71,131.
10 Payroll taxes	2,456,769.	1,874,515.	552,773.	29,481.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,234,579.		1,234,579.	
c Accounting	366,336.		366,336.	
d Lobbying	60,090.		60,090.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	240,695.		240,695.	
g Other	11,515,439.	10,961,745.	553,694.	
12 Advertising and promotion	0.			
13 Office expenses	2,333,910.	1,812,300.	459,845.	61,765.
14 Information technology	3,894,262.	3,049,684.	833,267.	11,311.
15 Royalties	0.			
16 Occupancy	6,334,200.	4,351,777.	1,933,441.	48,982.
17 Travel	2,252,204.	1,858,362.	381,693.	12,149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	13,293,133.	13,085,441.	172,718.	34,974.
20 Interest	769,779.	664,041.	105,738.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,810,209.	1,584,801.	2,189,590.	35,818.
23 Insurance	196.	183.	13.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	12,689,621.	8,355,024.	4,249,782.	84,815.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	370,702,749.	346,372,093.	23,470,749.	859,907.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	16,347,811.	1	7,196,007.
	2 Savings and temporary cash investments	6,924,051.	2	6,938,063.
	3 Pledges and grants receivable, net	1,883,083.	3	1,641,528.
	4 Accounts receivable, net	30,261,395.	4	25,892,387.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,688,646.	9	3,254,972.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,829,185.		
	b Less: accumulated depreciation	10b 31,843,385.		
	11 Investments - publicly traded securities	22,980,033.	10c	22,985,800.
	12 Investments - other securities. See Part IV, line 11	76,757,754.	11	74,650,331.
	13 Investments - program-related. See Part IV, line 11	16,977,543.	12	17,684,945.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,978,568.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	180,798,884.	15	2,793,527.	
Liabilities	17 Accounts payable and accrued expenses	17,170,715.	16	163,037,560.
	18 Grants payable	17,170,715.	17	20,709,875.
	19 Deferred revenue	39,983,588.	18	27,343,146.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,296,267.	20	13,907,111.
	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	71,450,570.	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	42,405,078.	26	61,960,132.
	28 Temporarily restricted net assets	42,405,078.	27	35,618,667.
	29 Permanently restricted net assets	60,437,030.	28	59,137,596.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.	6,506,206.	29	6,321,165.
	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	109,348,314.	32	
	34 Total liabilities and net assets/fund balances	180,798,884.	33	101,077,428.

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	366,688,861.
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,702,749.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,013,888.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,348,314.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,256,998.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	101,077,428.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	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 separate basis, consolidated 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** (2010)

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

2010

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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,624,502.	274,847,008.	338,813,957.	309,497,032.	339,940,082.	1,501,722,581.
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	238,624,502.	274,847,008.	338,813,957.	309,497,032.	339,940,082.	1,501,722,581.
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).						198,546,060.
6 Public support. Subtract line 5 from line 4.						1,303,176,521.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	238,624,502.	274,847,008.	338,813,957.	309,497,032.	339,940,082.	1,501,722,581.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,361,295.	3,381,996.	2,076,787.	2,307,821.	3,485,840.	15,613,739.
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.) . ATTCH. 1	773,262.	903,465.	-101,115.	-107,183.	-21,301.	1,447,128.
11 Total support. Add lines 7 through 10						1,518,783,448.
12 Gross receipts from related activities, etc. (see instructions)					12	83,665,446.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	85.80 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	85.33 %
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
SPECIAL EVENTS	379,850.	628,057.	-106,375.	-109,980.	-21,902.	769,650.
MISCELLANEOUS	393,412.	275,408.	5,260.	2,797.	601.	677,478.
TOTALS	<u>773,262.</u>	<u>903,465.</u>	<u>-101,115.</u>	<u>-107,183.</u>	<u>-21,301.</u>	<u>1,447,128.</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

2010

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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

Part I-A 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 on behalf of or in opposition to candidates for public office 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 filing organization made payments. 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable 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) 2010

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		80,297.
j Total. Add lines 1c through 1i			80,297.
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.

Part IV **Supplemental Information** *(continued)*

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

2010

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 education)	<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 Tax 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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2010

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	58,547,646.	54,916,515.	48,107,918.		
b Contributions	5,308,487.	1,504,318.	6,871,737.		
c Net investment earnings, gains, and losses	135,886.	4,894,436.	2,357,117.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,402,803.	2,177,677.			
f Administrative expenses	1,287,475.	589,946.	2,420,257.		
g End of year balance	59,301,741.	58,547,646.	54,916,515.		

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

- a** Board designated or quasi-endowment ▶ 15.7000 %
b Permanent endowment ▶ 5.9000 %
c Term endowment ▶ 78.4000 %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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				
b Buildings		19,069,498.	11,243,160.	7,826,338.
c Leasehold improvements		10,325,923.	3,329,434.	6,996,489.
d Equipment		8,942,635.	7,299,174.	1,643,461.
e Other		16,491,129.	9,971,617.	6,519,512.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,985,800.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ARCHSTONE	5,588,881.	FMV
(B) EVANSTONE/WEATHERLOW	5,417,703.	FMV
(C) PIMCO	6,678,361.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	17,684,945.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	366,688,861.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	370,702,749.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,013,888.
4	Net unrealized gains (losses) on investments	4	-4,256,998.
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	-4,256,998.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-8,270,886.

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	362,191,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-4,256,998.
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	-4,256,998.
3	Subtract line 2e from line 1	3	366,448,166.
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	240,695.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	240,695.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	366,688,861.

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

1	Total expenses and losses per audited financial statements	1	370,462,054.
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	370,462,054.
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	240,695.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	240,695.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	370,702,749.

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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

THE INSTITUTE INTENDS TO USE ITS ENDOWMENT, WHICH CONSISTS OF INDIVIDUAL FUNDS THAT HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING SCHOLAR SUPPORT AND SCHOLARSHIPS, CONSISTENT WITH THE PURPOSES FOR WHICH THE FUNDS HAVE BEEN ESTABLISHED.

SCHEDULE D, PART X, LINE 2

FOOTNOTE FROM IIE AUDITED FINANCIAL STATEMENTS

AS OF OCTOBER 1, 2008, THE INSTITUTE ADOPTED GUIDANCE RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE INSTITUTE HAS DETERMINED THAT ITS ADOPTION DID NOT MATERIALLY IMPACT THE SEPTEMBER 30, 2011 AND 2010 FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

13-1624046

INSTITUTE OF INTERNATIONAL EDUCATION

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		11,004.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,206,072.
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		10,985,805.
(4) EAST ASIA AND THE PACIFIC	5.	97.	MAINTAINING OFFICES		4,224,029.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		1,143,769.
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	21,958,407.
(7) EUROPE	1.	24.	MAINTAINING OFFICES		1,353,244.
(8) EUROPE			GRANTMAKING		19,113.
(9) EUROPE			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	21,849,494.
(10) MIDDLE EAST AND NORTH AFRICA	1.	39.	MAINTAINING OFFICES		1,488,581.
(11) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		785,070.
(12) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	6,990,770.
(13) NORTH AMERICA	1.	26.	MAINTAINING OFFICES		1,784,385.
(14) NORTH AMERICA			GRANTMAKING		142,060.
(15) NORTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,153,728.
(16) RUSSIA/INDEPENDENT STATES	2.	73.	MAINTAINING OFFICES		1,883,712.
(17) RUSSIA/INDEPENDENT STATES			GRANTMAKING		12,989.
3a Sub-total	10.	259.			77,992,232.
b Total from continuation sheets to Part I	2.	37.			21,052,347.
c Totals (add lines 3a and 3b)	12.	296.			99,044,579.

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

Schedule F (Form 990) 2010

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	3,668,368.
(2) SOUTH AMERICA			GRANTMAKING		623,266.
(3) SOUTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	6,149,024.
(4) SOUTH ASIA	1.	26.	MAINTAINING OFFICES		572,941.
(5) SOUTH ASIA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,894,652.
(6) SUB-SAHARAN AFRICA	1.	11.	MAINTAINING OFFICES		463,801.
(7) SUB-SAHARAN AFRICA			GRANTMAKING		115,639.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	6,564,656.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2010

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 ☐ **Part II can be duplicated 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)
(1)			CENTRAL AMERICA AND THE	EDUCATION EXCHANGE	11,004.	CHECK		N/A	N/A
(2)			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	10,671.	CHECK		N/A	N/A
(3)			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	1,103,647.	CHECK		N/A	N/A
(4)			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	12,833.	CHECK		N/A	N/A
(5)			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	16,618.	CHECK		N/A	N/A
(6)			EUROPE	EDUCATION EXCHANGE	11,931.	CHECK		N/A	N/A
(7)			EUROPE	EDUCATION EXCHANGE	7,182.	CHECK		N/A	N/A
(8)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	86,400.	CHECK		N/A	N/A
(9)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	298,668.	CHECK		N/A	N/A
(10)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	5,040.	CHECK		N/A	N/A
(11)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	59,398.	CHECK		N/A	N/A
(12)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	19,809.	CHECK		N/A	N/A
(13)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	11,023.	CHECK		N/A	N/A
(14)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	136,524.	CHECK		N/A	N/A
(15)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	49,094.	CHECK		N/A	N/A
(16)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	15,389.	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 ☐
- 3** Enter total number of other organizations or entities ☐

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 ☐ **Part II can be duplicated 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)
(1)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	5,608.	CHECK		N/A	N/A
(2)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	17,019.	CHECK		N/A	N/A
(3)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	18,215.	CHECK		N/A	N/A
(4)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	8,555.	CHECK		N/A	N/A
(5)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	9,500.	CHECK		N/A	N/A
(6)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	17,870.	CHECK		N/A	N/A
(7)			NORTH AMERICA	EDUCATION EXCHANGE	7,000.	CHECK		N/A	N/A
(8)			NORTH AMERICA	EDUCATION EXCHANGE	60,020.	CHECK		N/A	N/A
(9)			NORTH AMERICA	EDUCATION EXCHANGE	75,040.	CHECK		N/A	N/A
(10)			RUSSIA AND THE NEWLY IND	EDUCATION EXCHANGE	12,989.	CHECK		N/A	N/A
(11)			SOUTH AMERICA	EDUCATION EXCHANGE	30,020.	CHECK		N/A	N/A
(12)			SOUTH AMERICA	EDUCATION EXCHANGE	45,020.	CHECK		N/A	N/A
(13)			SOUTH AMERICA	EDUCATION EXCHANGE	15,020.	CHECK		N/A	N/A
(14)			SOUTH AMERICA	EDUCATION EXCHANGE	128,376.	CHECK		N/A	N/A
(15)			SOUTH AMERICA	EDUCATION EXCHANGE	30,020.	CHECK		N/A	N/A
(16)			SOUTH AMERICA	EDUCATION EXCHANGE	30,020.	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 ☐
- 3** Enter total number of other organizations or entities ☐

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 ☐ **Part II** can be duplicated 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)
(1)			SOUTH AMERICA	EDUCATION EXCHANGE	30,020.	CHECK		N/A	N/A
(2)			SOUTH AMERICA	EDUCATION EXCHANGE	314,770.	CHECK		N/A	N/A
(3)			SUB-SAHARAN AFRICA	EDUCATION EXCHANGE	115,639.	CHECK		N/A	N/A
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 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 ☐ 35.
- 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.
Part III can be duplicated 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)
(1) GRANTEE COST OF LIVING	CENTRAL AMERICA AND THE	34.	170,900.	CHECK		N/A	N/A
(2) INSURANCE	CENTRAL AMERICA AND THE	1.	41.	CHECK		N/A	N/A
(3) SCHOLARSHIPS	CENTRAL AMERICA AND THE	164.	1,882,172.	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	CENTRAL AMERICA AND THE	33.	142,959.	CHECK		N/A	N/A
(5) TUITION	CENTRAL AMERICA AND THE	4.	10,000.	CHECK		N/A	N/A
(6) GRANTEE MAINTENANCE	EAST ASIA AND THE PACIFI	46.	136,669.	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	EAST ASIA AND THE PACIFI	751.	4,923,675.	CHECK		N/A	N/A
(8) INSURANCE	EAST ASIA AND THE PACIFI	149.	37,739.	CHECK		N/A	N/A
(9) SCHOLARSHIPS	EAST ASIA AND THE PACIFI	916.	13,162,735.	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	EAST ASIA AND THE PACIFI	274.	1,176,071.	CHECK		N/A	N/A
(11) TUITION	EAST ASIA AND THE PACIFI	661.	2,521,518.	CHECK		N/A	N/A
(12) GRANTEE MAINTENANCE	EUROPE	68.	194,890.	CHECK		N/A	N/A
(13) GRANTEE COST OF LIVING	EUROPE	554.	4,023,966.	CHECK		N/A	N/A
(14) INSURANCE	EUROPE	288.	88,956.	CHECK		N/A	N/A
(15) SCHOLARSHIPS	EUROPE	1045.	13,704,804.	CHECK		N/A	N/A
(16) TRAVEL AND FIELD TRIPS	EUROPE	539.	2,141,955.	CHECK		N/A	N/A
(17) TUITION	EUROPE	198.	1,694,923.	CHECK		N/A	N/A
(18) GRANTEE MAINTENANCE	MIDDLE EAST AND NORTH AF	1.	1,000.	CHECK		N/A	N/A

Schedule F (Form 990) 2010

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or 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)
(1) GRANTEE COST OF LIVING	MIDDLE EAST AND NORTH AF	296.	2,599,764.	CHECK		N/A	N/A
(2) INSURANCE	MIDDLE EAST AND NORTH AF	72.	26,447.	CHECK		N/A	N/A
(3) SCHOLARSHIPS	MIDDLE EAST AND NORTH AF	182.	2,781,666.	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	MIDDLE EAST AND NORTH AF	84.	367,575.	CHECK		N/A	N/A
(5) TUITION	MIDDLE EAST AND NORTH AF	69.	1,214,318.	CHECK		N/A	N/A
(6) GRANTEE MAINTENANCE	NORTH AMERICA	4.	1,434.	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	NORTH AMERICA	77.	276,862.	CHECK		N/A	N/A
(8) INSURANCE	NORTH AMERICA	24.	5,301.	CHECK		N/A	N/A
(9) SCHOLARSHIPS	NORTH AMERICA	23.	361,167.	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	NORTH AMERICA	74.	344,804.	CHECK		N/A	N/A
(11) TUITION	NORTH AMERICA	42.	164,160.	CHECK		N/A	N/A
(12) GRANTEE MAINTENANCE	RUSSIA AND THE NEWLY IND	21.	77,965.	CHECK		N/A	N/A
(13) GRANTEE COST OF LIVING	RUSSIA AND THE NEWLY IND	155.	1,848,199.	CHECK		N/A	N/A
(14) INSURANCE	RUSSIA AND THE NEWLY IND	25.	15,799.	CHECK		N/A	N/A
(15) SCHOLARSHIPS	RUSSIA AND THE NEWLY IND	94.	1,348,291.	CHECK		N/A	N/A
(16) TRAVEL AND FIELD TRIPS	RUSSIA AND THE NEWLY IND	66.	219,576.	CHECK		N/A	N/A
(17) TUITION	RUSSIA AND THE NEWLY IND	34.	158,538.	CHECK		N/A	N/A
(18) GRANTEE COST OF LIVING	SOUTH AMERICA	209.	891,273.	CHECK		N/A	N/A

Schedule F (Form 990) 2010

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or 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)
(1) INSURANCE	SOUTH AMERICA	50.	6,641.	CHECK		N/A	N/A
(2) SCHOLARSHIPS	SOUTH AMERICA	342.	4,357,395.	CHECK		N/A	N/A
(3) TRAVEL AND FIELD TRIPS	SOUTH AMERICA	152.	698,993.	CHECK		N/A	N/A
(4) TUITION	SOUTH AMERICA	39.	194,722.	CHECK		N/A	N/A
(5) GRANTEE MAINTENANCE	SOUTH ASIA	4.	5,969.	CHECK		N/A	N/A
(6) GRANTEE COST OF LIVING	SOUTH ASIA	113.	599,380.	CHECK		N/A	N/A
(7) INSURANCE	SOUTH ASIA	20.	4,382.	CHECK		N/A	N/A
(8) SCHOLARSHIPS	SOUTH ASIA	110.	1,570,733.	CHECK		N/A	N/A
(9) TRAVEL AND FIELD TRIPS	SOUTH ASIA	100.	493,262.	CHECK		N/A	N/A
(10) TUITION	SOUTH ASIA	45.	220,926.	CHECK		N/A	N/A
(11) GRANTEE MAINTENANCE	SUB-SAHARAN AFRICA	1.	5,091.	CHECK		N/A	N/A
(12) GRANTEE COST OF LIVING	SUB-SAHARAN AFRICA	268.	1,491,242.	CHECK		N/A	N/A
(13) INSURANCE	SUB-SAHARAN AFRICA	92.	11,376.	CHECK		N/A	N/A
(14) SCHOLARSHIPS	SUB-SAHARAN AFRICA	277.	3,723,922.	CHECK		N/A	N/A
(15) TRAVEL AND FIELD TRIPS	SUB-SAHARAN AFRICA	226.	1,136,630.	CHECK		N/A	N/A
(16) TUITION	SUB-SAHARAN AFRICA	79.	196,395.	CHECK		N/A	N/A
(17)							
(18)							

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☒ Yes ☐ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS OUTSIDE THE UNITED STATES

OVERALL: OPERATIONS ARE MANAGED BY THE PROGRAM MANAGERS AND VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I.E., CONTROLLER'S DIVISION, GRANTS AND CONTRACTS, LEGAL SERVICES AND ADMINISTRATIVE SERVICES). THERE IS REGULAR MONTHLY MONITORING BY THESE MANAGERS. PERIODIC REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS.

BUDGETS: BUDGETS ARE ESTABLISHED ON A DIVISIONAL AND PROGRAM BASIS WITH COORDINATION BY THE PROGRAM DIRECTORS. VARIANCES ARE REVIEWED EACH MONTH BY THE PROGRAM DIRECTORS. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE UPDATED WEEKLY TO MONITOR PERFORMANCE. MID-YEAR BUDGET REVIEWS ARE PERFORMED BY SENIOR MANAGEMENT TO REVIEW THE ACTIVITIES OF ALL PROGRAMS AND ADJUST TO CHANGES IN BUDGET ASSUMPTIONS.

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

Part V Supplemental Information

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

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
AND THEIR DEPENDENTS THROUGHOUT THE DURATION OF APPROVED PARTICIPATION
WITHIN THE U.S. EDUCATION SYSTEM.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Employer identification number

13-1624046

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☐ In-person solicitations

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 NEW YORK GALA (event type)	(b) Event #2 DENVER GALA (event type)	(c) Other Events 0. (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	716,292.	110,708.		827,000.
2 Less: Charitable contributions	716,292.	20,610.		736,902.
3 Gross income (line 1 minus line 2)		90,098.		90,098.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses		112,000.		112,000.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(112,000.)
11 Net income summary. Combine line 3, column (d), and line 10				-21,902.

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				

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? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2010

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated 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
(1)	AMERICAN COUNCIL FOR INT'L EDUCATION 1828 L STREET NW, WASHINGTON DC 20036	52-1067256	501 (C) (3)	1,870,294.		N/A	N/A	EDUCATION EXCHANGE
(2)	ANITA BORG INSTITUTE 1501 PAGE MILL ROAD, PALO,CA 94304	77-0480427	501 (C) (3)	129,305.		N/A	N/A	EDUCATION EXCHANGE
(3)	ARIZONA STATE UNIVERSITY 699 S MILL AVE,TEMPE,AZ 85287-0412	86-6051042	501 (C) (3)	1,405,554.		N/A	N/A	EDUCATION EXCHANGE
(4)	ASPEN INSTITUTE 1 DUPONT CIRCLE,NW STE 700,WASH ,DC20036	84-0399006	501 (C) (3)	10,000.		N/A	N/A	EDUCATION EXCHANGE
(5)	BERKELEY CITY COLLEGE 2050 CENTER STREET, BERKELEY,CA 94704	94-1590799	501 (C) (3)	76,410.		N/A	N/A	EDUCATION EXCHANGE
(6)	BOSTON FULBRIGHT COMMITTEE, INC 11 GRAY GARDENS WEST,CAMBRIDGE,MA 02138	04-2693036	501 (C) (3)	57,407.		N/A	N/A	EDUCATION EXCHANGE
(7)	BOSTON UNIVERSITY 1 SILBER WAY,BOSTON,MA 02215	04-2103547	501 (C) (3)	641,572.		N/A	N/A	EDUCATION EXCHANGE
(8)	BRIGHAM YOUNG UNIVERSITY P.O. BOX 21128,PROVO,UT 84602-1128	87-0217280	501 (C) (3)	1,235,959.		N/A	N/A	EDUCATION EXCHANGE
(9)	BRYN MAWR COLLEGE 101 N MERION AVE,BRYN MAWR,PA 19010	23-1352621	501 (C) (3)	4,488,426.		N/A	N/A	EDUCATION EXCHANGE
(10)	CALIFORNIA STATE UNIVERSITY 5151 STATE UNIV DR,LOS ANGELES,CA 90032	95-2044300	501 (C) (3)	117,215.		N/A	N/A	EDUCATION EXCHANGE
(11)	CHATHAM UNIVERSITY WOODLAND ROAD,PITTSBURG,PA 15232	25-0717890	501 (C) (3)	15,000.		N/A	N/A	EDUCATION EXCHANGE
(12)	COLORADO STATE UNIVERSITY 100 JOHNSON HALL,FORT COLLINS,CO 80523	23-7098397	501 (C) (3)	109,022.		N/A	N/A	EDUCATION EXCHANGE

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

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

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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. Part II can be duplicated 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
(1)	CORNELL UNIVERSITY PO BOX 752, ITHACA, NY 14851	15-0532082	501 (C) (3)	199,018.		N/A	N/A	EDUCATION EXCHANGE
(2)	DREXEL UNIVERSITY MS#446, 245 N 15TH ST, PHILADELPHIA, PA 19102	23-1352630	501 (C) (3)	49,995.		N/A	N/A	EDUCATION EXCHANGE
(3)	EASTERN MICHIGAN UNIVERSITY STES 201-204 PIERCE HALL, YPSILANTI, MI 48197	38-2953297	501 (C) (3)	32,785.		N/A	N/A	EDUCATION EXCHANGE
(4)	EMBRY-RIDDLE AERONAUTICAL UNIV 600 CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-0936101	501 (C) (3)	282,985.		N/A	N/A	EDUCATION EXCHANGE
(5)	EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501 (C) (3)	154,769.		N/A	N/A	EDUCATION EXCHANGE
(6)	FLORIDA INSTITUTE OF TECHNOLOGY 150 W UNIVERSITY BLVD, MELBOURNE, FL 321901	59-6046500	501 (C) (3)	27,730.		N/A	N/A	EDUCATION EXCHANGE
(7)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, FAIRFAX, VA 22030-4444	54-1603842	501 (C) (3)	44,771.		N/A	N/A	EDUCATION EXCHANGE
(8)	GEORGIA TECH RESEARCH CORPORATION P.O. BOX 100117, ATLANTA, GA 30384	58-2374837	501 (C) (3)	307,000.		N/A	N/A	EDUCATION EXCHANGE
(9)	GLOBAL PITTSBURGH 650 SMITHFIELD ST, STE1180, PITTSBURG, PA 15222	25-6067678	501 (C) (3)	7,133.		N/A	N/A	EDUCATION EXCHANGE
(10)	HUNTER COLLEGE 695 PARK AVE, NY, NY 10065	13-3598671	501 (C) (3)	169,472.		N/A	N/A	EDUCATION EXCHANGE
(11)	INDIANA UNIVERSITY 601 E KIRKWOOD AVE, BLOOMINGTON, IN 47405	35-6018940	501 (C) (3)	1,418,358.		N/A	N/A	EDUCATION EXCHANGE
(12)	IOWA STATE UNIVERSITY 2505 UNIVERSITY BLVD, AMES, IA 50010	42-1143702	501 (C) (3)	207,594.		N/A	N/A	EDUCATION EXCHANGE

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

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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. Part II can be duplicated 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
(1)	IVC OF PHILADELPHIA 1515 ARCH ST, 12TH FL, PHILADELPHIA, PA 19102	23-1489115	501 (C) (3)	76,146.		N/A	N/A	EDUCATION EXCHANGE
(2)	JAMES MADISON UNIVERSITY MSC 3516 WARREN HALL, HARRISONBURG, VA 22807	23-7156305	501 (C) (3)	387,524.		N/A	N/A	EDUCATION EXCHANGE
(3)	JOHN HOPKINS UNIVERSITY 901 S BOND STREET, BALTIMORE, MD 21231	52-0595110	501 (C) (3)	294,245.		N/A	N/A	EDUCATION EXCHANGE
(4)	LASPAU 25 MT AUBURN ST, CAMBRIDGE, MA 02138-6095	04-6151880	501 (C) (3)	2,901,138.		N/A	N/A	EDUCATION EXCHANGE
(5)	LEHIGH UNIVERSITY 27 MEMORIAL DRIVE W, BETHLEHEM, PA 18015-3093	24-0795445	501 (C) (3)	15,000.		N/A	N/A	EDUCATION EXCHANGE
(6)	LINCOLN UNIVERSITY 1570 BALTIMORE PIKE MSC 50, LINCOLN, PA 19352	23-1352655	501 (C) (3)	44,308.		N/A	N/A	EDUCATION EXCHANGE
(7)	MEEDAN 972 MISSION ST, 5 FL, SAN FRANCISCO, CA 94103	20-4504068	501 (C) (3)	115,400.		N/A	N/A	EDUCATION EXCHANGE
(8)	MIAMI DADE COMMUNITY COLLEGE 300 NE SECOND AVE, MIAMI, FL 33132-2296	59-6169745	501 (C) (3)	106,625.		N/A	N/A	EDUCATION EXCHANGE
(9)	MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG, E LANSING, MI 48824	23-7326030	501 (C) (3)	937,429.		N/A	N/A	EDUCATION EXCHANGE
(10)	NEW YORK UNIVERSITY 7 EAST 12TH STREET, NY, NY 10003-4475	13-5562308	501 (C) (3)	110,773.		N/A	N/A	EDUCATION EXCHANGE
(11)	NORTH CAROLINA STATE UNIVERSITY BOX 7605, 118 RICKS HALL, RALEIGH, NC 27695	56-6049503	501 (C) (3)	350,406.		N/A	N/A	EDUCATION EXCHANGE
(12)	NORTH GEORGIA COLLEGE & STATE UNIVERSITY 82 COLLEGE CIRCLE, DAHONEGA, GA 30597	23-7066297	501 (C) (3)	220,515.		N/A	N/A	EDUCATION EXCHANGE

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

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Schedule I (Form 990) (2010)

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.

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Part I General Information on Grants and Assistance

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- 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. Part II can be duplicated 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
(1)	NORWICH UNIVERSITY 158 HARMON DRIVE, NORTHFIELD, VT 05663	03-0179424	501 (C) (3)	63,885.		N/A	N/A	EDUCATION EXCHANGE
(2)	OHIO STATE UNIVERSITY 1314 KINNEAR ROAD, COLUMBUS, OH 43212-1194	31-1145986	501 (C) (3)	1,110,455.		N/A	N/A	EDUCATION EXCHANGE
(3)	PENN STATE UNIVERSITY 410 BOUCKE BLDG, UNIVERSITY PARK, PA 16802	24-6000376	501 (C) (3)	411,879.		N/A	N/A	EDUCATION EXCHANGE
(4)	PORTLAND STATE UNIVERSITY PO BOX 751, PORTLAND, OR 97207-0751	93-0619733	501 (C) (3)	421,115.		N/A	N/A	EDUCATION EXCHANGE
(5)	PURDUE UNIVERSITY 610 PURDUE MALL, W LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	188,680.		N/A	N/A	EDUCATION EXCHANGE
(6)	RESEARCH FOUNDATION OF SUNY AT BUFFALO UNIV BUFFALO, 402 CROFTS H, BUFFALO, NY 14260	14-1368361	501 (C) (3)	18,130.		N/A	N/A	EDUCATION EXCHANGE
(7)	SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR, SAN DIEGO, CA 92182	95-6042721	501 (C) (3)	379,366.		N/A	N/A	EDUCATION EXCHANGE
(8)	SAN FRANCISCO STATE UNIVERSITY 5250 CAMPANILE DR, SAN DIEGO, CA 92182	33-0868418	501 (C) (3)	678,640.		N/A	N/A	EDUCATION EXCHANGE
(9)	SOUTHERN UNIVERSITY PO BOX 9494, BATON ROUGE, LA 70813	23-7052911	501 (C) (3)	248,797.		N/A	N/A	EDUCATION EXCHANGE
(10)	SYRACUSE UNIVERSITY 102 ARCHIBOLS GYMNASIUM N, SYRACUSE, NY 13244	15-0532081	501 (C) (3)	287,133.		N/A	N/A	EDUCATION EXCHANGE
(11)	TEXAS A & M UNIVERSITY 400 HARVEY MITCHELL PKWY, COLL STN, TX 77845	74-1238434	501 (C) (3)	265,375.		N/A	N/A	EDUCATION EXCHANGE
(12)	THE CITADEL 171 MOULTRIE ST, CHARLESTON, SC 29409-0530	57-6020493	501 (C) (3)	163,612.		N/A	N/A	EDUCATION EXCHANGE

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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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
(1)	THE POPULATION COUNCIL, INC ONE DAG HAMMARSKJOLD PLAZA, NY, NY 10017	13-1687001	501 (C) (3)	25,060.		N/A	N/A	EDUCATION EXCHANGE
(2)	THE UNIVERSITY OF KANSAS 1 UNIVERSITY OF KANSAS, LAWRENCE, KS 66045	48-0680117	501 (C) (3)	175,771.		N/A	N/A	EDUCATION EXCHANGE
(3)	THE UNIVERSITY OF UTAH 165 STUDENT SVCS BLDG, SALT LAKE, UT 84112	87-6000525	501 (C) (3)	161,672.		N/A	N/A	EDUCATION EXCHANGE
(4)	TULANE UNIVERSITY 6823 ST CHARLES AVE, NEW ORLEANS, LA 70118	72-0423889	501 (C) (3)	311,029.		N/A	N/A	EDUCATION EXCHANGE
(5)	UNIVERSITY OF ARIZONA 888 N. EUCLID AVE, TUSCON, AZ 85719	86-6050388	501 (C) (3)	177,974.		N/A	N/A	EDUCATION EXCHANGE
(6)	UNIVERSITY OF BUFFALO 232 CAPEN HALL, BUFFALO, NY 14260	16-0865182	501 (C) (3)	13,704.		N/A	N/A	EDUCATION EXCHANGE
(7)	UNIVERSITY OF CALIFORNIA 1125 MURPHY HALL, LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	940,128.		N/A	N/A	EDUCATION EXCHANGE
(8)	UNIVERSITY OF COLORADO CP 575, 3100 MARINE ST, 6FL, BOULDER, CO 80309	84-6000555	501 (C) (3)	19,742.		N/A	N/A	EDUCATION EXCHANGE
(9)	UNIVERSITY OF HAWAII 2600 CAMPUS ROAD, HONOLULU, HI 96822-2205	99-0085260	501 (C) (3)	1,215,367.		N/A	N/A	EDUCATION EXCHANGE
(10)	UNIVERSITY OF IOWA 111 JESSUP HALL, IOWA CITY, IA 52242-1316	42-0796760	501 (C) (3)	31,188.		N/A	N/A	EDUCATION EXCHANGE
(11)	UNIVERSITY OF MARYLAND 1122 HOLZAPFEL HALL, COLLEGE PARK, MD 20742	52-2197313	501 (C) (3)	1,614,714.		N/A	N/A	EDUCATION EXCHANGE
(12)	UNIVERSITY OF MICHIGAN 1011 NORTH UNIVERSITY AVE, ANN ARBOR, MI 48109	23-7326030	501 (C) (3)	375,874.		N/A	N/A	EDUCATION EXCHANGE

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated 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
(1)	UNIVERSITY OF MINNESOTA 106 PLEASANT ST, SE, MINNEAPOLIS, MN 55455-0433	41-6042488	501 (C) (3)	731,502.		N/A	N/A	EDUCATION EXCHANGE
(2)	UNIVERSITY OF MISSISSIPPI 1848 UNIVERSITY CIRCLE, UNIVERSITY, MS 38677	23-7310293	501 (C) (3)	1,220,242.		N/A	N/A	EDUCATION EXCHANGE
(3)	UNIVERSITY OF NEBRASKA 124 CANFIELD ADMIN BLDG, LINCOLN, NE 68588	23-1352655	501 (C) (3)	55,256.		N/A	N/A	EDUCATION EXCHANGE
(4)	UNIVERSITY OF NEW MEXICO 1 UNIV OF NEW MEXICO, ALBUQUERQUE, NM 87131	85-6010741	501 (C) (3)	63,598.		N/A	N/A	EDUCATION EXCHANGE
(5)	UNIVERSITY OF NORTH CAROLINA 910 RALEIGH RD, CHAPEL HILL, NC 27517	56-6059417	501 (C) (3)	55,338.		N/A	N/A	EDUCATION EXCHANGE
(6)	UNIVERSITY OF OKLAHOMA 100 ASP AVE RM 105, NORMAN, OK 73019-4017	73-6091755	501 (C) (3)	372,354.		N/A	N/A	EDUCATION EXCHANGE
(7)	UNIVERSITY OF OREGON P.O. BOX 3237, EUGENE, OR 97403	93-6015767	501 (C) (3)	2,172,142.		N/A	N/A	EDUCATION EXCHANGE
(8)	UNIVERSITY OF PENNSYLVANIA 140 FRANKLIN BLDG, PHILADELPHIA, PA 19104-6270	23-1352685	501 (C) (3)	96,573.		N/A	N/A	EDUCATION EXCHANGE
(9)	UNIVERSITY OF RHODE ISLAND 67 UPPER COLLEGE RD, KINGSTON, RI 02881	05-6014351	501 (C) (3)	430,007.		N/A	N/A	EDUCATION EXCHANGE
(10)	UNIVERSITY OF SOUTH FLORIDA 140 7TH AVE SOUTH, ST PETERSBURG, FL 33701	59-0879015	501 (C) (3)	7,014.		N/A	N/A	EDUCATION EXCHANGE
(11)	UNIVERSITY OF TEXAS 1 UNIVERSITY ST, AUSTIN, TX 78712	74-1587488	501 (C) (3)	2,433,288.		N/A	N/A	EDUCATION EXCHANGE
(12)	UNIVERSITY OF VIRGINIA 1101 MILLMONT ST, CHARLOTTESVILLE, VA 22904	54-1682176	501 (C) (3)	366,414.		N/A	N/A	EDUCATION EXCHANGE

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

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

Schedule I (Form 990) (2010)

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

2010

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. Part II can be duplicated 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
(1)	UNIVERSITY OF WASHINGTON 3935 UNIV WAY NE JM 24, SEATTLE, WA 98195	94-3079432	501 (C) (3)	442,541.		N/A	N/A	EDUCATION EXCHANGE
(2)	UNIVERSITY OF WISCONSIN 702 W JOHNSON ST, STE 1101, MADISON, WI 53715	39-1742564	501 (C) (3)	154,615.		N/A	N/A	EDUCATION EXCHANGE
(3)	VANDERBILT UNIVERSITY 110 21ST AVENUE, NASHVILLE, TN 37203	62-0476822	501 (C) (3)	216,060.		N/A	N/A	EDUCATION EXCHANGE
(4)	VERMONT COUNCIL ON WORLD AFFAIRS 60 MAIN ST, BURLINGTON, VT 05401	03-6010787	501 (C) (3)	74,201.		N/A	N/A	EDUCATION EXCHANGE
(5)	VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039, RICHMOND, VA 23284-3039	54-0757884	501 (C) (3)	153,737.		N/A	N/A	EDUCATION EXCHANGE
(6)	VIRGINIA POLYTECHNIC INSTITUTE 840 UNIV CITY BLVD, BLACKSBURG, VA 24061	54-6001805	501 (C) (3)	284,403.		N/A	N/A	EDUCATION EXCHANGE
(7)	VMI RESEARCH LABORATORIES, INC 300 E PRESTON LIBRARY, LEXINGTON, VA 24450	54-0737652	501 (C) (3)	241,265.		N/A	N/A	EDUCATION EXCHANGE
(8)	WESTERN KENTUCKY UNIVERSITY 1906 COLL HEIGHTS, BOWLING GREEN, KY 42101	61-1251555	501 (C) (3)	350,645.		N/A	N/A	EDUCATION EXCHANGE
(9)	WORLDCHICAGO 78 E. WASHINGTON ST, CHICAGO, IL 60602	36-2406639	501 (C) (3)	75,000.		N/A	N/A	EDUCATION EXCHANGE
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations ☐ 81.

3 Enter total number of other organizations ☐

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated 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
1 GRANTEE MAINTENANCE	4,461.	6,119,954.		N/A	N/A
2 GRANTEE COST OF LIVING	8,597.	83,946,415.		N/A	N/A
3 INSURANCE	887.	367,763.		N/A	N/A
4 SCHOLARSHIPS	257.	2,108,010.		N/A	N/A
5 TRAVEL AND FIELD TRIPS	3,050.	11,593,006.		N/A	N/A
6 TUITION	4,125.	46,059,890.		N/A	N/A
7					

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: OPERATIONS ARE MANAGED BY THE PROGRAM MANAGERS AND VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I.E., CONTROLLER'S DIVISION, GRANTS AND CONTRACTS, LEGAL SERVICES AND ADMINISTRATIVE SERVICES). THERE IS REGULAR MONTHLY MONITORING BY THESE MANAGERS. PERIODIC REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS.

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

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.
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

COORDINATION BY THE PROGRAM DIRECTORS. VARIANCES ARE REVIEWED EACH MONTH
BY THE PROGRAM DIRECTORS. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE
UPDATED WEEKLY TO MONITOR PERFORMANCE. MID-YEAR BUDGET REVIEWS ARE
PERFORMED BY SENIOR MANAGEMENT TO REVIEW THE ACTIVITIES OF ALL PROGRAMS
AND ADJUST TO CHANGES IN BUDGET ASSUMPTIONS.

PAYMENTS: PAYMENTS FOR DISBURSEMENTS AND REIMBURSEMENTS RELATING TO ALL
GRANT FUNDS REQUIRE APPROPRIATE SUPPORTING DOCUMENTATION. BEFORE PAYMENTS
ARE MADE, GRANTEES AND VENDORS ARE CHECKED AGAINST THE EXCLUDED PARTIES
LIST SYSTEM (EPLS) TO ENSURE THESE PAYEES ARE IN COMPLIANCE WITH

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.
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

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

SEVIS: IIE REPORTS TO THE STUDENT AND EXCHANGE VISITOR PROGRAM (SEVP) WHICH SERVES AS THE BRIDGE FOR VARIED GOVERNMENT ORGANIZATIONS THAT HAVE

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.
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

AN INTEREST IN INFORMATION ON FOREIGN STUDENTS. SEVP USES WEB-BASED TECHNOLOGY, THE STUDENT AND EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS), TO TRACK AND MONITOR SCHOOLS AND PROGRAMS, STUDENTS, EXCHANGE VISITORS AND THEIR DEPENDENTS THROUGHOUT THE DURATION OF APPROVED PARTICIPATION WITHIN THE U.S. EDUCATION SYSTEM.

**SCHEDULE 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

2010

**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 are 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 from the organization or a related organization? . . .
- 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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
1 DR. ALLAN E. GOODMAN	(i) 401,157.	0.	89,390.	49,000.	6,472.	546,019.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 MS. PEGGY BLUMENTHAL	(i) 297,209.	0.	8,382.	49,000.	4,731.	359,322.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 MS. EDITH CECIL	(i) 206,027.	0.	17,576.	44,000.	3,325.	270,928.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 MR. BRIAN CHEN	(i) 244,455.	0.	1,242.	46,500.	6,525.	298,722.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 MS. JAYE CHEN	(i) 151,670.	50,000.	15,860.	33,000.	8,200.	258,730.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 MS. DANIELA Z. KAISTH	(i) 159,624.	0.	33,420.	24,000.	7,737.	224,781.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 MR. DENNIS W. KEAR	(i) 157,891.	0.	4,115.	38,000.	7,451.	207,457.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MS. MARY E KIRK	(i) 227,113.	0.	1,131.	44,664.	3,827.	276,735.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 MR. MARK S. LAZAR	(i) 180,911.	0.	5,425.	27,346.	4,765.	218,447.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 MR. MARK D. MOYER	(i) 278,975.	0.	18,018.	40,375.	6,785.	344,153.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 MS. SABINE U. O'HARA	(i) 85,969.	0.	135,039.	23,438.	2,531.	246,977.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 MR. ROBERT E. SLATTERY	(i) 161,675.	0.	4,267.	31,350.	3,325.	200,617.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 MS. JOAN WALL	(i) 156,201.	0.	20,385.	43,000.	5,167.	224,753.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 MS. ELIZABETH KHALIFA	(i) 142,853.	4,000.	653.	26,335.	18,360.	192,201.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 MS. JAGRITI PAREKH	(i) 130,569.	7,000.	12,293.	27,868.	4,358.	182,088.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 MR. KIRK LENG	(i) 129,210.	3,500.	273.	26,899.	9,445.	169,327.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
1 MS. ELIZABETH GLANS	(i)	127,165.	0.	389.	26,479.	5,885.	159,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MR. EDWARD ROSLOF	(i)	139,115.	10,000.	690.	15,000.	10,885.	175,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MR. PETER DONDERO	(i)	172,918.	9,000.	1,597.	11,255.	6,895.	201,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MS. NANCY OVERHOLT	(i)	138,256.	0.	1,242.	14,536.	7,107.	161,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MR. STEVEN STEIGLEDER	(i)	136,975.	0.	631.	16,720.	2,362.	156,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

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

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. THE
VENUE WAS USED FOR INSTITUTE LUNCHEONS AND BOARD EVENTS. HE ENDED HIS
MEMBERSHIP IN AUGUST 2011.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENT

SABINE O'HARA RECEIVED SEVERANCE FOR APPROXIMATELY \$105,000 DURING THE
CALENDAR YEAR 2010.

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

CONTRIBUTION OF \$21,000 DURING THE CALENDAR YEAR 2010.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

INSTITUTE OF INTERNATIONAL EDUCATION IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION THAT FOCUSES ON (1) PROMOTING CLOSER EDUCATIONAL RELATIONS BETWEEN THE PEOPLE OF THE UNITED STATES AND THOSE OF OTHER COUNTRIES. (2) STRENGTHENING AND LINKING INSTITUTIONS OF HIGHER LEARNING GLOBALLY. (3) RESCUING THREATENED SCHOLARS AND ADVANCING ACADEMIC FREEDOM. (4) BUILDING LEADERSHIP SKILLS AND ENHANCING THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL CHALLENGES.

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

PROGRAM SERVICE ACCOMPLISHMENTS:

LINE 4A - INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS:

EXPENSES \$260,436,522 INCLUDING GRANTS OF \$201,153,528; REVENUE \$13,962,255

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.

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

LINE 4B - LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

EXPENSES: \$64,329,715 INCLUDING GRANTS OF \$54,020,193; REVENUE:\$941,208

THE INSTITUTE IMPLEMENTS PROGRAMS TO BUILD LEADERSHIP SKILLS AND ENHANCE THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL CHALLENGES. LONG AND SHORT TERM TRAINING PROGRAMS IMPLEMENTED BY THE INSTITUTE CONNECT STUDENTS AND PROFESSIONALS WITH PEERS AND COLLEAGUES AROUND THE WORLD TO GAIN THE SKILLS AND INTERNATIONAL PERSPECTIVES THEY WILL NEED TO FORGE SOLUTIONS TO GLOBAL CHALLENGES.

EXAMPLES INCLUDE NATIONAL SECURITY EDUCATION PROGRAMS SPONSORED BY THE UNITED STATES DEPARTMENT OF DEFENSE, AND USAID PROGRAMS.

LINE 4C - HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT:

EXPENSES: \$13,946,442 INCLUDING GRANTS OF \$5,660,511; REVENUE:\$6,255,288

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

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

COUNTRIES.

EXAMPLES OF THESE RELATIONSHIPS INCLUDE KING ABDULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY (KAUST) AND NEW YORK UNIVERSITY, ABU DHABI.

LINE 4D - EMERGENCY STUDENT AND SCHOLAR ASSISTANCE:

EXPENSES:\$6,426,084 INCLUDING GRANTS OF \$3,515,002; REVENUE:\$144,789

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 AS ILLNESS OR NATURAL DISASTERS.

LINE 4D - RESEARCH AND PUBLICATIONS:

EXPENSES:\$1,233,330, INCLUDING GRANTS OF \$51,003; REVENUE:\$808,015

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

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

DOMESTIC AND INTERNATIONAL GOVERNMENT AGENCIES, NONGOVERNMENTAL ORGANIZATIONS AND FOUNDATIONS. THE INSTITUTE'S PUBLICATIONS, CONFERENCES AND MEMBERSHIP ORGANIZATION (IIE NETWORK) 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; UNITED KINGDOM; INDONESIA.

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

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

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

RECIPIENT. THIS PROCESS IS MONITORED BY HUMAN RESOURCES AND THE SECRETARY OF THE BOARD.

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

COMPENSATION POLICY

THE COMPENSATION/HUMAN RESOURCES COMMITTEE REVIEWS THE SALARIES FOR THE OFFICERS ANNUALLY. THEIR LAST MEETING WAS HELD ON SEPTEMBER 8, 2011.

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 APPROVES COMPENSATION FOR THE PRESIDENT, OFFICERS AND SELECTED SENIOR STAFF WHICH IS SUBJECT TO RATIFICATION BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

INSTITUTE OF INTERNATIONAL EDUCATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ON IIE'S WEBSITE.

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.

FORM 990, PART XI, LINE 5

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS: (\$4,256,998)

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	(F) OTHER
29	MR. JOHN W. LOW TRUSTEE	2.00	X						0.	0.	0.
30	THE HON DONALD F. MCHENRY TRUSTEE	4.00	X						0.	0.	0.
31	MS. LINDA R. MEIER TRUSTEE	1.00	X						0.	0.	0.
32	MR. MICHAEL G. MORRIS TRUSTEE	2.00	X						0.	0.	0.
33	MR. LAURENCE C. MORSE TRUSTEE	1.00	X						0.	0.	0.
34	MR. KARLHEINZ MUHR TRUSTEE	2.50	X						0.	0.	0.
35	MS. LAYA KHADJAVI TRUSTEE	2.00	X						0.	0.	0.
36	MR. VICTOR J. REVENKO TRUSTEE	2.00	X						0.	0.	0.
37	DR. GEORGE RUPP TRUSTEE	2.00	X						0.	0.	0.
38	MR. THOMAS A. RUSSO TRUSTEE	1.50	X						0.	0.	0.
39	MR. JOHN SEXTON TRUSTEE	1.00	X						0.	0.	0.
40	DR. BEVERLY DANIEL TATUM TRUSTEE	1.00	X						0.	0.	0.
41	MR. PETER R. THOMPSON EXECUTIVE VICE PRESIDENT, CAO	40.00	X		X				0.	0.	0.
42	MS. LINDA VESTER TRUSTEE	1.00	X						0.	0.	0.
43	MR. BART FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
44	MR. MICHEL KRUSE TRUSTEE	1.00	X						0.	0.	0.
45	MR. HENRIK VANDERLIP TRUSTEE	1.00	X						0.	0.	0.
46	MS. PEGGY BLUMENTHAL EVP, COO AND SENIOR COUNSELLOR	40.00			X				305,591.	0.	53,731.
47	MS. EDITH CECIL VP, PROGRAMS	40.00			X				223,603.	0.	47,325.
48	MR. BRIAN CHEN										

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

		(C) Position					ATTACHMENT 1 (CONT'D)	
		(1)	(2)	(3)	(4)	(5)	(6)	
	VP, CHIEF INFORMATION OFFICER	40.00		X				245,697.
49	MS. JAYE CHEN							0.
	EXECUTIVE VP, CPO	40.00		X				53,025.
50	MS. DANIELA Z. KAISTH							217,530.
	VP, STRATEGIC DEVELOPMENT	40.00		X				0.
51	MR. DENNIS W. KEAR							193,044.
	DEPUTY VP, IT	40.00		X				0.
52	MS. MARY E KIRK							162,006.
	VP, PROGRAMS	40.00		X				0.
53	MR. MARK S. LAZAR							228,244.
	VP, PROGRAMS	40.00		X				0.
54	MR. MARK D. MOYER							186,336.
	VP, CFO & ASST TREASURER	40.00		X				0.
55	MS. SABINE U. O'HARA							296,993.
	VP, PROGRAMS	40.00		X				0.
56	MR. ROBERT E. SLATTERY							221,008.
	DEPUTY VP, ADMIN; ASST SECRETARY	40.00		X				0.
57	MS. JOAN WALL							165,942.
	VP HUMAN RESOURCES, SECRETARY	40.00		X				0.
58	MR. DANIEL OBST							176,586.
	DEPUTY VP, INTL PARTNERSHIPS	40.00		X				0.
59	MS. ELIZABETH GLANS							124,214.
	DEPUTY VP, PROGRAMS	40.00		X				0.
60	MS. RAJIKA BHANDARI							127,554.
	DEPUTY VP, PROGRAMS	40.00		X				0.
61	MR. EDWARD ROSLOF							119,069.
	DEPUTY VP, PROGRAMS	40.00		X				0.
62	MS MELANIE SANDERS-SMITH							149,805.
	VP, INTERNATIONAL PROGRAMS	40.00		X				0.
63	MS ELLEN MCKEY							125,026.
	DEPUTY VP	40.00		X				0.
64	MR. JONAH MURPHY-KOKODYNIAK							117,954.
	DEPUTY VP, STRATEGIC DEVLOPMNT	40.00		X				0.
65	MR. STEVEN STEIGLEDER							132,650.
	DEPUTY VP, GRANTS & CONTRACTS	40.00		X				0.
66	MR. PETER DONDERO							137,606.
	CONTROLLER	40.00		X				0.
67	MS. ELIZABETH KHALIFA							183,515.
	INTL DIVISION DIR	40.00			X			0.
68	MS. JAGRITI PAREKH							147,506.
	DIRECTOR IT	40.00			X			0.
								149,862.
								32,226.

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

		(C) Position		ATTACHMENT 1 (CONT'D)		
		(1)(2)(3)(4)(5)(6)				
69	MR. KIRK LENGA					
	DIR FINANCE & BUDGET	40.00	X	132,983.	0.	36,344.
70	MS. NANCY OVERHOLT					
	EXECUTIVE DIRECTOR	40.00	X	139,498.	0.	21,643.
71	MR. RICHARD WARE					
	DIRECTOR	40.00	X	129,896.	0.	8,296.

 ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALPHA TECHNOLOGIES, INC. 78 ROUTE 173 WEST, SUITE 4 HAMPTON, NJ 08827	IT CONSULTING SVCS	1,111,202.
PRIME SOFTWARE TECHNOLOGIES, INC. 18228 CAMDENHURST DRIVE GAINSVILLE, VA 20155	COMPUTER SERVICES	1,029,165.
SITA CORPORATION 347 ELIZABETH AVENUE SOMERSET, NJ 08873-0037	INFORMATION SERVICES	636,312.
ARENT FOX 1050 CONNECTICUT AVE, N.W. WASHINGTON, DC 20036-5339	LEGAL SERVICES	528,375.
ASSYST INFORMATION TECHNOLOGIES 22866 SHAW ROAD STERLING, VA 20166-9400	SOFTWARE DEVELOPMENT	403,000.
TOTAL COMPENSATION		<u>3,708,054.</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

2010

**Open to Public
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

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
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL FELLOWSHIPS FUND, INC. 13-4162722 809 UNITED NATIONS PLAZA, 9 FL NEW YORK, NY 10017	SUPPORT ORG	DE	501(C)(3)	11A - I	IIE	X	
(2) INDONESIAN INTERNATIONAL EDUCATION FDN MENARA IMPERIUM, 28TH FL 12980 JAKARTA INDONESIA, ID	EDUC EXCHANGE	ID	FGN EXEMPT		IIE	X	
(3) INSTITUTE INTL EDUCATION NONPROFIT LTD BUDAPEST HUNGARY, HU	EDUC EXCHANGE	HU	FGN EXEMPT		IIE	X	
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2010

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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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
(1) CHARITABLE REMAINDER TRUST (1) _____	EDUCATION GRANTS	TX	IIE	TRUST			
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(d) Method of determining amount involved
(1) INTERNATIONAL FELLOWSHIPS FUND, INC.	C	2,139,987.	BOOK
(2) INTERNATIONAL FELLOWSHIPS FUND, INC.	K	340,166.	BOOK
(3) INTERNATIONAL FELLOWSHIPS FUND, INC.	M	204,451.	BOOK
(4) INTERNATIONAL FELLOWSHIPS FUND, INC.	N	973,169.	BOOK
(5) INTERNATIONAL FELLOWSHIPS FUND, INC.	P	404,309.	BOOK
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership**(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
