

**Exempt Organization Declaration and Signature for
Electronic Filing**For calendar year 2011, or tax year beginning 10/01, 2011, and ending 09/30, 20 12

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

▶ See instructions on back.

2011Department of the Treasury
Internal Revenue Service

Name of exempt organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

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 <u>384248554.</u>
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, Part I, line 3c or Part II, line 8c)	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 2011 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

EXECUTIVE VP
Title**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

Check if
also paid
preparer ☒Check if
self-
employed ☐

ERO's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

PRICEWATERHOUSECOOPERS LLP

EIN 13-4008324

300 MADISON AVENUE

NEW YORK

NY 10017

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
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2011)JSA
1E1875 1.000

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.

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning****10/01, 2011, and ending****09/30, 2012****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

INSTITUTE OF INTERNATIONAL EDUCATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

809 UNITED NATIONS PLAZA

City or town, state or country, and ZIP + 4

NEW YORK, NY 10017

F Name and address of principal officer:

ALLAN E. GOODMAN

809 UNITED NATIONS PLAZA NEW YORK, NY 10017

D Employer identification number

13-1624046

E Telephone number

(212) 883-8200

G Gross receipts \$ 388,092,219.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.IIE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 NOT-FOR-PROFIT 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 2011 (Part V, line 2a)	5	674.
	6 Total number of volunteers (estimate if necessary)	6	3,351.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	339,940,082.	360,377,790.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,111,555.	18,872,519.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,658,525.	4,135,461.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-21,301.	862,784.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	366,688,861.	384,248,554.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	264,400,237.	277,979,921.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	47,507,859.	48,235,186.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 795,964.	0	105,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,794,653.	60,132,769.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	370,702,749.	386,452,876.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-4,013,888.	-2,204,322.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	163,037,560.	214,153,444.
	22 Net assets or fund balances. Subtract line 21 from line 20.	61,960,132.	105,767,761.
		101,077,428.	108,385,683.

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 PTIN P01080295

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ 13-4008324

Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017 Phone no. 646-471-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2011)

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 286,006,150. including grants of \$ 227,819,504.) (Revenue \$ 11,086,507.)
INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS. SEE SCHEDULE O.**4b** (Code:) (Expenses \$ 52,868,536. including grants of \$ 43,862,922.) (Revenue \$ 1,192,151.)
LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES. SEE SCHEDULE O.**4c** (Code:) (Expenses \$ 12,866,732. including grants of \$ 3,298,066.) (Revenue \$ 5,671,084.)
HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT. SEE SCHEDULE O.**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 8,902,205. including grants of \$ 3,400,288.) (Revenue \$ 922,777.)

4e Total program service expenses ► 360,643,623.

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	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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 temporarily restricted endowments, permanent endowments, 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
12a 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
14a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
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>	22 X	
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>	23 X	
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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
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>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
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>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b 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>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
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.	38 X	

Form **990** (2011)

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 349		
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 674		
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. If there are	1a 41		
material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 1**

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

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

20 State the name, 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 ☒ **X****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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
ATTACHMENT 2										
(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	10.00	X						0	0	0
(4) MS. MARYAM PANAHY ANSARY TRUSTEE	1.00	X						0	0	0
(5) MS. DENISE BENMOSCHE TRUSTEE (SINCE 10/17/2011)	1.00	X						0	0	0
(6) DR. LEE C. BOLLINGER TRUSTEE	1.00	X						0	0	0
(7) DR. GEORGE CAMPBELL, JR. TRUSTEE	3.00	X						0	0	0
(8) MS. MARIA LIVANOS CATTALUI TRUSTEE	1.00	X						0	0	0
(9) DR. RICHARD A. DEBS TRUSTEE	2.00	X						0	0	0
(10) MR. ROBERT L. DILENSCHNEIDER TRUSTEE	5.00	X						0	0	0
(11) MR. GEORGE J. DONNELLY TRUSTEE	2.00	X						0	0	0
(12) DR. WILLIAM G. DURDEN TRUSTEE	1.50	X						0	0	0
(13) AMBASSADOR HARRIET ELAM-THOMAS TRUSTEE	2.00	X						0	0	0
(14) MR. G. STEPHEN FISHER TRUSTEE	2.00	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
(15) MR. STEPHEN C. FRANCIS TRUSTEE	3.00	X						0	0	0
(16) MR. SCOTT FREIDHEIM TRUSTEE	2.00	X						0	0	0
(17) MR. VICTOR J. GOLDBERG TRUSTEE	3.30	X						0	0	0
(18) DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.00	X		X				441,364.	0	57,951.
(19) MR. PETER M. GOTTSEGEN TRUSTEE	2.00	X						0	0	0
(20) MR. JACK M. GREENBERG TRUSTEE	2.00	X						0	0	0
(21) MS. RUTH HINERFELD TRUSTEE	3.00	X						0	0	0
(22) DR. KAREN A. HOLBROOK TRUSTEE	2.00	X						0	0	0
(23) MS. PAMELA HOWARD TRUSTEE (RESIGNED 8/22/2012)	1.00	X						0	0	0
(24) MR. S.A. IBRAHIM TRUSTEE	1.00	X						0	0	0
(25) DR. HENRY G. JARECKI TRUSTEE	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								5,549,140.	0	877,809.
d Total (add lines 1b and 1c)								5,549,140.	0	877,809.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **66**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **15**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
(26) MR. JULIAN JOHNSON TRUSTEE	1.50	X						0	0	0
(27) MR. MARK KAPLAN TRUSTEE	2.00	X						0	0	0
(28) SENATOR EDWARD KAUFMAN TRUSTEE	1.00	X						0	0	0
(29) MS. LAYA KHADJAVI TRUSTEE	2.00	X						0	0	0
(30) DR. HENRY A. KISSINGER TRUSTEE	1.00	X						0	0	0
(31) MR. JOHN W. LOW TRUSTEE	2.00	X						0	0	0
(32) AMBASSADOR DONALD F. MCHENRY TRUSTEE	2.00	X						0	0	0
(33) MS. LINDA R. MEIER TRUSTEE (RESIGNED 6/26/2012)	1.00	X						0	0	0
(34) MR. MICHAEL G. MORRIS TRUSTEE	2.00	X						0	0	0
(35) MR. LAURENCE C. MORSE TRUSTEE	1.00	X						0	0	0
(36) MR. KARLHEINZ MUHR TRUSTEE	2.50	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 66

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

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

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 ►

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
(37) MR. RAJU NARISETTI TRUSTEE (SINCE 1/23/2012)	1.00	X						0	0	0
(38) MR. VICTOR J. REVENKO TRUSTEE	1.00	X						0	0	0
(39) DR. GEORGE RUPP TRUSTEE	2.00	X						0	0	0
(40) MR. THOMAS A. RUSSO TRUSTEE	2.00	X						0	0	0
(41) MR. JOHN SEXTON TRUSTEE	1.00	X						0	0	0
(42) DR. BEVERLY DANIEL TATUM TRUSTEE	1.50	X						0	0	0
(43) MS. LINDA VESTER TRUSTEE	1.00	X						0	0	0
(44) MR. PETER R. THOMPSON EXECUTIVE VICE PRESIDENT	40.00			X				355,148.	0	0
(45) MS. JAYE CHEN EXECUTIVE VICE PRESIDENT	40.00			X				318,359.	0	54,866.
(46) MS. EDITH CECIL VICE PRESIDENT	40.00			X				233,474.	0	47,522.
(47) MR. BRIAN CHEN VP, CHIEF INFORMATION OFFICER	40.00			X				246,807.	0	55,697.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **66**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
(48) MR. PETER DONDERO ASST TREASURER, CONTROLLER	40.00			X				185,401.	0	18,334.
(49) MS. DANIELA Z. KAISTH VP, STRATEGIC DEVELOPMENT	40.00			X				213,354.	0	33,462.
(50) MR. MARK S. LAZAR VICE PRESIDENT	40.00			X				187,629.	0	27,672.
(51) MR. EDWARD ROSLOF VICE PRESIDENT	40.00			X				177,695.	0	29,159.
(52) MS MELANIE SANDERS-SMITH VP, INTERNATIONAL PROGRAMS	40.00			X				208,537.	0	22,095.
(53) MS PIETRINA SCARAGLINO VP GENERAL COUNSEL	40.00			X				58,790.	0	1,297.
(54) MS JESSICA GRAHAM ASSISTANT SECRETARY	40.00			X				54,068.	0	7,945.
(55) MS KARI KUJA ASSISTANT SECRETARY	21.00			X				66,130.	0	13,573.
(56) MS. RAJIKI BHANDARI DEPUTY VICE PRESIDENT	40.00			X				154,344.	0	35,054.
(57) MS. ELIZABETH GLANS DEPUTY VICE PRESIDENT	28.00			X				106,949.	0	25,966.
(58) MR. DENNIS W. KEAR DEPUTY VICE PRESIDENT	40.00			X				164,796.	0	45,307.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **66**

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

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

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 **▶**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-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			
(59) MS ELLEN MCKEY DEPUTY VICE PRESIDENT	40.00			X				159,904.	0	17,876.
(60) MR. JONAH MURPHY-KOKODYNIAK DEPUTY VICE PRESIDENT	40.00			X				153,688.	0	14,082.
(61) MR. DANIEL OBST DEPUTY VICE PRESIDENT	40.00			X				156,551.	0	22,288.
(62) MR. STEVEN STEIGLEDER DEPUTY VICE PRESIDENT	40.00			X				155,194.	0	20,565.
(63) MR THOM GRAY VP/CFO	40.00			X				62,062.	0	4,082.
(64) MS. MARY E KIRK VICE PRESIDENT	40.00			X				207,764.	0	48,009.
(65) MS. JOAN WALL VICE PRESIDENT	40.00			X				176,621.	0	32,549.
(66) MS. ELIZABETH KHALIFA INTL DIVISION DIR	40.00					X		194,366.	0	30,176.
(67) MR. KIRK LENGA DIR FINANCE & BUDGET	40.00					X		136,960.	0	28,226.
(68) MS. NANCY OVERHOLT EXECUTIVE DIRECTOR	40.00					X		141,581.	0	21,970.
(69) MS. JAGRITI PAREKH DIRECTOR IT	40.00					X		150,743.	0	35,094.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 66

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ►

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	66
---	---	----

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

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

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	1,109,970.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	266,290,584.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	92,977,236.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		360,377,790.			
Program Service Revenue				Business Code			
	2a	FIXED FEE CONTRACTS	900099	16,861,708.	16,861,708.		
	b	PUBLICATIONS & MEMBERSHIP FEES	900099	400,119.	400,119.		
	c	UNIVERSITY FAIR REVENUE	900099	1,610,692.	1,610,692.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		18,872,519.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,667,340.			2,667,340.
	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	4,700,726.	238,060.			
	b	Less: cost or other basis and sales expenses	3,470,665.				
	c	Gain or (loss)	1,230,061.	238,060.			
	d	Net gain or (loss)		1,468,121.		1,468,121.	
	8a	Gross income from fundraising events (not including \$ 1,109,970. of contributions reported on line 1c). See Part IV, line 18	a	433,030.			
	b	Less: direct expenses	b	373,000.			
	c	Net income or (loss) from fundraising events		60,030.		60,030.	
	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 REVENUE	900099	802,754.			802,754.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		802,754.				
12	Total revenue. See instructions		384,248,554.	18,872,519.		4,998,245.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21 .	38,608,182.	38,608,182.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	175,008,171.	175,008,171.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	64,363,568.	64,363,568.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,886,384.	2,883,697.	1,002,687.	
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	33,224,262.	24,652,402.	8,503,429.	68,431.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,767,648.	2,053,595.	708,353.	5,700.
9 Other employee benefits	5,888,120.	4,368,985.	1,507,007.	12,128.
10 Payroll taxes	2,468,772.	1,831,829.	631,858.	5,085.
11 Fees for services (non-employees):				
a Management	0			
b Legal	439,462.		439,462.	
c Accounting	343,106.		343,106.	
d Lobbying	65,018.		65,018.	
e Professional fundraising services. See Part IV, line 17	105,000.			105,000.
f Investment management fees	251,841.		251,841.	
g Other	12,894,775.	11,674,573.	1,220,202.	
12 Advertising and promotion	0			
13 Office expenses	4,002,933.	3,484,077.	481,873.	36,983.
14 Information technology	3,254,161.	1,207,446.	2,036,909.	9,806.
15 Royalties	0			
16 Occupancy	6,436,892.	3,769,339.	2,623,079.	44,474.
17 Travel	2,006,309.	1,541,246.	460,881.	4,182.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	14,400,324.	14,247,428.	136,101.	16,795.
20 Interest	749,279.	691,200.	58,079.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,831,253.	1,719,897.	2,111,356.	
23 Insurance	320,738.	299,569.	21,169.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS -----	11,136,678.	8,238,419.	2,410,879.	487,380.
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	386,452,876.	360,643,623.	25,013,289.	795,964.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,196,007.	1	5,110,525.
	2 Savings and temporary cash investments	6,938,063.	2	30,966,554.
	3 Pledges and grants receivable, net	1,641,528.	3	4,318,880.
	4 Accounts receivable, net	25,892,387.	4	41,713,359.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,254,972.	9	6,414,479.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,866,014.		
	b Less: accumulated depreciation	10b 35,265,989.		
	11 Investments - publicly traded securities	22,985,800.	10c	20,600,025.
	12 Investments - other securities. See Part IV, line 11	74,650,331.	11	82,804,782.
	13 Investments - program-related. See Part IV, line 11	17,684,945.	12	19,181,876.
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,793,527.	15	3,042,964.	
	163,037,560.	16	214,153,444.	
Liabilities	17 Accounts payable and accrued expenses	20,709,875.	17	36,070,955.
	18 Grants payable	27,343,146.	18	56,198,350.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	13,907,111.	20	13,498,456.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
	61,960,132.		105,767,761.	
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	35,618,667.	27	39,827,590.
	28 Temporarily restricted net assets	59,137,596.	28	61,988,691.
	29 Permanently restricted net assets	6,321,165.	29	6,569,402.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	101,077,428.	33	108,385,683.
	34 Total liabilities and net assets/fund balances	163,037,560.	34	214,153,444.

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	384,248,554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,452,876.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,204,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,077,428.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,512,577.
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	108,385,683.

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** (2011)

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

2011

**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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	274,847,008.	338,813,957.	309,497,032.	339,940,082.	360,377,790.	1,623,475,869.
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.	274,847,008.	338,813,957.	309,497,032.	339,940,082.	360,377,790.	1,623,475,869.
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).						228,491,369.
6 Public support. Subtract line 5 from line 4.						1,394,984,500.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	274,847,008.	338,813,957.	309,497,032.	339,940,082.	360,377,790.	1,623,475,869.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,381,996.	2,076,787.	2,307,821.	3,485,840.	2,667,340.	13,919,784.
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.) . ATCH. 1	903,465.	-101,115.	-107,183.	-21,301.	862,784.	1,536,650.
11 Total support. Add lines 7 through 10.						1,638,932,303.
12 Gross receipts from related activities, etc. (see instructions)					12	94,491,163.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	85.12 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	85.80 %
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
SPECIAL EVENTS	628,057.	-106,375.	-109,980.	-21,902.	60,030.	449,830.
MISCELLANEOUS	275,408.	5,260.	2,797.	601.	802,754.	1,086,820.
TOTALS	<u>903,465.</u>	<u>-101,115.</u>	<u>-107,183.</u>	<u>-21,301.</u>	<u>862,784.</u>	<u>1,536,650.</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

2011

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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) 2011

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?	X		65,018.
j Total. Add lines 1c through 1i			65,018.
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1I

OTHER LOBBYING ACTIVITIES

THE CEO AND CERTAIN BOARD TRUSTEES OF INSTITUTE OF INTERNATIONAL
EDUCATION AS WELL AS AN INDEPENDENT CONSULTANT MEET WITH LEGISLATIVE AND
GOVERNMENT OFFICIALS AND/OR THEIR STAFF TO PROVIDE INFORMATION REGARDING
THE MISSION OF THE ORGANIZATION TO THOSE INDIVIDUALS THAT HAVE SIMILAR
GOALS AND OBJECTIVES.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 section 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) 2011

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 XIV and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the 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	59,301,741.	58,547,646.	54,916,515.	48,107,918.	
b Contributions	1,179,512.	5,308,487.	1,504,318.	6,871,737.	
c Net investment earnings, gains, and losses	7,938,842.	135,886.	4,894,436.	2,357,117.	
d Grants or scholarships					
e Other expenditures for facilities and programs	3,151,733.	3,402,803.	2,177,677.		
f Administrative expenses	1,050,578.	1,287,475.	589,946.	2,420,257.	
g End of year balance	64,217,784.	59,301,741.	58,547,646.	54,916,515.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 16.5000 %
b Permanent endowment ▶ 5.5000 %
c Temporarily restricted endowment ▶ 78.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		19,093,695.	11,658,693.	7,435,002.
c Leasehold improvements		10,378,177.	4,262,146.	6,116,031.
d Equipment		8,943,122.	7,613,262.	1,329,860.
e Other		17,451,020.	11,731,888.	5,719,132.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,600,025.

Schedule D (Form 990) 2011

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	5,937,847.	FMV
(B) EVANSTONE/WEATHERLOW	5,771,000.	FMV
(C) PIMCO	7,473,029.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	19,181,876.	

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) Book value
(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	384,248,554.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	386,452,876.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,204,322.
4	Net unrealized gains (losses) on investments	4	9,512,577.
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	9,512,577.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,308,255.

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	393,509,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	9,512,577.
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	9,512,577.
3	Subtract line 2e from line 1	3	383,996,713.
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	251,841.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	251,841.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	384,248,554.

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

1	Total expenses and losses per audited financial statements	1	386,201,035.
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	386,201,035.
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	251,841.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	251,841.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	386,452,876.

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.

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.

Part XIV Supplemental Information *(continued)*

**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

2011

**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 its grants and other 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 its grants and other assistance 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			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,242,534.
(2) EAST ASIA AND THE PACIFIC	5.	28.	MAINTAINING OFFICES		3,790,027.
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING		16,084.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	19,563,664.
(5) EUROPE	1.	12.	MAINTAINING OFFICES		1,240,834.
(6) EUROPE			GRANTMAKING		55,104.
(7) EUROPE			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	17,168,281.
(8) MIDDLE EAST AND NORTH AFRICA	1.	17.	MAINTAINING OFFICES		1,846,024.
(9) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		129,023.
(10) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	5,551,246.
(11) NORTH AMERICA	1.	19.	MAINTAINING OFFICES		3,235,603.
(12) NORTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	885,605.
(13) RUSSIA/INDEPENDENT STATES	2.	26.	MAINTAINING OFFICES		2,221,168.
(14) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,503,298.
(15) SOUTH AMERICA			GRANTMAKING		559,468.
(16) SOUTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	7,249,585.
(17) SOUTH ASIA	1.	10.	MAINTAINING OFFICES		765,790.
3a Sub-total	11.	112.			69,023,338.
b Total from continuation sheets to Part I	1.	15.			20,808,728.
c Totals (add lines 3a and 3b)	12.	127.			89,832,066.

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

Schedule F (Form 990) 2011

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

**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 its grants and other 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 its grants and other assistance 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) SOUTH ASIA			GRANTMAKING		28,533.
(2) SOUTH ASIA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,288,463.
(3) SUB-SAHARAN AFRICA	1.	15.	MAINTAINING OFFICES		653,553.
(4) SUB-SAHARAN AFRICA			GRANTMAKING		9,807.
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	6,112,873.
(6) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		11,715,499.
(7)					
(8)					
(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) 2011

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 ASIA	EDUCATION EXCHANGE	20,253.	CHECK		N/A	N/A
(2)			SOUTH AMERICA	EDUCATION EXCHANGE	353,809.	CHECK		N/A	N/A
(3)			EUROPE	EDUCATION EXCHANGE	27,552.	CHECK		N/A	N/A
(4)			SOUTH AMERICA	EDUCATION EXCHANGE	205,659.	CHECK		N/A	N/A
(5)			EUROPE	EDUCATION EXCHANGE	27,552.	CHECK		N/A	N/A
(6)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	10,000.	CHECK		N/A	N/A
(7)			EAST ASIA AND THE PACIFI	EDUCATION EXCHANGE	16,084.	CHECK		N/A	N/A
(8)			SOUTH ASIA	EDUCATION EXCHANGE	8,280.	CHECK		N/A	N/A
(9)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	98,774.	CHECK		N/A	N/A
(10)			MIDDLE EAST AND NORTH AF	EDUCATION EXCHANGE	6,250.	CHECK		N/A	N/A
(11)			SUB-SAHARAN AFRICA	EDUCATION EXCHANGE	9,807.	CHECK		N/A	N/A
(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 11.

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	22.	214,689.	CHECK		N/A	N/A
(2) INSURANCE	CENTRAL AMERICA AND THE	10.	5,272.	CHECK		N/A	N/A
(3) SCHOLARSHIPS	CENTRAL AMERICA AND THE	178.	1,959,234.	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	CENTRAL AMERICA AND THE	10.	53,589.	CHECK		N/A	N/A
(5) TUITION	CENTRAL AMERICA AND THE	6.	9,750.	CHECK		N/A	N/A
(6) GRANTEE ALLOWANCE, BOOKS	EAST ASIA AND THE PACIFI	29.	19,422.	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	EAST ASIA AND THE PACIFI	386.	3,725,075.	CHECK		N/A	N/A
(8) INSURANCE	EAST ASIA AND THE PACIFI	133.	63,116.	CHECK		N/A	N/A
(9) SCHOLARSHIPS	EAST ASIA AND THE PACIFI	1085.	12,959,659.	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	EAST ASIA AND THE PACIFI	154.	658,062.	CHECK		N/A	N/A
(11) TUITION	EAST ASIA AND THE PACIFI	605.	2,138,330.	CHECK		N/A	N/A
(12) GRANTEE ALLOWANCE, BOOKS	EUROPE	22.	26,462.	CHECK		N/A	N/A
(13) GRANTEE COST OF LIVING	EUROPE	404.	3,072,417.	CHECK		N/A	N/A
(14) INSURANCE	EUROPE	348.	75,197.	CHECK		N/A	N/A
(15) SCHOLARSHIPS	EUROPE	1034.	11,567,014.	CHECK		N/A	N/A
(16) TRAVEL AND FIELD TRIPS	EUROPE	488.	1,260,870.	CHECK		N/A	N/A
(17) TUITION	EUROPE	185.	1,166,321.	CHECK		N/A	N/A
(18) GRANTEE ALLOWANCE, BOOKS	MIDDLE EAST AND NORTH AF	4.	31,324.	CHECK		N/A	N/A

Schedule F (Form 990) 2011

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	209.	2,331,091.	CHECK		N/A	N/A
(2) INSURANCE	MIDDLE EAST AND NORTH AF	33.	11,300.	CHECK		N/A	N/A
(3) SCHOLARSHIPS	MIDDLE EAST AND NORTH AF	200.	2,896,523.	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	MIDDLE EAST AND NORTH AF	32.	191,788.	CHECK		N/A	N/A
(5) TUITION	MIDDLE EAST AND NORTH AF	18.	89,220.	CHECK		N/A	N/A
(6) GRANTEE ALLOWANCE, BOOKS	NORTH AMERICA	3.	669.	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	NORTH AMERICA	45.	353,632.	CHECK		N/A	N/A
(8) INSURANCE	NORTH AMERICA	39.	12,208.	CHECK		N/A	N/A
(9) SCHOLARSHIPS	NORTH AMERICA	23.	247,544.	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	NORTH AMERICA	28.	70,847.	CHECK		N/A	N/A
(11) TUITION	NORTH AMERICA	64.	200,705.	CHECK		N/A	N/A
(12) GRANTEE COST OF LIVING	RUSSIA AND THE NEWLY IND	112.	1,410,065.	CHECK		N/A	N/A
(13) INSURANCE	RUSSIA AND THE NEWLY IND	25.	4,030.	CHECK		N/A	N/A
(14) SCHOLARSHIPS	RUSSIA AND THE NEWLY IND	70.	899,711.	CHECK		N/A	N/A
(15) TRAVEL AND FIELD TRIPS	RUSSIA AND THE NEWLY IND	22.	103,208.	CHECK		N/A	N/A
(16) TUITION	RUSSIA AND THE NEWLY IND	23.	86,284.	CHECK		N/A	N/A
(17) GRANTEE ALLOWANCE, BOOKS	SOUTH AMERICA	1.	469.	CHECK		N/A	N/A
(18) GRANTEE COST OF LIVING	SOUTH AMERICA	424.	2,077,826.	CHECK		N/A	N/A

Schedule F (Form 990) 2011

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	98.	25,065.	CHECK		N/A	N/A
(2) SCHOLARSHIPS	SOUTH AMERICA	339.	3,795,234.	CHECK		N/A	N/A
(3) TRAVEL AND FIELD TRIPS	SOUTH AMERICA	267.	432,194.	CHECK		N/A	N/A
(4) TUITION	SOUTH AMERICA	271.	918,797.	CHECK		N/A	N/A
(5) GRANTEE ALLOWANCE, BOOKS	SOUTH ASIA	3.	3,560.	CHECK		N/A	N/A
(6) GRANTEE COST OF LIVING	SOUTH ASIA	62.	531,336.	CHECK		N/A	N/A
(7) INSURANCE	SOUTH ASIA	29.	6,489.	CHECK		N/A	N/A
(8) SCHOLARSHIPS	SOUTH ASIA	115.	1,266,412.	CHECK		N/A	N/A
(9) TRAVEL AND FIELD TRIPS	SOUTH ASIA	54.	222,870.	CHECK		N/A	N/A
(10) TUITION	SOUTH ASIA	45.	257,796.	CHECK		N/A	N/A
(11) GRANTEE COST OF LIVING	SUB-SAHARAN AFRICA	307.	1,766,518.	CHECK		N/A	N/A
(12) INSURANCE	SUB-SAHARAN AFRICA	166.	22,768.	CHECK		N/A	N/A
(13) SCHOLARSHIPS	SUB-SAHARAN AFRICA	257.	2,982,679.	CHECK		N/A	N/A
(14) TRAVEL AND FIELD TRIPS	SUB-SAHARAN AFRICA	269.	1,089,122.	CHECK		N/A	N/A
(15) TUITION	SUB-SAHARAN AFRICA	93.	251,786.	CHECK		N/A	N/A
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☒ Yes ☐ No

Schedule F (Form 990) 2011

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

2011

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 ASTIC PRODUCTIONS LLC	SPECIAL EVENT	X		987,597.	52,500.	935,097.
2 ASTIC PRODUCTIONS LLC	SPECIAL EVENT	X		926,849.	52,500.	874,349.
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,914,446.	105,000.	1,809,446.

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.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL,
KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, OK, OR, RI, SC, UT, VA, WA, WV, WI,

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	(b) Event #2	(c) Other Events	(d) Total events
		GALA OCT 2011 (event type)	GALA SEPT2012 (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	364,741.	1,178,259.		1,543,000.
	2 Less: Charitable contributions	116,025.	993,945.		1,109,970.
	3 Gross income (line 1 minus line 2).	248,716.	184,314.		433,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	248,716.	124,284.		373,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(373,000.)
11 Net income summary. Combine line 3, column (d), and line 10				60,030.	

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 ► _____

- 15a** 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

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

2011

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)	AMERICAN COUNCILS FOR INT'L EDUCATION 1828 L STREET NW, WASHINGTON DC 20036	52-1067256	501(C)(3)	1,263,471.		N/A	N/A	EDUCATION EXCHANGE
(2)	AMIDEAST 1730 M STREET NW, NO 1100, WASHINGTON, DC 20036	53-0243270	501(C)(3)	6,063.		N/A	N/A	EDUCATION EXCHANGE
(3)	ANITA BORG INSTITUTE 1501 PAGE MILL ROAD, PALO, CA 94304	77-0480427	501(C)(3)	219,147.		N/A	N/A	EDUCATION EXCHANGE
(4)	ARIZONA STATE UNIVERSITY 699 S MILL AVE, TEMPE, AZ 85287-0412	86-6051042	501(C)(3)	2,176,986.		N/A	N/A	EDUCATION EXCHANGE
(5)	ASPEN INSTITUTE ONE DUPONT CIRCLE, NW STE 700, WASH, DC 20036	84-0399006	501(C)(3)	11,773.		N/A	N/A	EDUCATION EXCHANGE
(6)	BERKELEY CITY COLLEGE 2050 CENTER STREET, BERKELEY, CA 94704	94-1590799	501(C)(3)	37,894.		N/A	N/A	EDUCATION EXCHANGE
(7)	BOSTON FULBRIGHT COMMITTEE, INC 11 GRAY GARDENS WEST, CAMBRIDGE, MA 02138	04-2693036	501(C)(3)	60,000.		N/A	N/A	EDUCATION EXCHANGE
(8)	BOSTON UNIVERSITY 1 SILBER WAY, BOSTON, MA 02215	04-2103547	501(C)(3)	127,455.		N/A	N/A	EDUCATION EXCHANGE
(9)	BRIGHAM YOUNG UNIVERSITY P.O. BOX 21128, PROVO, UT 84602-1128	87-0217280	501(C)(3)	1,526,281.		N/A	N/A	EDUCATION EXCHANGE
(10)	BRYN MAWR COLLEGE 101 N MERION AVE, BRYN MAWR, PA 19010	23-1352621	501(C)(3)	5,432,159.		N/A	N/A	EDUCATION EXCHANGE
(11)	CAL STATE UNIV. LONG BEACH FOUNDATION 6300 STATE UNIV DR E, LONG BEACH, CA 90815	95-6106694	501(C)(3)	350,392.		N/A	N/A	EDUCATION EXCHANGE
(12)	CALIFORNIA STATE UNIVERSITY - SAN BERNARDINO 550 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407	95-6067343	501(C)(3)	141,695.		N/A	N/A	EDUCATION EXCHANGE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

**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

2011

**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)	CAPITAL COMMUNICATIONS GROUP, INC 1701 PENNSYLVANIA AVE NW, WASHINGTON, DC 20006	20-2119530	501(C)(3)	42,798.		N/A	N/A	EDUCATION EXCHANGE
(2)	CHATHAM UNIVERSITY WOODLAND ROAD, PITTSBURG, PA 15232	25-0717890	501(C)(3)	26,136.		N/A	N/A	EDUCATION EXCHANGE
(3)	COLORADO STATE UNIVERSITY 100 JOHNSON HALL, FORT COLLINS, CO 80523	23-7098397	501(C)(3)	25,430.		N/A	N/A	EDUCATION EXCHANGE
(4)	DENVER WORLD AFFAIRS COUNCIL 1675 BROADWAY, STE 2600, DENVER, CO 80202	45-4346778	501(C)(3)	46,875.		N/A	N/A	EDUCATION EXCHANGE
(5)	DICKINSON COLLEGE PO BOX 1773, CARLISLE, PA 17013-2896	23-1365954	501(C)(3)	47,915.		N/A	N/A	EDUCATION EXCHANGE
(6)	DREXEL UNIVERSITY MS#446, 245 N 15TH ST, PHILADELPHIA, PA 19102	23-1352630	501(C)(3)	122,757.		N/A	N/A	EDUCATION EXCHANGE
(7)	EASTERN WASHINGTON UNIVERSITY 319 SHOWALTER HALL, CHENEY, WA 99004	91-6000624	501(C)(3)	97,500.		N/A	N/A	EDUCATION EXCHANGE
(8)	EMBRY-RIDDLE AERONAUTICAL UNIV 600 CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-0936101	501(C)(3)	323,482.		N/A	N/A	EDUCATION EXCHANGE
(9)	EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	28,451.		N/A	N/A	EDUCATION EXCHANGE
(10)	FLORIDA STATE UNIVERSITY A1500 UNIVERSITY CENTER, TALLAHASSEE, FL 32306	59-6152180	501(C)(3)	92,763.		N/A	N/A	EDUCATION EXCHANGE
(11)	FOUNDATION FOR INTL UNDERSTANDING THROUGH S PO BOX 352233, SEATTLE, WA 98195	91-0646781	501(C)(3)	9,740.		N/A	N/A	EDUCATION EXCHANGE
(12)	FULBRIGHT ASSOCIATION 1320 19TH ST NW STE 350, WASHINGTON, DC 20036	52-1821935	501(C)(3)	345,000.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐

3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

**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

2011

**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)	GEORGIA COUNCIL FOR INTL. VISITORS 100 EDGEWOOD AVE STE 5560, ATLANTA, GA 30303	58-0940926	501(C)(3)	86,638.		N/A	N/A	EDUCATION EXCHANGE
(2)	GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVE LYMAN HALL, ATLANTA, GA 30332	58-2538285	501(C)(3)	120,103.		N/A	N/A	EDUCATION EXCHANGE
(3)	GEORGIA TECH RESEARCH CORPORATION P.O. BOX 100117, ATLANTA, GA 30384	58-2374837	501(C)(3)	366,943.		N/A	N/A	EDUCATION EXCHANGE
(4)	GLOBAL PITTSBURGH 650 SMITHFIELD ST, ST 1180, PITTSBURG, PA 15222	25-6067678	501(C)(3)	9,900.		N/A	N/A	EDUCATION EXCHANGE
(5)	HUNTER COLLEGE 695 PARK AVE, NEW YORK, NY 10065	13-3598671	501(C)(3)	502,236.		N/A	N/A	EDUCATION EXCHANGE
(6)	INDIANA UNIVERSITY 601 E KIRKWOOD AVE, BLOOMINGTON, IN 47405	35-6018940	501(C)(3)	1,312,683.		N/A	N/A	EDUCATION EXCHANGE
(7)	INTERNATIONAL SERVICES COUNCIL OF ALABAMA 100 NORTHSIDE SQ RM 535, HUNTSVILLE, AL 35801	63-0506191	501(C)(3)	86,340.		N/A	N/A	EDUCATION EXCHANGE
(8)	JACKSON STATE UNIVERSITY PO BOX 17250, JACKSON, MS 39217	64-6000507	501(C)(3)	43,618.		N/A	N/A	EDUCATION EXCHANGE
(9)	JAMES MADISON UNIVERSITY MSC 3516 WARREN HALL, HARRISONBURG, VA 22807	23-7156305	501(C)(3)	350,331.		N/A	N/A	EDUCATION EXCHANGE
(10)	KENNAN INSTITUTE 1300 PENNSYLVANIA AVE NW, WASHINGTON, DC 20004	52-1067541	501(C)(3)	87,297.		N/A	N/A	EDUCATION EXCHANGE
(11)	LASPAU 25 MT AUBURN ST, CAMBRIDGE, MA 02138-6095	04-6151880	501(C)(3)	4,337,605.		N/A	N/A	EDUCATION EXCHANGE
(12)	LEHIGH UNIVERSITY 27 MEMORIAL DRIVE W, BETHLEHEM, PA 18015-3093	24-0795445	501(C)(3)	17,096.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

2011

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)	LINCOLN UNIVERSITY 1570 BALTIMORE PIKE MSC 50, LINCOLN, PA 19352	23-1352655	501(C)(3)	67,431.		N/A	N/A	EDUCATION EXCHANGE
(2)	MIAMI DADE COMMUNITY COLLEGE 300 NE SECOND AVE, MIAMI, FL 33132-2296	59-6169745	501(C)(3)	84,288.		N/A	N/A	EDUCATION EXCHANGE
(3)	MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG, E LANSING, MI 48824	23-7326030	501(C)(3)	519,465.		N/A	N/A	EDUCATION EXCHANGE
(4)	NORTH CAROLINA STATE UNIVERSITY BOX 7605, 118 RICKS HALL, RALEIGH, NC 27695	56-6049503	501(C)(3)	1,075,195.		N/A	N/A	EDUCATION EXCHANGE
(5)	NORTH GEORGIA COLLEGE & STATE UNIVERSITY 82 COLLEGE CIRCLE, DAHLONEGA, GA 30597	23-7066297	501(C)(3)	669,126.		N/A	N/A	EDUCATION EXCHANGE
(6)	NORTHERN ILLINOIS UNIVERSITY SWEN PARSON HALL 210, DEKALB, IL 60115	36-6008480	501(C)(3)	48,760.		N/A	N/A	EDUCATION EXCHANGE
(7)	NORWICH UNIVERSITY 158 HARMON DRIVE, NORTHFIELD, VT 05663	03-0179424	501(C)(3)	72,980.		N/A	N/A	EDUCATION EXCHANGE
(8)	ONE TO WORLD 285 W BROADWAY RM 450, NEW YORK, NY 10013	13-3179151	501(C)(3)	191,000.		N/A	N/A	EDUCATION EXCHANGE
(9)	PORTLAND STATE UNIVERSITY PO BOX 751, PORTLAND, OR 97207-0751	93-0619733	501(C)(3)	669,760.		N/A	N/A	EDUCATION EXCHANGE
(10)	REGENTS OF THE UNIVERSITY OF CALIFORNIA 1200 DUTTON HALL, UNIV OF CA, DAVIS, CA 95616	94-6036494	501(C)(3)	396,016.		N/A	N/A	EDUCATION EXCHANGE
(11)	SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR, SAN DIEGO, CA 92182	95-6042721	501(C)(3)	1,881,580.		N/A	N/A	EDUCATION EXCHANGE
(12)	SAN FRANCISCO STATE UNIVERSITY 5250 CAMPANILE DR, SAN DIEGO, CA 92182	33-0868418	501(C)(3)	438,109.		N/A	N/A	EDUCATION EXCHANGE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

JSA

65538Z 2532 5/3/2013 3:20:22 PM V 11-6.5

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

2011

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)	SOUTHERN UNIVERSITY PO BOX 9494,BATON ROUGE,LA 70813	23-7052911	501(C)(3)	44,688.		N/A	N/A	EDUCATION EXCHANGE
(2)	SPRING INTERNATIONAL,UNIVERSITY OF ARKANSAS 300 HOTZ HALL, FAYETTEVILLE, AR 72701	84-0965936	501(C)(3)	99,585.		N/A	N/A	EDUCATION EXCHANGE
(3)	ST. JOHN'S UNIVERSITY 8000 UTOPIA PKWY, QUEENS, NY 11439	11-1630830	501(C)(3)	136,641.		N/A	N/A	EDUCATION EXCHANGE
(4)	STANFORD UNIVERSITY 3145 PORTER DR, PALO ALTO, CA 94304	94-1156365	501(C)(3)	72,517.		N/A	N/A	EDUCATION EXCHANGE
(5)	SYRACUSE UNIVERSITY 102 ARCHIBOLS GYMNASIUM N,SYRACUSE,NY 13244	15-0532081	501(C)(3)	77,945.		N/A	N/A	EDUCATION EXCHANGE
(6)	TECHSOUP GLOBAL 435 BRANNAN ST STE100,SAN FRANCISCO,CA94107	94-3070617	501(C)(3)	13,845.		N/A	N/A	EDUCATION EXCHANGE
(7)	TEXAS A & M UNIVERSITY 400 HARVEY MITCHELL PKWY,COLL STN,TX77845	74-1238434	501(C)(3)	257,071.		N/A	N/A	EDUCATION EXCHANGE
(8)	THE CITADEL 171 MOULTRIE ST,CHARLESTON,SC 29409-0530	57-6020493	501(C)(3)	138,266.		N/A	N/A	EDUCATION EXCHANGE
(9)	THE FDN FOR CALIFORNIA STATE UNIV SAN BERNA 5500 UNIVERSITY PKWY,SAN BERNARDINO,CA92407	04-2103547	501(C)(3)	143,146.		N/A	N/A	EDUCATION EXCHANGE
(10)	UNIVERSITY OF ARIZONA 888 N. EUCLID AVE ,TUCSON,AZ 85719	86-6050388	501(C)(3)	190,385.		N/A	N/A	EDUCATION EXCHANGE
(11)	UNIVERSITY OF ARKANSAS PO BOX 1404, FAYETTEVILLE, AR 72702	71-6003252	501(C)(3)	9,878.		N/A	N/A	EDUCATION EXCHANGE
(12)	UNIVERSITY OF CALIFORNIA 1125 MURPHY HALL,LOS ANGELES,CA 90095	95-6006143	501(C)(3)	96,790.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐

3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

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

2011

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 CALIFORNIA - DAVIS 1156 HIGH ST, SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	18,844.		N/A	N/A	EDUCATION EXCHANGE
(2)	UNIVERSITY OF COLORADO - DENVER 1800 GRANT ST STE 400, DENVER, CO 80203	84-6000555	501(C)(3)	32,500.		N/A	N/A	EDUCATION EXCHANGE
(3)	UNIVERSITY OF FLORIDA PO BOX 114050, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	220,160.		N/A	N/A	EDUCATION EXCHANGE
(4)	UNIVERSITY OF GEORGIA BUSINESS SVCS BLDG, ATHENS, GA 30602	58-6001998	501(C)(3)	175,027.		N/A	N/A	EDUCATION EXCHANGE
(5)	UNIVERSITY OF HAWAII 2600 CAMPUS ROAD, HONOLULU, HI 96822-2205	99-0085260	501(C)(3)	1,249,098.		N/A	N/A	EDUCATION EXCHANGE
(6)	UNIVERSITY OF MARYLAND 1122 HOLZAPFEL HALL, COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	1,992,099.		N/A	N/A	EDUCATION EXCHANGE
(7)	UNIVERSITY OF MICHIGAN 1011 NORTH UNIVERSITY AVE, ANN ARBOR, MI 48109	23-7326030	501(C)(3)	441,899.		N/A	N/A	EDUCATION EXCHANGE
(8)	UNIVERSITY OF MINNESOTA 106 PLEASANT ST, SE, MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	54,073.		N/A	N/A	EDUCATION EXCHANGE
(9)	UNIVERSITY OF MISSISSIPPI 1848 UNIVERSITY CIRCLE, UNIVERSITY, MS 38677	23-7310293	501(C)(3)	623,958.		N/A	N/A	EDUCATION EXCHANGE
(10)	UNIVERSITY OF MONTANA 32 CAMPUS DRIVE, MISSOULA, MT 59812	81-6001713	501(C)(3)	1,363,078.		N/A	N/A	EDUCATION EXCHANGE
(11)	UNIVERSITY OF NEBRASKA 124 CANFIELD ADMIN BLDG, LINCOLN, NE 68588	23-1352655	501(C)(3)	14,755.		N/A	N/A	EDUCATION EXCHANGE
(12)	UNIVERSITY OF NEVADA 2601 ENTERPRISE RD, RENO, NV 89512	88-6000024	501(C)(3)	32,946.		N/A	N/A	EDUCATION EXCHANGE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

2011

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 NEW MEXICO 1 UNIV OF NEW MEXICO, ALBUQUERQUE, NM 87131	85-6010741	501(C)(3)	32,023.		N/A	N/A	EDUCATION EXCHANGE
(2)	UNIVERSITY OF NOTRE DAME 315 LAFORTUNE STUDENT CT, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	50,596.		N/A	N/A	EDUCATION EXCHANGE
(3)	UNIVERSITY OF OKLAHOMA 100 ASP AVE RM 105, NORMAN, OK 73019-4017	73-6091755	501(C)(3)	267,079.		N/A	N/A	EDUCATION EXCHANGE
(4)	UNIVERSITY OF OREGON P.O. BOX 3237, EUGENE, OR 97403	93-6015767	501(C)(3)	834,039.		N/A	N/A	EDUCATION EXCHANGE
(5)	UNIVERSITY OF PENNSYLVANIA 140 FRANKLIN BLDG, PHILADELPHIA, PA 19104-6270	23-1352685	501(C)(3)	157,735.		N/A	N/A	EDUCATION EXCHANGE
(6)	UNIVERSITY OF RHODE ISLAND 67 UPPER COLLEGE ROAD, KINGSTON, RI 02881	05-6014351	501(C)(3)	505,806.		N/A	N/A	EDUCATION EXCHANGE
(7)	UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST, COLUMBIA, SC 29208	57-6001153	501(C)(3)	39,999.		N/A	N/A	EDUCATION EXCHANGE
(8)	UNIVERSITY OF TEXAS 1 UNIVERSITY ST, AUSTIN, TX 78712	74-1587488	501(C)(3)	1,902,805.		N/A	N/A	EDUCATION EXCHANGE
(9)	UNIVERSITY OF UTAH 165 STUDENT SVCS BLDG, SALT LAKE, UT 84602	87-6000525	501(C)(3)	258,619.		N/A	N/A	EDUCATION EXCHANGE
(10)	UNIVERSITY OF VIRGINIA 1101 MILLMONT, CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	206,343.		N/A	N/A	EDUCATION EXCHANGE
(11)	UNIVERSITY OF WASHINGTON 3935 UNIV WAY NE JM 24, SEATTLE, WA 98195	94-3079432	501(C)(3)	16,826.		N/A	N/A	EDUCATION EXCHANGE
(12)	UNIVERSITY OF WISCONSIN 702 WEST JOHNSON ST, STE 1101, MADISON, WI 53715	39-1742564	501(C)(3)	453,399.		N/A	N/A	EDUCATION EXCHANGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐

3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

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

2011

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)	VANDERBILT UNIVERSITY 110 21ST AVENUE,NASHVILLE,TN 37203	62-0476822	501(C)(3)	10,981.		N/A	N/A	EDUCATION EXCHANGE
(2)	VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039,RICHMOND,VA 23284-3039	54-0757884	501(C)(3)	29,795.		N/A	N/A	EDUCATION EXCHANGE
(3)	VIRGINIA POLYTECHNICAL INSTITUTE 840 UNIVERSITY CITY BLVD,BLACKSBURG,VA24061	54-6001805	501(C)(3)	118,644.		N/A	N/A	EDUCATION EXCHANGE
(4)	VMI RESEARCH LABORATORIES, INC 300 E PRESTON LIBRARY,LEXINGTON,VA24450	54-0737652	501(C)(3)	212,440.		N/A	N/A	EDUCATION EXCHANGE
(5)	WAC CENTRAL FLORIDA PO BOX 915408, LONGWOOD, FL 32801	59-1837575	501(C)(3)	9,128.		N/A	N/A	EDUCATION EXCHANGE
(6)	WESTERN KENTUCKY UNIVERSITY 1906 COLL HEIGHTS,BOWLING GREEN,KY42101	61-1251555	501(C)(3)	26,734.		N/A	N/A	EDUCATION EXCHANGE
(7)	WORLDCHICAGO 78 E. WASHINGTON STREET,CHICAGO,IL 60602	36-2406639	501(C)(3)	102,243.		N/A	N/A	EDUCATION EXCHANGE
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐ 91.

3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

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	4,037.	3,872,364.		N/A	N/A
2 GRANTEE COST OF LIVING	10,168.	94,955,532.		N/A	N/A
3 INSURANCE	933.	406,224.		N/A	N/A
4 SCHOLARSHIPS	386.	2,291,539.		N/A	N/A
5 TRAVEL AND FIELD TRIPS	4,149.	13,195,851.		N/A	N/A
6 TUITION	4,992.	60,286,661.		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

2011

**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 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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) 2011

Schedule J (Form 990) 2011

Page **2****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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. ALLAN E. GOODMAN	(i)	412,697.	0	28,667.	51,400.	6,551.	499,315.	0
	(ii)	0	0	0	0	0	0	0
2 MR. PETER R. THOMPSON	(i)	350,000.	0	5,148.	0	0	355,148.	0
	(ii)	0	0	0	0	0	0	0
3 MS. JAYE CHEN	(i)	281,154.	20,000.	17,205.	45,900.	8,966.	373,225.	0
	(ii)	0	0	0	0	0	0	0
4 MS. EDITH CECIL	(i)	205,845.	10,000.	17,629.	44,125.	3,397.	280,996.	0
	(ii)	0	0	0	0	0	0	0
5 MR. BRIAN CHEN	(i)	245,558.	0	1,249.	49,025.	6,672.	302,504.	0
	(ii)	0	0	0	0	0	0	0
6 MR. PETER DONDERO	(i)	180,185.	3,500.	1,716.	13,850.	4,484.	203,735.	0
	(ii)	0	0	0	0	0	0	0
7 MS. DANIELA Z. KAISTH	(i)	181,399.	15,000.	16,955.	24,750.	8,712.	246,816.	0
	(ii)	0	0	0	0	0	0	0
8 MR. MARK S. LAZAR	(i)	185,833.	0	1,796.	24,200.	3,472.	215,301.	0
	(ii)	0	0	0	0	0	0	0
9 MR. EDWARD ROSLOF	(i)	176,044.	0	1,651.	18,500.	10,659.	206,854.	0
	(ii)	0	0	0	0	0	0	0
10 MS MELANIE SANDERS-SMIT	(i)	197,535.	10,000.	1,002.	19,875.	2,220.	230,632.	0
	(ii)	0	0	0	0	0	0	0
11 MS. RAJIK A BHANDARI	(i)	146,959.	0	7,385.	31,263.	3,791.	189,398.	0
	(ii)	0	0	0	0	0	0	0
12 MR. DENNIS W. KEAR	(i)	160,658.	0	4,138.	38,075.	7,232.	210,103.	0
	(ii)	0	0	0	0	0	0	0
13 MS ELLEN MCKEY	(i)	144,180.	15,000.	724.	11,306.	6,570.	177,780.	0
	(ii)	0	0	0	0	0	0	0
14 MR. JONAH MURPHY-KOKODY	(i)	148,394.	5,000.	294.	11,306.	2,776.	167,770.	0
	(ii)	0	0	0	0	0	0	0
15 MR. DANIEL OBST	(i)	153,768.	2,500.	283.	18,380.	3,908.	178,839.	0
	(ii)	0	0	0	0	0	0	0
16 MR. STEVEN STEIGLEDER	(i)	148,835.	5,000.	1,359.	18,150.	2,415.	175,759.	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2011

JSA

1E1291 1.000

65538Z 2532 5/3/2013 3:20:22 PM V 11-6.5

PAGE 60

Schedule J (Form 990) 2011

Page **2****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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MS. PEGGY BLUMENTHAL	(i)	159,927.	0	4,191.	41,500.	4,513.	210,131.	0
	(ii)	0	0	0	0	0	0	0
2 MR. MARK D. MOYER	(i)	210,854.	0	27,932.	32,250.	4,955.	275,991.	0
	(ii)	0	0	0	0	0	0	0
3 MS. MARY E KIRK	(i)	206,744.	0	1,020.	44,062.	3,947.	255,773.	0
	(ii)	0	0	0	0	0	0	0
4 MR. ROBERT E. SLATTERY	(i)	119,728.	0	25,029.	23,513.	4,022.	172,292.	0
	(ii)	0	0	0	0	0	0	0
5 MS. JOAN WALL	(i)	167,236.	0	9,385.	27,417.	5,132.	209,170.	0
	(ii)	0	0	0	0	0	0	0
6 MS. ELIZABETH KHALIFA	(i)	146,255.	2,250.	45,861.	29,676.	500.	224,542.	0
	(ii)	0	0	0	0	0	0	0
7 MR. KIRK LENGA	(i)	133,167.	3,500.	293.	18,934.	9,292.	165,186.	0
	(ii)	0	0	0	0	0	0	0
8 MS. NANCY OVERHOLT	(i)	140,316.	0	1,265.	14,753.	7,217.	163,551.	0
	(ii)	0	0	0	0	0	0	0
9 MS. JAGRITI PAREKH	(i)	129,773.	4,000.	16,970.	30,954.	4,140.	185,837.	0
	(ii)	0	0	0	0	0	0	0
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) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

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 2012.

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

2011

**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

THE INSTITUTE OF INTERNATIONAL EDUCATION, INC. (THE "INSTITUTE") IS A NOT-FOR-PROFIT CORPORATION THAT WAS ORGANIZED AND OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES TO PROMOTE INTERNATIONAL EDUCATIONAL AND CULTURAL EXCHANGES. THE INSTITUTE'S PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, MANAGING FELLOWSHIPS AND SCHOLARSHIPS; ASSISTING THREATENED STUDENTS AND SCHOLARS THROUGH ITS SCHOLAR RESCUE FUND, EMERGENCY STUDENT FUND, AND OTHER EFFORTS; DEVELOPING LEADERS BY BUILDING LEADERSHIP SKILLS AND ENHANCING THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO ADDRESS LOCAL AND GLOBAL CHALLENGES; PROVIDING STRATEGIC RESOURCES AND SERVICES TO HELP FACULTY AND ADMINISTRATORS INTERNATIONALIZE THEIR CAMPUSES; HELPING INSTITUTIONS OF HIGHER EDUCATION BUILD CAPACITY; PROMOTING INTERNATIONAL DEVELOPMENT; AND ENGAGING IN OTHER ACTIVITIES IN FURTHERANCE OF ITS PURPOSES.

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

PROGRAM SERVICE ACCOMPLISHMENTS:

LINE 4A - INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS:

EXPENSES \$286,006,150 INCLUDING GRANTS OF \$227,819,504; REVENUE \$11,086,507

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

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

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 BRAZIL SCIENTIFIC MOBILITY PROGRAM SPONSORED BY THE
BRAZILIAN GOVERNMENT, FULBRIGHT STUDENT AND FULBRIGHT SCHOLAR PROGRAMS
WHICH ARE SPONSORED BY THE US DEPARTMENT OF STATE.

LINE 4B - LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

EXPENSES: \$52,868,536 INCLUDING GRANTS OF \$43,862,922; REVENUE: \$1,192,151

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: \$12,866,732 INCLUDING GRANTS OF \$3,298,066; REVENUE: \$5,671,084

THE INSTITUTE WORKS CLOSELY WITH PUBLIC AND PRIVATE HIGHER EDUCATION

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

INSTITUTIONS TO DEVELOP HIGH-QUALITY ACADEMIC EXCHANGE PROGRAMS IN COORDINATION WITH GOVERNMENT AND NOT-FOR-PROFIT ORGANIZATIONS AND CORPORATIONS. LEVERAGING EXTENSIVE NETWORKS AND EXPERTISE WITHIN THE HIGHER EDUCATION COMMUNITY WORLDWIDE, THE INSTITUTE IS UNIQUELY POSITIONED TO HELP SHAPE NEW UNIVERSITIES AND EXPAND THE CAPABILITIES AND RELATIONSHIPS OF EXISTING ACADEMIC INSTITUTIONS. THE INSTITUTE ALSO HELPS IDENTIFY AND DEVELOP RELATIONSHIPS WITH UNIVERSITIES IN THE US AND OTHER COUNTRIES.

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:\$7,853,717 INCLUDING GRANTS OF \$3,348,732; REVENUE:\$782

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:\$1,048,488 INCLUDING GRANTS OF \$51,556; REVENUE:\$921,995

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

THE INSTITUTE PRODUCES APPLIED RESEARCH AND POLICY ANALYSIS IN THE FIELD OF INTERNATIONAL EDUCATION AND STUDENT MOBILITY. AN EXAMPLE IS "OPEN DOORS," A COMPREHENSIVE INFORMATION RESOURCE PRODUCED WITH SUPPORT FROM THE UNITED STATES DEPARTMENT OF STATE THAT DOCUMENTS AND ANALYZES ACADEMIC MOBILITY BETWEEN THE US AND THE NATIONS OF THE WORLD. THE INSTITUTE ALSO PROVIDES RESEARCH AND PROGRAM EVALUATION SERVICES TO DOMESTIC AND INTERNATIONAL GOVERNMENT AGENCIES, NOT-FOR-PROFIT 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 FORM 990. THE FINAL FORM 990 IS THEN PRESENTED TO THE BOARD OF TRUSTEE MEMBERS BEFORE FILING.

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

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL OFFICERS, TRUSTEES AND EMPLOYEES. UPDATED ANNUAL DISCLOSURES ARE REQUIRED FROM EACH RECIPIENT. THIS PROCESS IS MONITORED BY HUMAN RESOURCES AND THE SECRETARY OF THE BOARD.

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

COMPENSATION POLICY

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE ANNUALLY REVIEWS THE SALARIES FOR THE INSTITUTE'S SENIOR EXECUTIVES, INCLUDING THE PRESIDENT, OFFICERS AND KEY EMPLOYEES. THE COMMITTEE BASES ITS REVIEW, IN PART, ON A REVIEW OF COMPARABLE DATA OBTAINED FROM AN OUTSIDE CONSULTANT, WHICH IS UPDATED FROM TIME TO TIME. THE COMMITTEE REVIEWS AND RECOMMENDS TO THE EXECUTIVE COMMITTEE FOR APPROVAL THE ANNUAL SALARY, INCENTIVE COMPENSATION, AND ANY OTHER BENEFITS ("EXECUTIVE COMPENSATION") OF THE PRESIDENT; THE EXECUTIVE COMMITTEE THEN APPRISES THE BOARD OF TRUSTEES OF ITS DETERMINATION. THE COMMITTEE ALSO REVIEWS AND APPROVES THE EXECUTIVE COMPENSATION OF THE INSTITUTE'S SENIOR EXECUTIVES, WHICH ACTION IS THEN CONVEYED TO THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

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

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

REQUEST.

FORM 990, PART VII

AVERAGE HOURS

THE AVERAGE HOURS PER WEEK ARE BASED UPON ESTIMATES. ACTUAL HOURS
INCURRED MAY FLUCTUATE THROUGHOUT THE YEAR.

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS: \$9,512,577

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
AMBASSADOR HARRIET ELAM-THOMAS	
TRUSTEE	1.00
MR. VICTOR J. GOLDBERG	
TRUSTEE	1.00
DR. KAREN A. HOLBROOK	
TRUSTEE	1.00
AMBASSADOR DONALD F. MCHENRY	
TRUSTEE	1.00

Name of the organization	Employer identification number
INSTITUTE OF INTERNATIONAL EDUCATION	13-1624046
ATTACHMENT 3	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRIME SOFTWARE TECHNOLOGIES, INC. 18228 CAMDENHURST DRIVE GAINSVILLE, VA 20155	COMPUTER SERVICES	685,828.
APEX IT 860 BLUE GENTIAN ROAD, SUITE 225 EAGAN, MN 55121	IT CONSULTING SVCS	602,953.
ALPHA TECHNOLOGIES, INC. 78 ROUTE 173 WEST, SUITE 4 HAMPTON, NJ 08827	IT CONSULTING SVCS	512,638.
SITA CORPORATION 347 ELIZABETH AVENUE SOMERSET, NJ 08873	IT CONSULTING SVCS	474,250.
PRICewaterhouseCOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	AUDIT SVC & 990 PREP	328,572.
TOTAL COMPENSATION		<u>2,604,241.</u>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **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.**

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" to 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" to 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) 2011

JSA

1E1307 1.000

65538Z 2532 5/3/2013 3:20:22 PM V 11-6.5

PAGE 70

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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" to 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 related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Sale of assets to related organization(s)	1f	X
g Purchase of assets from related organization(s)	1g	X
h Exchange of assets with related organization(s)	1h	X
i Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n Sharing of paid employees with related organization(s)	1n	X
o Reimbursement paid to related organization(s) for expenses	1o	X
p Reimbursement paid by related organization(s) for expenses	1p	X
q Other transfer of cash or property to related organization(s)	1q	X
r Other transfer of cash or property from related 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	5,283,601.	BOOK
(2) INTERNATIONAL FELLOWSHIPS FUND, INC.	K	331,531.	BOOK
(3) INTERNATIONAL FELLOWSHIPS FUND, INC.	M	242,043.	BOOK
(4) INTERNATIONAL FELLOWSHIPS FUND, INC.	N	1,126,586.	BOOK
(5) INTERNATIONAL FELLOWSHIPS FUND, INC.	P	511,001.	BOOK
(6) INSTITUTE INTL EDUCATION NONPROFIT (BUDAPEST)	B	1,627,427.	BOOK

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Schedule R (Form 990) 2011

Part VII **Supplemental Information**

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