

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10/01, 2019**, and ending **09/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INSTITUTE OF INTERNATIONAL EDUCATION			D Employer identification number 13-1624046	
	Doing Business As			E Telephone number (212) 883-8200	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	ONE WORLD TRADE CENTER, 36TH FLOOR				
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007			G Gross receipts \$ 373,219,538.		
F Name and address of principal officer: ALLAN E. GOODMAN ONE WORLD TRADE CENTER, 36TH FL, NEW YORK, NY 10007			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.IIE.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1919 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IIE IS AN INTL NFP ORG THAT ADVANCES INTL EDUCATION THROUGH HIGHER EDUCATION SCHOLARSHIP, EXCHANGE & DIALOGUE PROGRAMS FOR PUBLIC & PRIVATE SECTOR DONORS & SPONSORS.	
	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 32.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 31.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 650.
	6 Total number of volunteers (estimate if necessary)	6 2,106.
	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 300,417,753. Current Year 241,622,225.
	9 Program service revenue (Part VIII, line 2g)	28,265,112. 32,174,441.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,512,244. 85,392,620.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,491. -92,186.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,235,600. 359,097,100.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		57,563,570. 60,403,796.
16a Professional fundraising fees (Part IX, column (A), line 11e)		65,000. 65,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,551,765.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		63,008,191. 46,262,320.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	330,153,560. 275,456,169.	
19 Revenue less expenses. Subtract line 18 from line 12	3,082,040. 83,640,931.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 232,158,541. End of Year 309,057,601.
	21 Total liabilities (Part X, line 26)	77,914,092. 66,261,842.
	22 Net assets or fund balances. Subtract line 21 from line 20.	154,244,449. 242,795,759.

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 LAURA J PARELLO	Preparer's signature	Date	Check <input type="checkbox"/> 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** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 196,788,216. including grants of \$ 149,953,733.) (Revenue \$ 14,332,590.)

INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS. SEE SCHEDULE O.

4b (Code: _____) (Expenses \$ 20,912,566. including grants of \$ 10,915,944.) (Revenue \$ 3,879,576.)

LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES. SEE SCHEDULE O.

4c (Code: _____) (Expenses \$ 10,931,859. including grants of \$ 2,567,346.) (Revenue \$ 13,285,067.)

HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT. SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) ATTACHMENT 1
(Expenses \$ 9,227,060. including grants of \$ 5,288,030.) (Revenue \$ 677,208.)

4e Total program service expenses **▶** 237,859,701.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>	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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	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? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 650		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)? . .	X	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line)	(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			
(1) DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.00 0.	X		X			699,271.	0.	49,321.	
(2) MR. JASON CZYZ EVP/CFO	40.00 0.			X			457,911.	0.	28,000.	
(3) MR. MAXIMILLIAN ANGERHOLZER II EXECUTIVE VP THRU 3/24/2020	40.00 0.			X			407,452.	0.	22,200.	
(4) MS. JOYCE HENDRICKS CHIEF PHILANTHR OFF THRU 7/20	40.00 0.					X	388,764.	0.	25,108.	
(5) MS. EDITH CECIL SENIOR VICE PRESIDENT	40.00 0.					X	292,285.	0.	45,464.	
(6) MR. PETER YOUNG SVP, CHIEF TECHNOLOGY OFFICER	40.00 0.					X	312,790.	0.	5,722.	
(7) MS. COURTNEY TEMPLE SVP, CAO	40.00 0.					X	282,230.	0.	18,450.	
(8) DR. RAJIKA BHANDARI SR ADV RES&STRATGY THRU 9/2019	40.00 0.					X	264,389.	0.	30,904.	
(9) MS. KATHERINE CAMPBELL SECRETARY	40.00 0.			X			101,900.	0.	14,570.	
(10) MR. THOMAS S JOHNSON TRUSTEE	4.50 0.	X		X			0.	0.	0.	
(11) DR. HENRY KAUFMAN TRUSTEE	2.00 0.	X					0.	0.	0.	
(12) MR. MARK ANGELSON TRUSTEE	5.25 0.	X		X			0.	0.	0.	
(13) MS. MARYAM PANAHY ANSARY TRUSTEE	2.25 0.	X					0.	0.	0.	
(14) MR. CALVIN G. BUTLER JR. TRUSTEE	1.25 0.	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 (list any hours for related organizations below dotted line)	(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. SETH R. BERGSTEIN TRUSTEE	2.50 0.	X					0.	0.	0.	
16) DR. LEE C. BOLLINGER TRUSTEE	1.25 0.	X					0.	0.	0.	
17) DR. GEORGE CAMPBELL, JR. TRUSTEE	4.25 0.	X					0.	0.	0.	
18) MS. MARIA LIVANOS CATTUI TRUSTEE	3.00 0.	X					0.	0.	0.	
19) DR. RICHARD A. DEBS TRUSTEE	1.00 0.	X					0.	0.	0.	
20) MR. ROBERT L. DILENSCHNEIDER TRUSTEE	3.75 0.	X					0.	0.	0.	
21) AMBASSADOR HARRIET ELAM-THOMAS TRUSTEE THRU 1/27/2020	1.25 0.	X					0.	0.	0.	
22) MR. VICTOR J. GOLDBERG TRUSTEE	4.00 0.	X					0.	0.	0.	
23) MR. PETER M. GOTTSEGEN TRUSTEE THRU 1/27/2020	3.25 0.	X					0.	0.	0.	
24) MR. JACK M. GREENBERG TRUSTEE	2.25 0.	X					0.	0.	0.	
25) MS. RUTH HINERFELD TRUSTEE THRU 11/21/2019	3.75 0.	X		X			0.	0.	0.	
1b Sub-total							3,206,992.	0.	239,739.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,206,992.	0.	239,739.	

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 **78**

	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 **11**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) DR. KAREN A. HOLBROOK ----- TRUSTEE	1.25 ----- 0.	X						0.	0.	0.
(27) MR. MAHBOOB MAHMOOD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(28) MS. COLLEEN GOGGINS ----- TRUSTEE	1.25 ----- 0.	X						0.	0.	0.
(29) MR. MARK KAPLAN ----- TRUSTEE	4.50 ----- 0.	X						0.	0.	0.
(30) SENATOR EDWARD KAUFMAN ----- TRUSTEE	2.25 ----- 0.	X						0.	0.	0.
(31) MS. LAYA KHADJAVI ----- TRUSTEE	3.25 ----- 0.	X						0.	0.	0.
(32) DR. LAURENCE C. MORSE ----- TRUSTEE THRU 6/30/2020	4.00 ----- 0.	X		X				0.	0.	0.
(33) MS. BARBARA BYRNE ----- TRUSTEE	1.25 ----- 0.	X						0.	0.	0.
(34) MS. JOYLENE CARUSO ----- TRUSTEE THRU 5/07/2020	1.00 ----- 0.	X						0.	0.	0.
(35) DR. HARRIS PASTIDES ----- TRUSTEE	1.25 ----- 0.	X						0.	0.	0.
(36) MR. VICTOR J. REVENKO ----- TRUSTEE THRU 1/27/2020	1.25 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 78

	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 (list any hours for related organizations below dotted line)	(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) DR. GEORGE RUPP ----- TRUSTEE	2.25 ----- 0.	X						0.	0.	0.
(38) MR. THOMAS A. RUSSO ----- TRUSTEE	4.75 ----- 0.	X		X				0.	0.	0.
(39) MR. JOHN SEXTON ----- TRUSTEE	2.50 ----- 0.	X						0.	0.	0.
(40) HRH PRINCESS GHIDA TALAL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(41) MR. MARTIN Y. TANG ----- TRUSTEE	1.50 ----- 0.	X						0.	0.	0.
(42) MS. LINDA VESTER ----- TRUSTEE	1.75 ----- 0.	X						0.	0.	0.
(43) MR. HARTLEY R. ROGERS ----- TRUSTEE&TREAS AS OF 1/27/2020	1.50 ----- 0.	X		X				0.	0.	0.
(44) MS. STEPHANIE J MUDICK ----- TRUSTEE AS OF 10/28/2019	1.00 ----- 0.	X						0.	0.	0.
(45) MS. JOANNE BERGER-SWEENEY ----- TRUSTEE AS OF 1/27/2020	1.00 ----- 0.	X						0.	0.	0.
(46) DR. MARK S. WRIGHTON ----- TRUSTEE	1.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 78

	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

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,241,716.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	205,716,732.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	33,663,777.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		241,622,225.				
	Program Service Revenue	2a	FIXED FEE CONTRACTS	Business Code	900099	30,894,046.	30,894,046.	
b		PUBLICATIONS & MEMBERSHIP FEES		900099	600,057.	600,057.		
c		EDUCATION FORUMS		900099	680,338.	680,338.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			32,174,441.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			2,212,674.		2,212,674.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						6,115,955.	91,000,000.	
	b	Less: cost or other basis and sales expenses	7b	2,560,545.	11,375,464.			
	c	Gain or (loss)	7c	3,555,410.	79,624,536.			
	d	Net gain or (loss) ▶				83,179,946.	83,179,946.	
8a	Gross income from fundraising events (not including \$ <u>2,241,716.</u> of contributions reported on line 1c). See Part IV, line 18	8a						
					62,880.			
					186,429.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events. ▶				-123,549.	-123,549.		
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
					0.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	Business Code	900099	31,363.		31,363.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				31,363.		
	12	Total revenue. See instructions ▶				359,097,100.	32,174,441.	85,300,434.

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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	41,360,174.	41,360,174.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	116,573,199.	116,573,199.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,791,680.	10,791,680.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,767,618.	1,227,323.	508,928.	31,367.
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	42,567,548.	29,556,228.	12,255,942.	755,378.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,127,541.	2,171,568.	900,474.	55,499.
9 Other employee benefits	9,833,233.	6,827,578.	2,831,160.	174,495.
10 Payroll taxes	3,107,856.	2,157,900.	894,806.	55,150.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	137,769.	52,303.	85,466.	
c Accounting	637,467.	8,717.	628,750.	
d Lobbying	242,755.		242,755.	
e Professional fundraising services. See Part IV, line 17.	65,000.			65,000.
f Investment management fees	249,291.		249,291.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,937,547.	11,017,472.	5,868,256.	51,819.
12 Advertising and promotion	0.			
13 Office expenses	2,924,923.	1,347,930.	1,514,565.	62,428.
14 Information technology.	1,802,664.	682,949.	1,118,051.	1,664.
15 Royalties.	0.			
16 Occupancy	9,347,683.	7,242,073.	1,826,998.	278,612.
17 Travel	2,755,032.	2,420,517.	325,442.	9,073.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,843,271.	3,783,690.	49,113.	10,468.
20 Interest	27,292.		27,292.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	3,347,079.	377,955.	2,968,312.	812.
23 Insurance	504,851.	9,575.	495,276.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	2,600,824.		2,600,824.	
b LOSS ON BOND EXTINGUISHMENT	644,002.		644,002.	
c EMERGENCY ASSISTANCE	188,592.	188,592.		
d MISCELLANEOUS	71,278.	62,278.	9,000.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	275,456,169.	237,859,701.	36,044,703.	1,551,765.
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

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,400,975.	1	14,589,161.
	2 Savings and temporary cash investments	3,367,774.	2	19,713,521.
	3 Pledges and grants receivable, net	4,792,671.	3	5,052,391.
	4 Accounts receivable, net.	63,447,476.	4	50,072,211.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	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	7,980,407.	9	8,785,742.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,956,341.		
	b Less: accumulated depreciation	10b 20,505,867.	19,520,043.	10c 12,450,474.
	11 Investments - publicly traded securities.	97,884,099.	11	178,663,855.
	12 Investments - other securities. See Part IV, line 11	17,632,574.	12	16,523,512.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,132,522.	15	3,206,734.
16 Total assets. Add lines 1 through 15 (must equal line 33)	232,158,541.	16	309,057,601.	
Liabilities	17 Accounts payable and accrued expenses	45,009,761.	17	40,481,222.
	18 Grants payable	21,512,852.	18	25,476,362.
	19 Deferred revenue.	1,606,710.	19	304,258.
	20 Tax-exempt bond liabilities.	9,784,769.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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.	77,914,092.	26	66,261,842.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	78,547,269.	27	161,590,759.
	28 Net assets with donor restrictions.	75,697,180.	28	81,205,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	154,244,449.	32	242,795,759.
33 Total liabilities and net assets/fund balances	232,158,541.	33	309,057,601.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	359,097,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,456,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	83,640,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,244,449.
5	Net unrealized gains (losses) on investments	5	4,910,379.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	242,795,759.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS	284,481.	177,998.	122,134.	85,250.	31,363.	701,226.
TOTALS	<u>284,481.</u>	<u>177,998.</u>	<u>122,134.</u>	<u>85,250.</u>	<u>31,363.</u>	<u>701,226.</u>

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INSTITUTE OF INTERNATIONAL EDUCATION**

Employer identification number
13-1624046

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 132,917,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 43,579,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 13,838,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 17,006,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 12,413,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INSTITUTE OF INTERNATIONAL EDUCATION**

Employer identification number

13-1624046

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **INSTITUTE OF INTERNATIONAL EDUCATION**

Employer identification number
13-1624046

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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) 2019

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												
1a Total lobbying expenditures to influence public opinion (grassroots 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a 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					

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 on 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		242,755.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			242,755.
2a 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 campaign activity 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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); 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, TRUSTEES, SENIOR STAFF AND ALUMNI VOLUNTEERS OF INSTITUTE OF INTERNATIONAL EDUCATION AS WELL AS INDEPENDENT CONSULTANTS MEET WITH LEGISLATIVE AND GOVERNMENT OFFICIALS AND/OR THEIR STAFF TO PROVIDE INFORMATION REGARDING THE MISSION AND PROGRAMS. FROM TIME TO TIME WE HAVE SUPPLEMENTED THESE VISITS WITH CORRESPONDENCE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for art and historical treasures.

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

Schedule D (Form 990) 2019

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 make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	77,107,494.	78,423,839.	76,578,973.	69,959,233.	66,694,481.
b Contributions	82,095,285.	251,247.	1,802,827.	3,957,224.	1,068,270.
c Net investment earnings, gains, and losses	7,495,791.	1,557,529.	5,090,039.	8,743,527.	6,986,994.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,250,661.	3,125,121.	5,048,000.	6,081,011.	4,790,512.
f Administrative expenses					
g End of year balance	163,447,909.	77,107,494.	78,423,839.	76,578,973.	69,959,233.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 60.7000 %
 - b** Permanent endowment ▶ 2.2000 %
 - c** Term endowment ▶ 37.1000 %
- The percentages on 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
c Leasehold improvements		2,580,462.	2,284,959.	295,503.
d Equipment		1,872,707.	1,160,202.	712,505.
e Other		28,503,172.	17,060,706.	11,442,466.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,450,474.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) SILCHESTER INTL INVESTORS	16,523,512.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	16,523,512.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4-INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS
THE INSTITUTE INTENDS TO USE ITS ENDOWMENT, WHICH CONSISTS OF INDIVIDUAL
FUNDS THAT HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING
SCHOLAR SUPPORT AND SCHOLARSHIPS, CONSISTENT WITH THE PURPOSES FOR WHICH
THE FUNDS HAVE BEEN ESTABLISHED.

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENTS LOSS \$123,549

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENTS: \$123,549

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	314,149.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,753,831.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,423,539.
(4) EAST ASIA AND THE PACIFIC	6.	43.	MAINTAINING OFFICES		4,761,762.
(5) EUROPE	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,231,084.
(6) EUROPE	0.	0.	GRANTMAKING		63,711.
(7) EUROPE	1.	15.	MAINTAINING OFFICES		1,616,900.
(8) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	968,950.
(9) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		474,448.
(10) MIDDLE EAST AND NORTH AFRICA	1.	34.	MAINTAINING OFFICES		2,367,028.
(11) NORTH AMERICA	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	499,928.
(12) NORTH AMERICA	0.	0.	GRANTMAKING		50,000.
(13) NORTH AMERICA	1.	25.	MAINTAINING OFFICES		3,118,305.
(14) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	371,793.
(15) RUSSIA/INDEPENDENT STATES	2.	29.	MAINTAINING OFFICES		2,540,589.
(16) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	376,917.
(17) SOUTH AMERICA	0.	0.	GRANTMAKING		98,513.
3a Subtotal	11.	146.			22,031,447.
b Total from continuation sheets to Part I	2.	21.			4,266,930.
c Totals (add lines 3a and 3b)	13.	167.			26,298,377.

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

Schedule F (Form 990) 2019

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,261,017.
(2) SOUTH ASIA	0.	0.	GRANTMAKING		9,412.
(3) SOUTH ASIA	1.	11.	MAINTAINING OFFICES		762,036.
(4) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,758,667.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		135,722.
(6) SUB-SAHARAN AFRICA	1.	10.	MAINTAINING OFFICES		340,076.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
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) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	172,559.	CHECK		N/A	N/A
(2)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	147,924.	CHECK		N/A	N/A
(3)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	128,508.	CHECK		N/A	N/A
(4)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	473,119.	CHECK		N/A	N/A
(5)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	59,790.	CHECK		N/A	N/A
(6)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	20,083.	CHECK		N/A	N/A
(7)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	216,782.	CHECK		N/A	N/A
(8)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(9)			EAST ASIA/PACIFIC	EDUCATION EXCHANGE	179,776.	CHECK		N/A	N/A
(10)			EUROPE ICELAND GREENLAND	EDUCATION EXCHANGE	38,711.	CHECK		N/A	N/A
(11)			EUROPE ICELAND GREENLAND	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	22,041.	CHECK		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(14)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(15)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	346,707.	CHECK		N/A	N/A
(16)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	5,700.	CHECK		N/A	N/A

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

3 Enter total number of other organizations or entities ▶ _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	50,000.	CHECK		N/A	N/A
(2)			NORTH AMERICA	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(3)			NORTH AMERICA	EDUCATION EXCHANGE	25,000.	CHECK		N/A	N/A
(4)			SOUTH AMERICA	EDUCATION EXCHANGE	30,060.	CHECK		N/A	N/A
(5)			SOUTH AMERICA	EDUCATION EXCHANGE	68,453.	CHECK		N/A	N/A
(6)			SOUTH ASIA	EDUCATION EXCHANGE	9,412.	CHECK		N/A	N/A
(7)			SUB SAHARAN AFRICA	EDUCATION EXCHANGE	20,000.	CHECK		N/A	N/A
(8)			SUB SAHARAN AFRICA	EDUCATION EXCHANGE	115,722.	CHECK		N/A	N/A
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **24.**

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) HEALTH INSURANCE	CENTRAL AMERICA AND CARI	2.	394.	CHECK		N/A	N/A
(2) OTHER EXPENSES	CENTRAL AMERICA AND CARI	5.	11,650.	CHECK		N/A	N/A
(3) STIPENDS & GRANTS	CENTRAL AMERICA AND CARI	47.	254,508.	CHECK		N/A	N/A
(4) TRAVEL	CENTRAL AMERICA AND CARI	16.	19,232.	CHECK		N/A	N/A
(5) TUITION, BOOKS AND	CENTRAL AMERICA AND CARI	9.	28,365.	CHECK		N/A	N/A
(6) HEALTH INSURANCE	EAST ASIA/PACIFIC	6.	996.	CHECK		N/A	N/A
(7) OTHER EXPENSES	EAST ASIA/PACIFIC	6.	6,300.	CHECK		N/A	N/A
(8) STIPENDS & GRANTS	EAST ASIA/PACIFIC	379.	1,533,156.	CHECK		N/A	N/A
(9) TRAVEL	EAST ASIA/PACIFIC	21.	113,680.	CHECK		N/A	N/A
(10) TUITION, BOOKS AND	EAST ASIA/PACIFIC	33.	99,698.	CHECK		N/A	N/A
(11) HEALTH INSURANCE	EUROPE ICELAND GREENLAND	19.	1,197.	CHECK		N/A	N/A
(12) OTHER EXPENSES	EUROPE ICELAND GREENLAND	17.	42,775.	CHECK		N/A	N/A
(13) STIPENDS & GRANTS	EUROPE ICELAND GREENLAND	121.	689,690.	CHECK		N/A	N/A
(14) TRAVEL	EUROPE ICELAND GREENLAND	56.	67,120.	CHECK		N/A	N/A
(15) TUITION, BOOKS AND	EUROPE ICELAND GREENLAND	32.	430,301.	CHECK		N/A	N/A
(16) HEALTH INSURANCE	MIDDLE EAST/NORTH AFRICA	35.	9,397.	CHECK		N/A	N/A
(17) OTHER EXPENSES	MIDDLE EAST/NORTH AFRICA	16.	52,767.	CHECK		N/A	N/A
(18) STIPENDS & GRANTS	MIDDLE EAST/NORTH AFRICA	166.	455,802.	CHECK		N/A	N/A

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) TRAVEL	MIDDLE EAST/NORTH AFRICA	47.	57,956.	CHECK		N/A	N/A
(2) TUITION, BOOKS AND	MIDDLE EAST/NORTH AFRICA	37.	393,028.	CHECK		N/A	N/A
(3) HEALTH INSURANCE	NORTH AMERICA	3.	241.	CHECK		N/A	N/A
(4) OTHER EXPENSES	NORTH AMERICA	15.	36,366.	CHECK		N/A	N/A
(5) STIPENDS & GRANTS	NORTH AMERICA	246.	268,019.	CHECK		N/A	N/A
(6) TRAVEL	NORTH AMERICA	25.	20,479.	CHECK		N/A	N/A
(7) TUITION, BOOKS AND	NORTH AMERICA	17.	174,823.	CHECK		N/A	N/A
(8) HEALTH INSURANCE	RUSSIA AND NEIGHBORING S	3.	43.	CHECK		N/A	N/A
(9) OTHER EXPENSES	RUSSIA AND NEIGHBORING S	6.	530.	CHECK		N/A	N/A
(10) STIPENDS & GRANTS	RUSSIA AND NEIGHBORING S	114.	352,677.	CHECK		N/A	N/A
(11) TRAVEL	RUSSIA AND NEIGHBORING S	7.	9,746.	CHECK		N/A	N/A
(12) TUITION, BOOKS AND	RUSSIA AND NEIGHBORING S	7.	8,797.	CHECK		N/A	N/A
(13) HEALTH INSURANCE	SOUTH AMERICA	10.	1,916.	CHECK		N/A	N/A
(14) OTHER EXPENSES	SOUTH AMERICA	20.	18,230.	CHECK		N/A	N/A
(15) STIPENDS & GRANTS	SOUTH AMERICA	92.	231,605.	CHECK		N/A	N/A
(16) TRAVEL	SOUTH AMERICA	37.	55,660.	CHECK		N/A	N/A
(17) TUITION, BOOKS AND	SOUTH AMERICA	6.	69,505.	CHECK		N/A	N/A
(18) HEALTH INSURANCE	SOUTH ASIA	3.	240.	CHECK		N/A	N/A

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) OTHER EXPENSES	SOUTH ASIA	13.	1,846.	CHECK		N/A	N/A
(2) STIPENDS & GRANTS	SOUTH ASIA	179.	1,206,007.	CHECK		N/A	N/A
(3) TRAVEL	SOUTH ASIA	15.	5,899.	CHECK		N/A	N/A
(4) TUITION, BOOKS AND	SOUTH ASIA	60.	47,024.	CHECK		N/A	N/A
(5) HEALTH INSURANCE	SUB SAHARAN AFRICA	37.	5,416.	CHECK		N/A	N/A
(6) OTHER EXPENSES	SUB SAHARAN AFRICA	48.	222,218.	CHECK		N/A	N/A
(7) STIPENDS & GRANTS	SUB SAHARAN AFRICA	178.	1,165,038.	CHECK		N/A	N/A
(8) TRAVEL	SUB SAHARAN AFRICA	111.	209,161.	CHECK		N/A	N/A
(9) TUITION, BOOKS AND	SUB SAHARAN AFRICA	85.	156,832.	CHECK		N/A	N/A
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS OUTSIDE THE UNITED STATES:

OVERALL: ALL OPERATIONS ARE CLOSELY MANAGED BY THE PROGRAM MANAGERS AND VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I.E., CFO, GRANTS AND CONTRACTS, LEGAL SERVICES AND ADMINISTRATIVE SERVICES). THERE IS REGULAR MONTHLY MONITORING BY FINANCIAL MANAGERS, MID-YEAR BUDGET REVIEWS ARE PERFORMED BY SENIOR MANAGEMENT TO REVIEW THE ACTIVITIES OF ALL PROGRAMS AND ADJUST TO CHANGES IN BUDGET ASSUMPTIONS. REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS. THE INTERNAL AUDIT STAFF MAKES REGULAR VISITS TO OUR INTERNATIONAL OFFICES TO AUDIT PROGRAM CONTROLS AND COMPLIANCE.

BUDGETS: BUDGETS ARE ESTABLISHED ON A DEPARTMENT AND PROGRAM BASIS WITH CLOSE COORDINATION BETWEEN PROGRAMS AND BUDGET AND FINANCE. VARIANCES ARE REVIEWED EACH MONTH BY THE PROGRAM DIRECTORS AND SEMI-ANNUALLY WITH SENIOR MANAGEMENT. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE UPDATED REGULARLY, TO MONITOR PERFORMANCE. THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE ANNUAL OPERATING AND CAPITAL BUDGETS, REVIEWS IMPLEMENTATION OF OPERATING PLANS AND CAPITAL PROJECTS, OVERSEES BUDGETING AND INTERNAL FINANCIAL REPORTING SYSTEMS AND PROCEDURES, AND REGULARLY MEETS WITH STAFF TO REVIEW THE FINANCIAL RESULTS AND OTHER FINANCIAL MANAGEMENT REPORTS AND PROVIDE STAFF WITH GUIDANCE AS NECESSARY.

Part V Supplemental Information

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

PAYMENTS/CASH RECEIPTS: PAYMENTS FOR DISBURSEMENTS AND REIMBURSEMENTS
RELATING TO ALL GRANT FUNDS REQUIRE APPROPRIATE SUPPORTING DOCUMENTATION.
BEFORE PAYMENTS ARE MADE, GRANTEEES AND VENDORS ARE CHECKED AGAINST
SPECIALLY DESIGNATED NATIONAL LISTS AND OTHER SIMILAR PROHIBITED
TRANSACTION LISTS TO HELP CONFIRM THAT PAYMENTS ARE NOT PROHIBITED. UPON
APPROVAL, 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 CONFIRM THAT THE
PAYMENTS ARE RELATED TO ALLOWABLE AND SPONSOR APPROVED ACTIVITIES.

SCHEDULE F, PART I, COLUMN(F), PART II, LINE 1 AND PART III
METHOD USED ON FINANCIAL STATEMENTS

THE METHOD USED TO ACCOUNT FOR FOREIGN EXPENDITURES AND CASH GRANTS ON
THE ORGANIZATION'S FINANCIAL STATEMENTS IS ACCRUAL-BASED AND FOLLOWS US
GAAP.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 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 10 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 EVENT ASSOCIATES, INC	SPECIAL EVENT	X		2,054,752.	65,000.	1,989,752.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,054,752.	65,000.	1,989,752.

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, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,304,596.		2,304,596.
	2	Less: Contributions	2,241,716.		2,241,716.
	3	Gross income (line 1 minus line 2)	62,880.		62,880.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	186,429.		186,429.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			186,429.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-123,549.	

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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 provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW, WASH, DC 20016	53-0196549	501 (C)(3)	35,295.		N/A	N/A	EDUCATION EXCHANGE
(2) AMIDEAST 2025 M ST NW FL 6, WASHINGTON, DC 20036	53-0243270	501 (C)(3)	145,419.		N/A	N/A	EDUCATION EXCHANGE
(3) ARIZONA STATE UNIVERSITY PO BOX 875812, TEMPE, AZ 85287-5812	86-0196696	501 (C)(3)	1,329,563.		N/A	N/A	EDUCATION EXCHANGE
(4) BOSTON UNIVERSITY OFFICE OF RENTAL PROPERTY, BOSTON, MA 02215	04-2103547	501 (C)(3)	362,292.		N/A	N/A	EDUCATION EXCHANGE
(5) BRIGHAM YOUNG UNIVERSITY A-153 ASB, PROVO, UT 84602	87-0217280	501 (C)(3)	1,786,136.		N/A	N/A	EDUCATION EXCHANGE
(6) BRYN MAWR COLLEGE 101 N MERLON AVE, BRYN MAWR, PA 19010-2899	23-1352621	501 (C)(3)	3,054,318.		N/A	N/A	EDUCATION EXCHANGE
(7) CALIFORNIA STATE UNIVERSITY LONG BEACH R 6300 STATE UNIV DR, LONG BEACH, CA90815	94-6106694	501 (C)(3)	368,687.		N/A	N/A	EDUCATION EXCHANGE
(8) CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE, PITTSBURGH, PA 15213-3	25-0969449	501 (C)(3)	10,927.		N/A	N/A	EDUCATION EXCHANGE
(9) CONCORDIA COLLEGE 901 8TH STREET SOUTH, MOORHEAD, MN 56562	41-0693977	501 (C)(3)	1,085,841.		N/A	N/A	EDUCATION EXCHANGE
(10) CORAL SUNSET, INC 244 AMERICA BLVD, ASHLAND, MA 01721	95-4868211	501 (C)(3)	146,715.		N/A	N/A	EDUCATION EXCHANGE
(11) CORNELL UNIVERSITY DIV OF FIN AFFAIRS, ITHACA, NY 14850	15-0532082	501 (C)(3)	220,830.		N/A	N/A	EDUCATION EXCHANGE
(12) DUKE UNIVERSITY BOX 104132, DURHAM, NC 27708	56-0532129	501 (C)(3)	70,659.		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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) EMBRY-RIDDLE AERONAUTICAL UNIV 600 CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-0936101	501 (C)(3)	44,334.		N/A	N/A	EDUCATION EXCHANGE
(2) EMORY UNIVERSITY 550 ASBURY CIR., ATLANTA, GA 30322	58-0566256	501 (C)(3)	225,039.		N/A	N/A	EDUCATION EXCHANGE
(3) FULBRIGHT ASSOCIATION, INC. 1900 L STREET, NW, WASHINGTON DC, DC 20036	52-1821935	501 (C)(3)	247,327.		N/A	N/A	EDUCATION EXCHANGE
(4) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, FAIRFAX, VA 22030	54-0836354	501 (C)(3)	17,077.		N/A	N/A	EDUCATION EXCHANGE
(5) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 2ND FL, ASHBURN, VA 20147	53-0196584	501 (C)(3)	641,721.		N/A	N/A	EDUCATION EXCHANGE
(6) GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST. NW, ATLANTA, GA 30318	58-0603146	501 (C)(3)	200,422.		N/A	N/A	EDUCATION EXCHANGE
(7) INDIANA UNIVERSITY 601 E KIRKWOOD AVE, BLOOMINGTON, IN 47405-1	35-6001673	501 (C)(3)	3,076,161.		N/A	N/A	EDUCATION EXCHANGE
(8) INTERNATIONAL HOUSE DAVIS 10 COLLEGE PARK, DAVIS, CA 95616	94-2822342	501 (C)(3)	60,500.		N/A	N/A	EDUCATION EXCHANGE
(9) JAMES MADISON UNIVERSITY 1031 S. MAIN ST., HARRISONBURG, VA 22807	54-6001756	501 (C)(3)	355,451.		N/A	N/A	EDUCATION EXCHANGE
(10) MARQUETTE UNIVERSITY OFFICE OF THE BURSAR, MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	272,034.		N/A	N/A	EDUCATION EXCHANGE
(11) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	488,823.		N/A	N/A	EDUCATION EXCHANGE
(12) MICHIGAN STATE UNIVERSITY 306 COLLEGE LAW BLDG, EAST LANSING, MI 48824	38-1358000	501 (C)(3)	229,420.		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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) MONTANA STATE UNIVERSITY PO BOX 172480 , BOZEMAN, MT 59717	81-6010045	501 (C)(3)	5,050.		N/A	N/A	EDUCATION EXCHANGE
(2) NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205, RALEIGH, NC 27695	56-6000756	501 (C)(3)	319,222.		N/A	N/A	EDUCATION EXCHANGE
(3) NORTHEASTERN ILLINOIS UNIVERSITY 5500 NORTH ST. LOUIS AVE, CHICAGO, IL 60625	36-6009515	501 (C)(3)	5,146.		N/A	N/A	EDUCATION EXCHANGE
(4) NORWICH UNIVERSITY 158 HARMON DR, NORTHFIELD, VT 05663	03-0179424	501 (C)(3)	114,619.		N/A	N/A	EDUCATION EXCHANGE
(5) ONE TO WORLD 285 WEST BROADWAY, NEW YORK, NY 10013	13-3179151	501 (C)(3)	85,909.		N/A	N/A	EDUCATION EXCHANGE
(6) PENN STATE UNIVERSITY 408 OLD MAIN, UNIVERSITY PARK, PA 16802	24-6000376	501 (C)(3)	275,825.		N/A	N/A	EDUCATION EXCHANGE
(7) PORTLAND STATE UNIVERSITY PO BOX 751-FAST, PORTLAND, OR 97207-0751	36-4776757	501 (C)(3)	825,659.		N/A	N/A	EDUCATION EXCHANGE
(8) RESEARCH FOUNDATION CUNY 230 WEST 41ST STREET, NEW YORK, NY 10036	02-0733394	501 (C)(3)	1,423,969.		N/A	N/A	EDUCATION EXCHANGE
(9) SAN DIEGO STATE UNIVERSITY FDN 5250 CAMPANILE DR. MC1947,SAN DIEGO,CA92182	95-6042721	501 (C)(3)	2,069,984.		N/A	N/A	EDUCATION EXCHANGE
(10) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE., SAN FRANCISCO, CA 94132	93-1137247	501 (C)(3)	340,587.		N/A	N/A	EDUCATION EXCHANGE
(11) STATE OF MARYLAND DIV OF RESEARCH , COLLEGE PARK,MD20742	52-6002033	501 (C)(3)	1,070,376.		N/A	N/A	EDUCATION EXCHANGE
(12) SYRACUSE UNIVERSITY COMPROLLER'S OFFICE, SYRACUSE, NY 13244-53	15-0532081	501 (C)(3)	559,600.		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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS A&M UNIVERSITY 6000 TAMU, COLLEGE STATION, TX 77843-6000	74-6000531	501 (C)(3)	221,907.		N/A	N/A	EDUCATION EXCHANGE
(2) THE CITADEL 171 MOULTRIE ST, NEW YORK, NY 10065	57-6000217	501 (C)(3)	253,784.		N/A	N/A	EDUCATION EXCHANGE
(3) U OF KS CENTER FOR RESEARCH INC 2385 IRVING HILL ROAD , LAWRENCE, KS 66045	48-0680117	501 (C)(3)	886,443.		N/A	N/A	EDUCATION EXCHANGE
(4) U.S. INTERNATIONAL UNIVERSITY USIU ROAD OFF THIKA ROAD KASARANI , NAIROBI	56-2538741	501 (C)(3)	86,674.		N/A	N/A	EDUCATION EXCHANGE
(5) UNIVERSITY OF ARIZONA 888 N. EUCLID AVE. RM 510, TUCSON, AZ85719	74-2652689	501 (C)(3)	808,952.		N/A	N/A	EDUCATION EXCHANGE
(6) UNIVERSITY OF CALIFORNIA DAVIS 1333 RESEARCH PARK DR, DAVIS, CA 95618	94-6036494	501 (C)(3)	183,488.		N/A	N/A	EDUCATION EXCHANGE
(7) UNIVERSITY OF CALIFORNIA LOS ANGELE 10920 WILSHIRE BLVD STE 500, LOS ANGELES, CA9	95-6006143	501 (C)(3)	412,375.		N/A	N/A	EDUCATION EXCHANGE
(8) UNIVERSITY OF COLORADO 3100 MARINE STREET, BOULDER, CO 80309-0574	84-6000555	501 (C)(3)	35,087.		N/A	N/A	EDUCATION EXCHANGE
(9) UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	501 (C)(3)	46,066.		N/A	N/A	EDUCATION EXCHANGE
(10) UNIVERSITY OF FLORIDA PO BOX 113201, GAINESVILLE, FL 32611	59-6002052	501 (C)(3)	271,088.		N/A	N/A	EDUCATION EXCHANGE
(11) UNIVERSITY OF GEORGIA 424 EAST BROAD STREET, ATHENS, GA 30602	58-6001998	501 (C)(3)	1,060,247.		N/A	N/A	EDUCATION EXCHANGE
(12) UNIVERSITY OF HAWAII 2600 CAMPUS ROAD QLCSS 105, HONOLULU, HI96822	99-6000354	501 (C)(3)	1,780,948.		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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF KENTUCKY 322 PETERSON SVC BLDG, LEXINGTON, KY 40506	61-6001218	501 (C)(3)	90,000.		N/A	N/A	EDUCATION EXCHANGE
(2) UNIVERSITY OF MINNESOTA UNIV TAX MGMT OFF, MINNEAPOLIS, MN 55414	41-6007513	501 (C)(3)	1,320,959.		N/A	N/A	EDUCATION EXCHANGE
(3) UNIVERSITY OF MISSISSIPPI PO BOX 1848, UNIVERSITY, MS 38677	64-6001159	501 (C)(3)	1,137,951.		N/A	N/A	EDUCATION EXCHANGE
(4) UNIVERSITY OF MONTANA ACCOUNTS RECEIVABLE, MISSOULA, MT 59812	81-6001713	501 (C)(3)	2,556,449.		N/A	N/A	EDUCATION EXCHANGE
(5) UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE, DAHLONEGA, GA 30597	58-6002060	501 (C)(3)	546,165.		N/A	N/A	EDUCATION EXCHANGE
(6) UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL, NORMAN, OK 73019-3080	73-6017987	501 (C)(3)	209,182.		N/A	N/A	EDUCATION EXCHANGE
(7) UNIVERSITY OF OREGON BUSINESS OFFICE, EUGENE, OR 97403	46-4727800	501 (C)(3)	1,233,294.		N/A	N/A	EDUCATION EXCHANGE
(8) UNIVERSITY OF PITTSBURGH OFFICE OF FIN INFO, PITTSBURGH, PA 15260	25-0965591	501 (C)(3)	742,531.		N/A	N/A	EDUCATION EXCHANGE
(9) UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD, KINGSTON, RI 02881	05-6000522	501 (C)(3)	1,775,993.		N/A	N/A	EDUCATION EXCHANGE
(10) UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE, AUSTIN, TX 78712	74-6000203	501 (C)(3)	483,778.		N/A	N/A	EDUCATION EXCHANGE
(11) UNIVERSITY OF TEXAS AT SAN ANTONIO ONE USTA CIRCLE MB 1.210, SAN ANTONIO, TX 7824	74-1717115	501 (C)(3)	6,975.		N/A	N/A	EDUCATION EXCHANGE
(12) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR, SALT LAKE CITY, UT 84112	87-6000525	501 (C)(3)	226,950.		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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN 333 EAST CAMPUS MALL , MADISON, WI 53715-13	39-1805963	501 (C)(3)	2,109,525.		N/A	N/A	EDUCATION EXCHANGE
(2) UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVE , LARAMIE, WY 82071	83-6000331	501 (C)(3)	21,167.		N/A	N/A	EDUCATION EXCHANGE
(3) VA POLYTECHNIC INS. & STATE UNIV. OFF OF UNIV BURSAR(MC0143),BLACKSBURG,VA240	54-6001805	501 (C)(3)	258,532.		N/A	N/A	EDUCATION EXCHANGE
(4) VANDERBILT UNIVERSITY PMB 406310, NASHVILLE, TN 37240-6310	62-0476822	501 (C)(3)	234,275.		N/A	N/A	EDUCATION EXCHANGE
(5) VIRGINIA COMMONWEALTH UNIVERSITY 410 N 12TH ST,SMITH 754,RICHMOND,VA 23298	54-6001758	501 (C)(3)	60,450.		N/A	N/A	EDUCATION EXCHANGE
(6) VIRGINIA MILITARY INSTITUTE VMI RESEARCH LABORATORIES,LEXINGTON,VA24450	54-6001803	501 (C)(3)	267,791.		N/A	N/A	EDUCATION EXCHANGE
(7) WESTERN KY UNIV RESEARCH FOUNDATION 208 POTTER HALL , BOWLING GREEN, KY 42101-1	61-1358086	501 (C)(3)	367,644.		N/A	N/A	EDUCATION EXCHANGE
(8) WOODROW WILSON INTL CTR FOR SCHOLAR 1300 PENNSYLVANIA AVE NW,WASH,DC 20004-302	52-1067541	501 (C)(3)	48,160.		N/A	N/A	EDUCATION EXCHANGE
(9) WORLDBOSTON 33 BROAD STREET , BOSTON, MA 02109	04-2281954	501 (C)(3)	44,406.		N/A	N/A	EDUCATION EXCHANGE
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 69.

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) (2019)

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

(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 HEALTH INSURANCE	1,853.	3,094,294.		N/A	N/A
2 OTHER EXPENSES	1,523.	1,184,319.		N/A	N/A
3 STIPENDS & GRANTS	12,329.	78,955,309.		N/A	N/A
4 TRAVEL	5,729.	7,288,486.		N/A	N/A
5 TUITION, BOOKS AND FEES	3,008.	26,050,791.		N/A	N/A
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES:

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

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

(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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BUDGETS: BUDGETS ARE ESTABLISHED ON A DEPARTMENT AND PROGRAM BASIS WITH CLOSE COORDINATION BETWEEN PROGRAMS AND BUDGET AND FINANCE. VARIANCES ARE REVIEWED EACH MONTH BY THE PROGRAM DIRECTORS AND SEMI-ANNUALLY WITH SENIOR MANAGEMENT. IIE USES BUDGET TO ACTUAL REPORTS THAT ARE UPDATED REGULARLY, TO MONITOR PERFORMANCE. THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE ANNUAL OPERATING AND CAPITAL BUDGETS, REVIEWS IMPLEMENTATION OF OPERATING PLANS AND CAPITAL PROJECTS, AND REGULARLY MEETS WITH STAFF TO REVIEW THE FINANCIAL RESULTS AND OTHER FINANCIAL MANAGEMENT REPORTS AND PROVIDE STAFF WITH GUIDANCE AS

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

(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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NECESSARY.

PAYMENTS/CASH RECEIPTS: FOR REIMBURSEMENTS AND DISBURSEMENTS RELATING TO GRANTS APPROPRIATE SUPPORTING DOCUMENTATION IS REQUIRED. ALL ACTIVITIES AND COSTS ARE PERFORMED UNDER THE AUSPICES OF AND ARE CONTROLLED BY THE PROGRAM AND/OR ADMINISTRATION DIRECTORS (CFO, GRANTS AND CONTRACTS, LEGAL COUNSEL, ADMINISTRATIVE SERVICES) WHO ENSURE THAT THE TASKS PERFORMED ARE RELATED TO ALLOWABLE AND SPONSOR APPROVED ACTIVITIES. COSTS ARE REVIEWED AND APPROVED BY PROGRAM DIRECTORS, WITH ADDITIONAL OVERSIGHT BY THE FINANCE DEPARTMENT.

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

(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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SEVIS: IIE ALSO UTILIZES 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 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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**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 on 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 type="checkbox"/> Housing allowance or residence for personal use |
| <input 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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, but 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
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) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. ALLAN E. GOODMAN TRUSTEE/CEO	(i)	499,492.	150,000.	49,779.	31,000.	18,321.	748,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MR. JASON CZYZ EVP/CFO	(i)	379,400.	76,000.	2,511.	28,000.	0.	485,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MR. MAXIMILLIAN ANGERHO EXECUTIVE VP THRU 3/24/2020	(i)	362,600.	38,000.	6,852.	21,000.	1,200.	429,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MR. PETER YOUNG SVP, CHIEF TECHNOLOGY OFFICER	(i)	262,840.	29,500.	20,450.	922.	4,800.	318,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MS. EDITH CECIL SENIOR VICE PRESIDENT	(i)	239,750.	28,930.	23,605.	30,500.	14,964.	337,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DR. RAJIKA BHANDARI SR ADV RES&STRATGY THRU 9/2019	(i)	148,908.	0.	115,481.	15,994.	14,910.	295,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MS. JOYCE HENDRICKS CHIEF PHILANTHR OFF THRU 7/20	(i)	299,364.	65,600.	23,800.	20,625.	4,483.	413,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MS. COURTNEY TEMPLE SVP, CAO	(i)	244,800.	36,900.	530.	18,450.	0.	300,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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 4A

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENT DURING CALENDAR YEAR

2019.

- RAJIKA BHANDARI \$114,973

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 ORGANIZATION 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 RESEARCH, DIALOGUE AND OTHER ACTIVITIES IN FURTHERANCE OF ITS PURPOSE.

FORM 990, PART III, LINE 4A - 4D - PROGRAM SERVICE ACCOMPLISHMENTS:

LINE 4A - INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS:

EXPENSES \$196,788,216 INCLUDING GRANTS \$149,953,733; REVENUE: \$14,332,590

BY IMPLEMENTING SOME OF THE WORLD'S MOST PRESTIGIOUS AND INNOVATIVE SCHOLARSHIP PROGRAMS IN A FAIR AND TRANSPARENT MANNER, THE INSTITUTE PROVIDES TALENT FROM AROUND THE WORLD WITH ACCESS TO LEADING INSTITUTIONS OF HIGHER EDUCATION AND THE INTERNATIONAL EXPERIENCE THAT IS CRITICAL TO SUCCESS IN THE 21ST CENTURY WORKPLACE. THESE PROGRAMS ARE VITAL TO

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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PROMOTING MUTUAL UNDERSTANDING AND DEVELOPING GLOBAL LEADERS, EXAMPLES INCLUDE: FULBRIGHT STUDENT AND FULBRIGHT SCHOLAR PROGRAMS WHICH ARE SPONSORED BY THE U.S. DEPARTMENT OF STATE.

LINE 4B - LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

EXPENSES: \$20,912,566 INCLUDING GRANTS OF \$10,915,944; REVENUE: \$3,879,576

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 U.S. DEPARTMENT OF DEFENSE, AND USAID PROGRAMS.

LINE 4C - HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT:

EXPENSES: \$10,931,859 INCLUDING GRANTS \$2,567,346; REVENUE: \$13,285,067

THE INSTITUTE WORKS CLOSELY WITH PUBLIC AND PRIVATE HIGHER EDUCATION 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

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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RELATIONSHIPS OF EXISTING ACADEMIC INSTITUTIONS. THE INSTITUTE ALSO HELPS IDENTIFY AND DEVELOP RELATIONSHIPS WITH UNIVERSITIES IN THE US AND OTHER COUNTRIES, EXAMPLES INCLUDE: THE KING ABDULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY (KAUST) AND NEW YORK UNIVERSITY, ABU DHABI.

LINE 4D - EMERGENCY STUDENT AND SCHOLAR ASSISTANCE:

EXPENSES:\$8,026,912 INCLUDING GRANTS OF \$5,288,030; REVENUE:\$17,334

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:\$1,200,148 INCLUDING GRANTS OF \$NONE; REVENUE:\$659,874

THE INSTITUTE PRODUCES APPLIED RESEARCH AND 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

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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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; MYANMAR; MEXICO; THAILAND; VIETNAM; EGYPT; INDIA; RUSSIA;
UKRAINE; ETHIOPIA; UNITED KINGDOM; INDONESIA.

FORM 990, PART VI, LINE 11A - REVIEW PROCESS FOR FORM 990
THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FINAL FORM 990 AND MAKES SUGGESTIONS. THE FINAL FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD OF TRUSTEES BEFORE FILING.

FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL OFFICERS, TRUSTEES AND EMPLOYEES. UPDATED ANNUAL DISCLOSURES ARE REQUIRED FROM EACH RECIPIENT. THIS PROCESS IS MONITORED BY HUMAN RESOURCES (FOR EMPLOYEES) AND THE LEGAL DEPT./SECRETARY OF THE BOARD (FOR TRUSTEES AND OFFICERS).

FORM 990, PART VI, LINE 15A & 15B - COMPENSATION POLICY
THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE COMPENSATION FOR THE INSTITUTE'S SENIOR EXECUTIVES, INCLUDING THE PRESIDENT, OFFICERS AND SENIOR MANAGERS. THE COMMITTEE BASES ITS REVIEW, IN PART, ON COMPARABLE DATA OBTAINED FROM AN OUTSIDE, INDEPENDENT CONSULTANT, WHICH IS UPDATED FROM TIME TO TIME. THE COMMITTEE REVIEWS AND APPROVES THE ANNUAL SALARY, INCENTIVE COMPENSATION, AND ANY OTHER

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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BENEFITS ("EXECUTIVE COMPENSATION") OF THE SENIOR EXECUTIVES, EXCLUDING THE PRESIDENT, AND SO ADVISES THE EXECUTIVE COMMITTEE OF THE BOARD. THE PRESIDENT REVIEWS THE COMMITTEE RECOMMENDATIONS AND PROVIDES SUGGESTIONS. THE COMMITTEE REVIEWS AND RECOMMENDS TO THE EXECUTIVE COMMITTEE FOR ITS APPROVAL THE EXECUTIVE COMPENSATION OF THE PRESIDENT. THE EXECUTIVE COMMITTEE THEN ADVISES THE BOARD OF ITS DETERMINATION.

FORM 990, PART VI, LINE 19 - DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION THE FINANCIAL STATEMENTS ARE AVAILABLE ON IIE'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII - AVERAGE HOURS
THE AVERAGE HOURS PER WEEK ARE BASED UPON ESTIMATES. ACTUAL HOURS INCURRED MAY FLUCTUATE THROUGHOUT THE YEAR.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EMERGENCY STUDENT AND SCHOLAR ASSISTANCE	5,288,030.	8,026,912.	17,334.
RESEARCH AND PUBLICATIONS	0.	1,200,148.	659,874.
TOTALS	<u>5,288,030.</u>	<u>9,227,060.</u>	<u>677,208.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
DC, 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,

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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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>
MARKS PANETH LLP 685 THIRD AVENUE NEW YORK, NY 10017	TAX ADVISORS	1,036,590.
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	AUDIT & TAX SERVICES	544,764.
CORDIA RECRUITING AND STAFFING LLC 8330 BOONE BLVD, SUITE 350 VIENNA, VA 22182	TEMP LABOR SERVICES	459,001.
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP FOUR TIMES SQUARE NEW YORK, NY 10036	LEGAL SERVICES	441,098.
NICHOLS LIU 700 SIXTH STREET, SUITE 430 WASHINGTON, DC 20001	LEGAL SERVICES	426,967.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

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

(a) Name, address, and EIN (if applicable) 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) IIE NETWORKS LLC ONE WORLD TRADE CENTER, 36TH FL NEW YORK, NY 10007 46-5009643	HOLDING CO	DE		50,000.	IIE
(2) IIE OVERSEAS LLC TVERSKOY BULEVAR 14, BLDG 1 MOSCOW, RS 125009 83-4178554	HOLDING CO	DE		162,837.	IIE
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INSTITUTE INTL EDUCATION NONPROFIT LTD BUDAPEST HUNGARY, HU	EDUC EXCHANGE	HU	FGN EXEMPT		IIE	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (1)	EDUCATION GRA	TX	IIE	TRUST					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INSTITUTE INTL EDUCATION NONPROFIT (BUDAPEST)	B	535,784.	BOOK
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
