

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

Form header section containing organization name (INSTITUTE OF INTERNATIONAL EDUCATION), EIN (13-1624046), address (809 UNITED NATIONS PLAZA, NEW YORK, NY 10017), and officer name (ALLAN E. GOODMAN).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, governance, and financial data for Prior Year and Current Year.

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

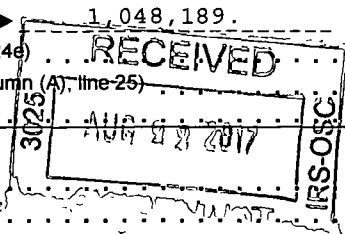
Signature lines for officer and preparer, including fields for signature, date, and name.

Preparer information section including firm name (PRICEWATERHOUSECOOPERS LLP), EIN (13-4008324), and address (300 MADISON AVENUE NEW YORK, NY 10017).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

SCANNED AUG 28 2017



Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 501,213,804 including grants of \$ 399,005,916 ) (Revenue \$ 26,684,602 )
INTERNATIONAL EXCHANGE OF STUDENTS AND SCHOLARS. SEE SCHEDULE O.

4b (Code ) (Expenses \$ 36,330,844 including grants of \$ 22,476,735 ) (Revenue \$ 286,411 )
LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES. SEE SCHEDULE O.

4c (Code ) (Expenses \$ 14,338,836 including grants of \$ 5,549,996 ) (Revenue \$ 6,096,547 )
HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT. SEE SCHEDULE O.

4d Other program services (Describe in Schedule O) ATTACHMENT 1
(Expenses \$ 6,071,081 including grants of \$ 2,050,514 ) (Revenue \$ 910,848 )

4e Total program service expenses 557,954,565.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their compliance status.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a (44), 1b (43), 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 4 columns: Question, Line Number, 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JASON CZYZ 809 UNITED NATIONS PLAZA NEW YORK, NY 10017

212-883-8200

**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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (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)MR THOMAS S JOHNSON TRUSTEE	4.50 0.	X		X				0.	0.	0.
(2)DR. HENRY KAUFMAN TRUSTEE	4.50 0.	X						0.	0.	0.
(3)MR. MARK ANGELSON TRUSTEE	5.25 0.	X		X				0.	0.	0.
(4)MS. MARYAM PANAHY ANSARY TRUSTEE	2.25 0.	X						0.	0.	0.
(5)MS DENISE BENMOSCHE TRUSTEE	1.25 0.	X						0.	0.	0.
(6)MR. SETH R. BERGSTEIN TRUSTEE	2.50 0.	X						0.	0.	0.
(7)DR. LEE C. BOLLINGER TRUSTEE	1.25 0.	X						0.	0.	0.
(8)DR. GEORGE CAMPBELL, JR. TRUSTEE	4.25 0.	X						0.	0.	0.
(9)MS. MARIA LIVANOS CATTALDI TRUSTEE	3.00 0.	X						0.	0.	0.
(10)DR. RICHARD A. DEBS TRUSTEE	1.00 0.	X						0.	0.	0.
(11)MR. ROBERT L. DILENSCHNEIDER TRUSTEE	3.75 0.	X						0.	0.	0.
(12)MR. GEORGE J. DONNELLY TRUSTEE	1.25 0.	X						0.	0.	0.
(13)MS. CATHY MARTINE TRUSTEE	1.25 0.	X						0.	0.	0.
(14)AMBASSADOR HARRIET ELAM-THOMAS 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. STEPHEN C. FRANCIS TRUSTEE	4.00 0.	X					0.	0.	0.	
16) MR. SCOTT FREIDHEIM TRUSTEE	2.00 0.	X					0.	0.	0.	
17) MR. VICTOR J. GOLDBERG TRUSTEE	4.00 0.	X					0.	0.	0.	
18) DR. ALLAN E. GOODMAN TRUSTEE/CEO	40.00 0.	X		X			584,700.	0.	41,516.	
19) MR. PETER M. GOTTSEGEN TRUSTEE	3.25 0.	X					0.	0.	0.	
20) MR. JACK M. GREENBERG TRUSTEE	2.25 0.	X					0.	0.	0.	
21) MS. RUTH HINERFELD TRUSTEE	3.75 0.	X		X			0.	0.	0.	
22) DR. KAREN A. HOLBROOK TRUSTEE	1.25 0.	X					0.	0.	0.	
23) MR. MAHBOOB MAHMOOD TRUSTEE	1.00 0.	X					0.	0.	0.	
24) DR. HENRY G. JARECKI TRUSTEE	3.50 0.	X		X			0.	0.	0.	
25) MR. JULIAN JOHNSON TRUSTEE	2.50 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							4,465,578.	0.	462,898.	
<b>d Total (add lines 1b and 1c)</b>							4,465,578.	0.	462,898.	

**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 **77**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
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 **33**

**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) MR. VERNON E. JORDAN TRUSTEE	1.00 0.	X					0.	0.	0.	
27) MR. MARK KAPLAN TRUSTEE	4.50 0.	X					0.	0.	0.	
28) SENATOR EDWARD KAUFMAN TRUSTEE	2.25 0.	X					0.	0.	0.	
29) MS. LAYA KHADJAVI TRUSTEE	3.25 0.	X					0.	0.	0.	
30) MR. JOHN W. LOW TRUSTEE	1.25 0.	X					0.	0.	0.	
31) AMBASSADOR DONALD F. MCHENRY TRUSTEE	1.00 0.	X					0.	0.	0.	
32) MR. LAURENCE C. MORSE TRUSTEE	4.00 0.	X					0.	0.	0.	
33) MR. KARLHEINZ MUHR TRUSTEE	3.75 0.	X					0.	0.	0.	
34) MR. RAJU NARISSETTI TRUSTEE	1.75 0.	X					0.	0.	0.	
35) MS. MITZI PERDUE TRUSTEE	1.00 0.	X					0.	0.	0.	
36) MR. VICTOR J. REVENKO TRUSTEE	1.25 0.	X					0.	0.	0.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **77**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (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) DR. BEVERLY DANIEL TATUM TRUSTEE	2.00 0.	X					0.	0.	0.	
43) MS. LINDA VESTER TRUSTEE	1.75 0.	X					0.	0.	0.	
44) MRS. BARBARA WINSTON TRUSTEE	1.25 0.	X					0.	0.	0.	
45) MR. S.A. IBRAHIM TRUSTEE THRU 10/2015	1.75 0.	X					0.	0.	0.	
46) MR. PETER R. THOMPSON EXECUTIVE VICE PRESIDENT	40.00 0.			X			419,097.	0.	41,971.	
47) MS. JAYE CHEN EXECUTIVE VICE PRESIDENT	40.00 0.			X			371,091.	0.	37,975.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **77**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (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			
48) MR. KEVIN HAGGERTY VP/CFO THRU 6/2016	40.00 0.			X				258,737.	0.	14,516.
49) MR. JASON CZYZ AS OF 7/2016 VP/ASST TREASURER	40.00 0.			X				165,891.	0.	18,000.
50) MR. KEVIN PETTIT ASST TREASURER THRU 7/2016	40.00 0.			X				111,466.	0.	15,871.
51) MS. KAY MURRAY VP, GENERAL COUNSEL	40.00 0.			X				191,345.	0.	21,101.
52) MR. BRIAN CHEN VP, CHIEF INFORMATION OFFICER	40.00 0.					X		274,136.	0.	40,337.
53) MS. FRAUKE HARNISCHFEGER VP, HUMAN RESOURCES	40.00 0.					X		272,400.	0.	20,500.
54) MS. EDITH CECIL VICE PRESIDENT	40.00 0.					X		265,208.	0.	38,003.
55) MS. ELIZABETH GLANS VICE PRESIDENT	40.00 0.					X		227,159.	0.	3,806.
56) MR. MARK S. LAZAR VICE PRESIDENT	40.00 0.					X		225,741.	0.	5,443.
57) MR. JONAH MURPHY-KOKODYNIAK VICE PRESIDENT	40.00 0.						X	173,855.	0.	15,309.
58) MR. DANIEL OBST DEPUTY VICE PRESIDENT	40.00 0.						X	179,997.	0.	17,289.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 **77**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (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			
59) MS. ELLEN MCKEY VICE PRESIDENT	40.00 0.						X	221,797.	0.	35,621.
60) MS. RAJIKA BHANDARI DEPUTY VICE PRESIDENT	40.00 0.						X	153,579.	0.	40,426.
61) MR. PETER DONDERO ASST TREASURER, CONTROLLER	40.00 0.						X	205,826.	0.	27,829.
62) MS. DANIELA Z. KAISTH VP, STRATEGIC DEVELOPMENT	40.00 0.						X	163,553.	0.	27,385.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **77**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	679,130.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	522,530,704				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	30,482,606				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ▶			553,692,440			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> <u>FIXED FEE CONTRACTS</u>		900099	32,559,532	32,559,532		
	<b>b</b> <u>PUBLICATIONS &amp; MEMBERSHIP FEES</u>		900099	747,367	747,367		
	<b>c</b> <u>UNIVERSITY FAIR REVENUE</u>		900099	37,509	37,509		
	<b>d</b> <u>EDUCATIONAL FORUMS</u>		900099	634,000	634,000		
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ▶			33,978,408				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			1,888,351		1,888,351.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
	<b>5</b> Royalties . . . . . ▶			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,794,064	238,301				
		<b>b</b> Less cost or other basis and sales expenses . . . . .			574,414		
		<b>c</b> Gain or (loss) . . . . .			2,219,650	238,301	
	<b>d</b> Net gain or (loss) . . . . . ▶			2,457,951		2,457,951	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>679,130</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>			55,470		
		<b>b</b> Less direct expenses . . . . .	<b>b</b>		129,348		
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				-73,878		-73,878	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>MISCELLANEOUS REVENUE</u>		900099	284,481		284,481		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ▶			284,481.				
<b>12</b> <b>Total revenue.</b> See instructions . . . . . ▶			592,227,753	33,978,408.		4,556,905	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	41,000,771.	41,000,771.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	376,094,658.	376,094,658.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	11,987,732.	11,987,732.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,556,475.	1,729,247.	807,414.	19,814.
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 . . . . .	45,332,717.	30,663,882.	14,317,480.	351,355.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,159,409.	2,137,082.	997,840.	24,487.
9 Other employee benefits . . . . .	7,417,868.	5,017,582.	2,342,793.	57,493.
10 Payroll taxes . . . . .	3,333,769.	2,255,022.	1,052,908.	25,839.
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	488,671.	49,527.	403,144.	36,000.
c Accounting . . . . .	813,786.	79,815.	733,971.	
d Lobbying . . . . .	260,642.		260,642.	
e Professional fundraising services See Part IV, line 17.	54,000.			54,000.
f Investment management fees . . . . .	244,694.		244,694.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	58,986,045.	53,679,379.	5,100,824.	205,842.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	4,498,769.	2,439,675.	2,026,976.	32,118.
14 Information technology . . . . .	1,703,994.	1,688,476.		15,518.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	7,301,380.	7,216,546.		84,834.
17 Travel . . . . .	6,548,771.	5,510,754.	1,019,450.	18,567.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	16,190,773.	15,845,407.	223,167.	122,199.
20 Interest . . . . .	423,119.		423,119.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,916,427.	132,697.	3,783,647.	83.
23 Insurance . . . . .	407,318.	15,508.	391,810.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	150,673.	38,480.	112,153.	40.
b SCHOLARSHIP STIPENDS	372,325.	372,325.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	593,244,786.	557,954,565.	34,242,032.	1,048,189.
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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	33,844,054.	<b>1</b>	3,771,215.
	<b>2</b> Savings and temporary cash investments . . . . .	15,261,232.	<b>2</b>	245,072.
	<b>3</b> Pledges and grants receivable, net . . . . .	986,147.	<b>3</b>	471,359.
	<b>4</b> Accounts receivable, net . . . . .	65,295,959.	<b>4</b>	73,111,735.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,340,839.	<b>9</b>	7,676,505.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 64,460,457.		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 38,004,523.	24,436,147.	<b>10c</b> 26,455,934.
	<b>11</b> Investments - publicly traded securities . . . . .	97,367,911.	<b>11</b>	105,518,679.
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .	13,787,476.	<b>12</b>	14,900,441.
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,975,712.	<b>15</b>	3,065,623.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	263,295,477.	<b>16</b>	235,216,563.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	86,625,449.	<b>17</b>	50,409,602.
	<b>18</b> Grants payable . . . . .	29,576,871.	<b>18</b>	31,190,629.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	12,505,432.	<b>20</b>	11,937,682.
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	128,707,752.	<b>26</b>	93,537,913.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	71,947,525.	<b>27</b>	76,263,204.
	<b>28</b> Temporarily restricted net assets . . . . .	56,136,908.	<b>28</b>	58,822,535.
	<b>29</b> Permanently restricted net assets . . . . .	6,503,292.	<b>29</b>	6,592,911.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	134,587,725.	<b>33</b>	141,678,650.
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	263,295,477.	<b>34</b>	235,216,563.	

**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	592,227,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	593,244,786.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,017,033.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,587,725.
5	Net unrealized gains (losses) on investments	5	8,107,320.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	638.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,678,650.

**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
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> INSTITUTE OF INTERNATIONAL EDUCATION	<b>Employer identification number</b> 13-1624046
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**Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - 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 1-9 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)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

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: Calendar year (or fiscal year beginning in), (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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: Calendar year (or fiscal year beginning in), (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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, etc; 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 2015 (line 6, column (f) divided by line 11, column (f)) 96.98%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 95.45%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]; 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization [ ]; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ].

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in <b>Part VI</b> 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? 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.		
<b>2</b>	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? 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.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? 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).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	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? 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.		
<b>b</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? 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.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	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? Provide details in Part VI.		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount</b> 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 <b>Total annual distributions.</b> 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 <b>Excess distributions carryover to 2016</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
SPECIAL EVENTS	60,030.	90,948	68,221	4,735.		223,934
MISCELLANEOUS	802,754	997,171	30,345	32,533.	284,481	2,147,284
<b>TOTALS</b>	<u>862,784.</u>	<u>1,088,119.</u>	<u>98,566.</u>	<u>37,268.</u>	<u>284,481.</u>	<u>2,371,218.</u>

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2015**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		
<b>d</b> Other exempt purpose expenditures . . . . .		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>		
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	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0- . . . . .		
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0- . . . . .		
<b>j</b> 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		260,642
<b>j</b> Total Add lines 1c through 1i			260,642
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and 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 questions about purpose, monitoring, and expenses.

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 requirements.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - 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	66,694,481.	71,910,267.	69,824,242.	64,217,784.	59,301,741.
b Contributions	1,068,270.	3,183,298.	5,997,196.	1,629,542.	1,179,512.
c Net investment earnings, gains, and losses	6,986,994.	-3,659,587.	5,461,757.	5,888,355.	7,938,842.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,790,512.	3,554,623.	7,029,696.	1,433,579.	3,151,733.
f Administrative expenses		1,184,874.	2,343,232.	477,860.	1,050,578.
g End of year balance	69,959,233.	66,694,481.	71,910,267.	69,824,242.	64,217,784.

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

- a Board designated or quasi-endowment  20.6000 %
- b Permanent endowment  5.0000 %
- c Temporarily restricted endowment  74.4000 %

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		18,976,458.	9,683,414.	9,293,044.
c Leasehold improvements		10,666,695.	6,354,411.	4,312,284.
d Equipment		4,660,535.	4,296,217.	364,318.
e Other		30,156,769.	17,670,481.	12,486,288.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				26,455,934.

**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	14,900,441.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	14,900,441.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE D, PART V, LINE 4-INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

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

**Part XIII** Supplemental Information (continued)

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**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.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

13-1624046

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	110,235
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	2,926,472
(3) EAST ASIA AND THE PACIFIC	6	44	MAINTAINING OFFICES		5,408,440
(4) EUROPE			GRANTMAKING		265,374
(5) EUROPE			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,595,730
(6) EUROPE	1	14	MAINTAINING OFFICES		1,589,117
(7) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		89,095
(8) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	3,284,174
(9) MIDDLE EAST AND NORTH AFRICA	1	36	MAINTAINING OFFICES		2,984,093
(10) NORTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	684,564
(11) NORTH AMERICA	1	25	MAINTAINING OFFICES		4,357,506
(12) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	184,842
(13) RUSSIA/INDEPENDENT STATES	2	26	MAINTAINING OFFICES		2,399,899
(14) SOUTH AMERICA			GRANTMAKING		143,945
(15) SOUTH AMERICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	557,373
(16) SOUTH ASIA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	155,987
(17) SOUTH ASIA	1	12	MAINTAINING OFFICES		1,116,078
<b>3a Sub-total</b>	<b>12</b>	<b>157</b>			<b>27,852,924</b>
<b>b Total from continuation sheets to Part I</b>	<b>1</b>	<b>11</b>			<b>2,631,817</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>13</b>	<b>168</b>			<b>30,484,741</b>

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

Schedule F (Form 990) 2015

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA			GRANTMAKING		263,693.
(2) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION GRANTS-INDIV	1,726,247
(3) SUB-SAHARAN AFRICA	1	11	MAINTAINING OFFICES		641,877
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	7,200	CHECK			N/A
(2)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	13,000.	CHECK			N/A
(3)			SOUTH AMERICA	EDUCATION EXCHANGE	18,759.	CHECK			N/A
(4)			SUB-SAHARAN AFRICA	EDUCATION EXCHANGE	263,693.	CHECK			N/A
(5)			SOUTH AMERICA	EDUCATION EXCHANGE	67,223	CHECK			N/A
(6)			SOUTH AMERICA	EDUCATION EXCHANGE	57,963	CHECK			N/A
(7)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	9,800.	CHECK			N/A
(8)			EUROPE	EDUCATION EXCHANGE	197,130	CHECK			N/A
(9)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	9,800	CHECK			N/A
(10)			EUROPE	EDUCATION EXCHANGE	68,244.	CHECK			N/A
(11)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	9,800	CHECK			N/A
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	10,975	CHECK			N/A
(13)			MIDDLE EAST/NORTH AFRICA	EDUCATION EXCHANGE	8,100	CHECK			N/A
(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. . . . . 13.

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTEE ALLOWANCE, BOOKS	CENTRAL AMERICA AND THE	1	16	CHECK		N/A	N/A
(2) GRANTEE COST OF LIVING	CENTRAL AMERICA AND THE	41	20,202	CHECK		N/A	N/A
(3) INSURANCE	CENTRAL AMERICA AND THE	8	1,499	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	CENTRAL AMERICA AND THE	47	75,518	CHECK		N/A	N/A
(5) TUITION	CENTRAL AMERICA AND THE	4	13,000	CHECK		N/A	N/A
(6) GRANTEE ALLOWANCE, BOOKS	EAST ASIA AND THE PACIFI	119	733,001	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	EAST ASIA AND THE PACIFI	331	212,616	CHECK		N/A	N/A
(8) INSURANCE	EAST ASIA AND THE PACIFI	196	106,583	CHECK		N/A	N/A
(9) SCHOLARSHIPS	EAST ASIA AND THE PACIFI	146	240,103	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	EAST ASIA AND THE PACIFI	275	473,494	CHECK		N/A	N/A
(11) TUITION	EAST ASIA AND THE PACIFI	650	1,160,676	CHECK		N/A	N/A
(12) GRANTEE ALLOWANCE, BOOKS	EUROPE	89	130,017	CHECK		N/A	N/A
(13) GRANTEE COST OF LIVING	EUROPE	306	434,508	CHECK		N/A	N/A
(14) INSURANCE	EUROPE	102	16,755	CHECK		N/A	N/A
(15) SCHOLARSHIPS	EUROPE	47	264,081	CHECK		N/A	N/A
(16) TRAVEL AND FIELD TRIPS	EUROPE	273	549,657	CHECK		N/A	N/A
(17) TUITION	EUROPE	45	200,713	CHECK		N/A	N/A
(18) GRANTEE ALLOWANCE, BOOKS	MIDDLE EAST AND NORTH AF	337	1,291,218	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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTEE COST OF LIVING	MIDDLE EAST AND NORTH AF	79	102,976	CHECK		N/A	N/A
(2) INSURANCE	MIDDLE EAST AND NORTH AF	86	98,144	CHECK		N/A	N/A
(3) SCHOLARSHIPS	MIDDLE EAST AND NORTH AF	5	68,193	CHECK		N/A	N/A
(4) TRAVEL AND FIELD TRIPS	MIDDLE EAST AND NORTH AF	162	139,353	CHECK		N/A	N/A
(5) TUITION	MIDDLE EAST AND NORTH AF	301	1,584,290	CHECK		N/A	N/A
(6) GRANTEE ALLOWANCE, BOOKS	NORTH AMERICA	36	188,610	CHECK		N/A	N/A
(7) GRANTEE COST OF LIVING	NORTH AMERICA	90	82,664	CHECK		N/A	N/A
(8) INSURANCE	NORTH AMERICA	26	12,132	CHECK		N/A	N/A
(9) SCHOLARSHIPS	NORTH AMERICA	38	106,364	CHECK		N/A	N/A
(10) TRAVEL AND FIELD TRIPS	NORTH AMERICA	100	158,831	CHECK		N/A	N/A
(11) TUITION	NORTH AMERICA	41	135,963	CHECK		N/A	N/A
(12) GRANTEE ALLOWANCE, BOOKS	RUSSIA AND THE NEWLY IND	23	54,102	CHECK		N/A	N/A
(13) GRANTEE COST OF LIVING	RUSSIA AND THE NEWLY IND	49	40,163	CHECK		N/A	N/A
(14) INSURANCE	RUSSIA AND THE NEWLY IND	10	1,394	CHECK		N/A	N/A
(15) TRAVEL AND FIELD TRIPS	RUSSIA AND THE NEWLY IND	49	52,292	CHECK		N/A	N/A
(16) TUITION	RUSSIA AND THE NEWLY IND	41	36,890	CHECK		N/A	N/A
(17) GRANTEE ALLOWANCE, BOOKS	SOUTH AMERICA	3	5,116	CHECK		N/A	N/A
(18) GRANTEE COST OF LIVING	SOUTH AMERICA	122	143,805	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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) INSURANCE	SOUTH AMERICA	44	6,366	CHECK		N/A	N/A
(2) SCHOLARSHIPS	SOUTH AMERICA	30	82,800	CHECK		N/A	N/A
(3) TRAVEL AND FIELD TRIPS	SOUTH AMERICA	101	260,467	CHECK		N/A	N/A
(4) TUITION	SOUTH AMERICA	26	58,819	CHECK		N/A	N/A
(5) GRANTEE ALLOWANCE, BOOKS	SOUTH ASIA	7	7,949	CHECK		N/A	N/A
(6) GRANTEE COST OF LIVING	SOUTH ASIA	38	16,069	CHECK		N/A	N/A
(7) INSURANCE	SOUTH ASIA	18	2,247	CHECK		N/A	N/A
(8) SCHOLARSHIPS	SOUTH ASIA	11	25,371	CHECK		N/A	N/A
(9) TRAVEL AND FIELD TRIPS	SOUTH ASIA	39	57,649	CHECK		N/A	N/A
(10) TUITION	SOUTH ASIA	35	46,702	CHECK		N/A	N/A
(11) GRANTEE ALLOWANCE, BOOKS	SUB-SAHARAN AFRICA	13	19,412	CHECK		N/A	N/A
(12) GRANTEE COST OF LIVING	SUB-SAHARAN AFRICA	384	586,388	CHECK		N/A	N/A
(13) INSURANCE	SUB-SAHARAN AFRICA	145	22,075	CHECK		N/A	N/A
(14) SCHOLARSHIPS	SUB-SAHARAN AFRICA	6	138,950	CHECK		N/A	N/A
(15) TRAVEL AND FIELD TRIPS	SUB-SAHARAN AFRICA	365	838,877	CHECK		N/A	N/A
(16) TUITION	SUB-SAHARAN AFRICA	116	120,545	CHECK		N/A	N/A
(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, do not 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, do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental information**

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS OUTSIDE THE UNITED STATES:

OVERALL: 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. QUARTERLY REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS.

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 WEEKLY, TO MONITOR PERFORMANCE.

PAYMENTS/CASH RECIEPTS: 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 OF VENDOR AND IIE SUPERVISOR/MANAGER LEVEL APPROVED PAYMENT DOCUMENTS TO PROCESS EACH OF THE DISBURSEMENTS OR

**Part V Supplemental Information**

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

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

INSTITUTE OF INTERNATIONAL EDUCATION

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ASTIC PRODUCTIONS LLC	SPECIAL EVENT	X		860,289.	54,000.	806,289.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				860,289.	54,000.	806,289.

**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, FL, GA, HI, IL,  
KS, KY, ME, MD, MA, MI, MN, 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))
<b>Revenue</b>				
1 Gross receipts . . . . .	734,600.			734,600.
2 Less Contributions . . . . .	679,130.			679,130.
3 Gross income (line 1 minus line 2) . . . . .	55,470.			55,470.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	129,348.			129,348.
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				129,348.
11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-73,878.

**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))
	<b>Revenue</b>			
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
8 Net gaming income summary 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)

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**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

**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?  No  Yes
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ADVANCED SOFTWARE SYSTEMS (ASSYST) 22866 SHAW ROAD, STERLING, VA 20166-9400	54-1673763		34,670		N/A	N/A	EDUCATION EXCHANGE
(2) AMERICAN COUNCILS FOR INT'L ED 1828 L STREET NW, NEW YORK, NY 10065	52-1067256	501 (C)(3)	126,492		N/A	N/A	EDUCATION EXCHANGE
(3) AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW, WASH, DC 20016	53-0196549	501 (C)(3)	25,000		N/A	N/A	EDUCATION EXCHANGE
(4) ARIZONA STATE UNIVERSITY - TEMPE PO BOX 876011, TEMPE, AZ 85287-5812	86-0196696	501 (C)(3)	1,140,785		N/A	N/A	EDUCATION EXCHANGE
(5) ASSOCIATES FOR GLOBAL CHANGE 7521 BLAIR RD STE 11, TAKOMA PARK, MD 20912	62-1699729		84,076		N/A	N/A	EDUCATION EXCHANGE
(6) BALL STATE UNIVERSITY 2000 WEST UNIVERSITY DR, MUNCIE, IN 47405-122	35-6000221	501 (C)(3)	61,341		N/A	N/A	EDUCATION EXCHANGE
(7) BOSTON UNIVERSITY OFFICE OF RENTAL PROPERTY, BOSTON, MA 02215	04-2103547	501 (C)(3)	440,593		N/A	N/A	EDUCATION EXCHANGE
(8) BRIGHAM YOUNG UNIVERSITY A-153 ASB, PROVO, UT 84602	87-0217280	501 (C)(3)	1,283,155		N/A	N/A	EDUCATION EXCHANGE
(9) BRYN MAWR COLLEGE 101 N MERLON AVE, BRYN MAWR, PA 19010-2899	23-1352621	501 (C)(3)	5,641,686		N/A	N/A	EDUCATION EXCHANGE
(10) CALIFORNIA STATE UNIVERSITY LONG BEACH R 6300 STATE UNIV DR, LONG BEACH, CA 90815-4669	95-6106694	501 (C)(3)	139,973		N/A	N/A	EDUCATION EXCHANGE
(11) COASTAL CAROLINA COMMUNITY COLLEGE 444 WESTERN BLVD, JACKSONVILLE, NC 28546	56-0851326	501 (C)(3)	134,968		N/A	N/A	EDUCATION EXCHANGE
(12) COLLEGE OF WILLIAM AND MARY PO BOX 8795, WILLIAMSBURG, VA 23187-8795	54-6001718	501 (C)(3)	55,558		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) (2015)

**SCHEDULE I  
(Form 990)**

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 non-cash assistance	(h) Purpose of grant or assistance
(1) CORNELL UNIVERSITY DIV OF FINANCIAL AFFAIRS, ITHACA, NY 14850	15-0532082	501 (C)(3)	137,088		N/A	N/A	EDUCATION EXCHANGE
(2) DUKE UNIVERSITY BOX 104132, DURHAM, NC 27708	56-0532129	501 (C)(3)	144,984		N/A	N/A	EDUCATION EXCHANGE
(3) EMBRY-RIDDLE AERONAUTICAL UNIV 600 CLYDE MORRIS BLVD, DAYTONA BEACH, FL 32114	59-0936101	501 (C)(3)	119,297		N/A	N/A	EDUCATION EXCHANGE
(4) EMORY UNIVERSITY 550 ASBURY CIR., ATLANTA, GA 30322	58-0566256	501 (C)(3)	21,231		N/A	N/A	EDUCATION EXCHANGE
(5) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, FAIRFAX, VA 22030-4444	54-0836354	501 (C)(3)	9,840		N/A	N/A	EDUCATION EXCHANGE
(6) GEORGE WASHINGTON UNIVERSITY GRANTS & CONTRACTS SVCS, ASHBURN, VA 20147	53-0196584	501 (C)(3)	373,382		N/A	N/A	EDUCATION EXCHANGE
(7) GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST NW, ATLANTA, GA 30318	58-0603146	501 (C)(3)	332,390		N/A	N/A	EDUCATION EXCHANGE
(8) INDIANA UNIVERSITY 601 E KIRKWOOD AVE, BLOOMINGTON, IN 47405-122	35-6001673	501 (C)(3)	1,215,733		N/A	N/A	EDUCATION EXCHANGE
(9) JAMES MADISON UNIVERSITY 1031 S MAIN ST, HARRISONBURG, VA 22807	54-6001756	501 (C)(3)	62,967		N/A	N/A	EDUCATION EXCHANGE
(10) LASPAU 25 MT AUBURN ST, CAMBRIDGE, MA 02138	04-6151880	501 (C)(3)	2,999,321		N/A	N/A	EDUCATION EXCHANGE
(11) LEHIGH UNIVERSITY 27 MEMORIAL DR, BETHLEHEM, PA 18015	24-0795445	501 (C)(3)	46,693		N/A	N/A	EDUCATION EXCHANGE
(12) MARQUETTE UNIVERSITY OFFICE OF THE BURSAR, MILWAUKEE, WI 53233	39-0806251	501 (C)(3)	225,691		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) (2015)

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

**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 non-cash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	102,037		N/A	N/A	EDUCATION EXCHANGE
(2) MICHIGAN STATE UNIVERSITY 306 COLLEGE LAW BLDG, EAST LANSING, MI 48824	38-1358000	501 (C)(3)	608,192		N/A	N/A	EDUCATION EXCHANGE
(3) NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205, RALEIGH, NC 27695	56-6000756	501 (C)(3)	1,675,993		N/A	N/A	EDUCATION EXCHANGE
(4) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501 (C)(3)	196,456		N/A	N/A	EDUCATION EXCHANGE
(5) NORTHERN ARIZONA UNIVERSITY PO BOX 4079, FLAGSTAFF, AZ 86011	74-2579628	501 (C)(3)	108,859		N/A	N/A	EDUCATION EXCHANGE
(6) NORTHERN ILLINOIS UNIVERSITY 520 COLLEGE VIEW COURT, DEKALB, IL 60115	36-6008480	501 (C)(3)	17,688		N/A	N/A	EDUCATION EXCHANGE
(7) NORTHWESTERN UNIVERSITY 633 CLARK ST, EVANSTON, IL 60208	36-2167817	501 (C)(3)	20,786		N/A	N/A	EDUCATION EXCHANGE
(8) NORWICH UNIVERSITY 158 HARMON DR, NORTHFIELD, VT 05663	03-0179424	501 (C)(3)	74,484		N/A	N/A	EDUCATION EXCHANGE
(9) OHIO STATE UNIVERSITY RESEARCH FOUNDATION, COLUMBUS, OH 43212-1194	31-6025986	501 (C)(3)	132,193		N/A	N/A	EDUCATION EXCHANGE
(10) ONE TO WORLD 285 WEST BROADWAY, NEW YORK, NY 10013	13-3179151	501 (C)(3)	5,504		N/A	N/A	EDUCATION EXCHANGE
(11) PENN STATE UNIVERSITY 408 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501 (C)(3)	52,018		N/A	N/A	EDUCATION EXCHANGE
(12) PITTSBURGH COUNCIL FOR INTL VISITIO 650 SMITHFIELD ST, PITTSBURGH, PA 15222	25-6067678	501 (C)(3)	19,963		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) (2016)

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

**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 non-cash assistance	(h) Purpose of grant or assistance
(1) PORTLAND STATE UNIVERSITY PO BOX 751-FAST, PORTLAND, OR 97207-0751	36-4776757	501 (C) (3)	508,430.		N/A	N/A	EDUCATION EXCHANGE
(2) PURDUE UNIVERSITY 610 PURDUE MALL, WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	31,886		N/A	N/A	EDUCATION EXCHANGE
(3) RESEARCH FOUNDATION CUNY 230 WEST 41ST ST, NEW YORK, NY 10036	02-0733394	501 (C) (3)	379,847		N/A	N/A	EDUCATION EXCHANGE
(4) RUTGERS THE STATE UNIVERSITY OF NJ 65 DAVIDSON ROAD, PISCATAWAY, NJ 08854	22-6001086	501 (C) (3)	128,904		N/A	N/A	EDUCATION EXCHANGE
(5) SAN DIEGO STATE UNIVERSITY 4305 UNIVERSITY AVE, SAN DIEGO, CA 92182-1947	33-0373293	501 (C) (3)	2,864,815		N/A	N/A	EDUCATION EXCHANGE
(6) SAN DIEGO STATE UNIVERSITY FDN 5250 CAMPANILE DR MC1947, SAN DIEGO, CA 92182	95-6042721	501 (C) (3)	250,050		N/A	N/A	EDUCATION EXCHANGE
(7) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE, SAN FRANCISCO, CA 94132	93-1137247	501 (C) (3)	384,438		N/A	N/A	EDUCATION EXCHANGE
(8) STATE OF MARYLAND 45 CALVERT ST, ANNAPOLIS, MD 21401	52-6002033	501 (C) (3)	1,272,778		N/A	N/A	EDUCATION EXCHANGE
(9) STATE OF OKLAHOMA 250 STUDENT UNION, STILLWATER, OK 74078	73-6017987	501 (C) (3)	327,621		N/A	N/A	EDUCATION EXCHANGE
(10) SYRACUSE UNIVERSITY COMPTROLLER'S OFFICE, SYRACUSE, NY 13244-5300	15-0532081	501 (C) (3)	77,610		N/A	N/A	EDUCATION EXCHANGE
(11) TEXAS A&M UNIVERSITY 6000 TAMU COLLEGE STATION, TX 77843-6000	74-6000531	501 (C) (3)	76,364		N/A	N/A	EDUCATION EXCHANGE
(12) THE CITADEL 171 MOULTRIE ST, NEW YORK, NY 10065	57-6000217	501 (C) (3)	142,419		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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 non-cash assistance	(h) Purpose of grant or assistance
(1) U OF KS CENTER FOR RESEARCH INC 2385 IRVING HILL RD, LAWRENCE, KS 66045	48-0680117	501 (C) (3)	838,255.		N/A		EDUCATION EXCHANGE
(2) UNIVERSITY OF ARIZONA 888 N EUCLID AVE RM 510, TUCSON, AZ 85719	74-2652689	501 (C) (3)	574,351.		N/A		EDUCATION EXCHANGE
(3) UNIVERSITY OF CALIFORNIA DAVIS 1200 DUTTON HALL, DAVIS, CA 95618	94-6036494	501 (C) (3)	558,792.		N/A		EDUCATION EXCHANGE
(4) UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501 (C) (3)	156,920		N/A		EDUCATION EXCHANGE
(5) UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	501 (C) (3)	151,713		N/A		EDUCATION EXCHANGE
(6) UNIVERSITY OF DENVER 2197 S UNIVERSITY BLVD, DENVER, CO 80208	84-0404231	501 (C) (3)	55,850		N/A		EDUCATION EXCHANGE
(7) UNIVERSITY OF FLORIDA PO BOX 113201, GAINESVILLE, FL 32611	59-6002052	501 (C) (3)	854,691		N/A		EDUCATION EXCHANGE
(8) UNIVERSITY OF GEORGIA 424 EAST BROAD ST, ATHENS, GA 30602	58-6001998	501 (C) (3)	392,115		N/A		EDUCATION EXCHANGE
(9) UNIVERSITY OF HAWAII 2600 CAMPUS RD QLCSS 105, HONOLULU, HI 96822	99-6000354	501 (C) (3)	1,671,022		N/A		EDUCATION EXCHANGE
(10) UNIVERSITY OF ILLINOIS 504 EAST PENNSYLVANIA AVE, URBANA, IL 61820	37-6000511	501 (C) (3)	39,868.		N/A		EDUCATION EXCHANGE
(11) UNIVERSITY OF KANSAS 1246 WEST CAMPUS RD, LAWRENCE, KS 66045-7602	48-1124839	501 (C) (3)	74,968		N/A		EDUCATION EXCHANGE
(12) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION C/O PNC BANK, CLEVELAND, OH 44193	61-6033693	501 (C) (3)	72,440		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) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MARYLAND INT'L PROGRAMS, COLLEGE PARK, MD 20742	52-0002023	501 (C)(3)	25,000		N/A	N/A	EDUCATION EXCHANGE
(2) UNIVERSITY OF MASSACHUSETTS 333 SOUTH ST, SHREWSBURY, MA 01545-4176	04-3167352	501 (C)(3)	52,018		N/A	N/A	EDUCATION EXCHANGE
(3) UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST, ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	1,367,383		N/A	N/A	EDUCATION EXCHANGE
(4) UNIVERSITY OF MINNESOTA UNIV TAX MGMT OFFICE, MINNEAPOLIS, MN 55414	41-6007513	501 (C)(3)	1,015,202		N/A	N/A	EDUCATION EXCHANGE
(5) UNIVERSITY OF MISSISSIPPI PO BOX 1848, UNIVERSITY, MS 38677	64-6001159	501 (C)(3)	679,562		N/A	N/A	EDUCATION EXCHANGE
(6) UNIVERSITY OF MONTANA ACCOUNTS RECEIVABLE, MISSOULA, MT 59812	81-6001713	501 (C)(3)	3,153,478		N/A	N/A	EDUCATION EXCHANGE
(7) UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE, DAHLONEGA, GA 30597	58-6002060	501 (C)(3)	514,692		N/A	N/A	EDUCATION EXCHANGE
(8) UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311247, DENTON, TX 76203-5	75-6002149	501 (C)(3)	42,200		N/A	N/A	EDUCATION EXCHANGE
(9) UNIVERSITY OF OKLAHOMA 660 FARRINGTON OVAL, NORMAN, OK 73019-3080	73-6017967	501 (C)(3)	209,914		N/A	N/A	EDUCATION EXCHANGE
(10) UNIVERSITY OF OREGON BUSINESS OFFICE, EUGENE, OR 97403	46-4727800	501 (C)(3)	914,158		N/A	N/A	EDUCATION EXCHANGE
(11) UNIVERSITY OF PITTSBURGH OFFICE FIN INFORMATION, PITTSBURGH, PA 15260	25-0965591	501 (C)(3)	240,088		N/A	N/A	EDUCATION EXCHANGE
(12) UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE RD, KINGSTON, RI 02881	05-6000522	501 (C)(3)	613,328		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) (2016)

**SCHEDULE I  
(Form 990)**

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

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR, AUSTIN, TX 78712	74-6000203	501 (C)(3)	1,247,961		N/A	N/A	EDUCATION EXCHANGE
(2) UNIVERSITY OF UTAH 201 S PRESIDENT CIR, SALT LAKE CITY, UT 84112	87-6000525	501 (C)(3)	657,617		N/A	N/A	EDUCATION EXCHANGE
(3) UNIVERSITY OF VIRGINIA 580 MASSIE ROAD, CHARLOTTESVILLE, VA 22903	54-6001796	501 (C)(3)	60,011		N/A	N/A	EDUCATION EXCHANGE
(4) UNIVERSITY OF WISCONSIN UM-MADISON GAR ACCT, MILWAUKEE, WI 53278-0538	39-0743975	501 (C)(3)	645,746		N/A	N/A	EDUCATION EXCHANGE
(5) VA POLYTECHNIC INS & STATE UNIV SPONS PRGMS N END CTR, BLACKSBURG, VA 24061	54-0721690	501 (C)(3)	277,249		N/A	N/A	EDUCATION EXCHANGE
(6) VANDERBILT UNIVERSITY PMB 406310, NASHVILLE, TN 37240-6310	62-0476822	501 (C)(3)	167,912		N/A	N/A	EDUCATION EXCHANGE
(7) VIRGINIA COMMONWEALTH UNIVERSITY 410 N. 12TH ST, SMITH 754, RICHMOND, VA 23298	54-6001758	501 (C)(3)	144,415		N/A	N/A	EDUCATION EXCHANGE
(8) WAYNE STATE UNIVERSITY PURCHASING DEPARTMENT, DETROIT, MI 48202	38-6028429	501 (C)(3)	29,541		N/A	N/A	EDUCATION EXCHANGE
(9) WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HEIGHTS BLVD, BOWLING GREEN, KY	61-6055628	501 (C)(3)	380,309		N/A	N/A	EDUCATION EXCHANGE
(10) WORCESTER POLYTECHNIC INSTITUTE FINANCIAL SERVICES, WORCESTER, MA 01609	04-2121659	501 (C)(3)	24,283		N/A	N/A	EDUCATION EXCHANGE
(11) YALE UNIVERSITY PO BOX 208232, NEW HAVEN, CT 06520-8232	06-0646973	501 (C)(3)	6,197		N/A	N/A	EDUCATION EXCHANGE
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 81
- 3 Enter total number of other organizations listed in the line 1 table 2

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANTEE ALLOWANCE, BOOKS	16,121	76,271,690		N/A	N/A
2 GRANTEE COST OF LIVING	14,140	94,246,715		N/A	N/A
3 INSURANCE	6,460	5,774,917		N/A	N/A
4 SCHOLARSHIPS	5,345	22,881,342		N/A	N/A
5 TRAVEL AND FIELD TRIPS	9,062	17,975,801		N/A	N/A
6 TUITION	19,647	158,944,193		N/A	N/A
7					

**Part IV Supplemental Information.** Complete this part to 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. QUARTERLY REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, 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 WEEKLY, TO MONITOR PERFORMANCE.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

(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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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 (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, 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" to 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 non-fixed 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" to 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) 2015

**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 are not listed on Form 990, Part VII

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

(A) Name 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				
DR. ALLAN E. GOODMAN <sup>1</sup> TRUSTEE/CEO	429,544.	60,000.	95,156.	24,000.	17,516.	626,216.	47,137.
MR. PETER R. THOMPSON <sup>2</sup> EXECUTIVE VICE PRESIDENT	352,309.	48,000.	18,788.	24,000.	17,971.	461,068.	0.
MS. JAYE CHEN <sup>3</sup> EXECUTIVE VICE PRESIDENT	303,250.	45,000.	22,841.	18,000.	19,975.	409,066.	0.
MR. PETER DONDERO <sup>4</sup> ASST. TREASURER, CONTROLLER	202,947.	0.	2,879.	23,984.	3,845.	233,655.	0.
MR. KEVIN HAGGERTY <sup>5</sup> VP/CFO THRU 6/2016	246,443.	8,700.	3,594.	0.	14,516.	273,253.	0.
MR. JASON CZYZ AS OF 7/ <sup>6</sup> VP/ASST. TREASURER	156,350.	5,000.	4,541.	18,000.	0.	183,891.	0.
MS. KAY MURRAY <sup>7</sup> VP, GENERAL COUNSEL	162,738.	27,800.	807.	17,325.	3,776.	212,446.	0.
MR. BRIAN CHEN <sup>8</sup> VP, CHIEF INFORMATION OFFICER	248,563.	22,200.	3,373.	23,120.	17,217.	314,473.	0.
MS. FRAUKE HARNISCHFEGE <sup>9</sup> VP, HUMAN RESOURCES	237,499.	33,100.	1,801.	18,000.	2,500.	292,900.	0.
MS. EDITH CECIL <sup>10</sup> VICE PRESIDENT	210,077.	33,600.	21,531.	23,666.	14,337.	303,211.	0.
MS. ELIZABETH GLANS <sup>11</sup> VICE PRESIDENT	198,593.	27,600.	966.	2,400.	1,406.	230,965.	0.
MR. MARK S. LAZAR <sup>12</sup> VICE PRESIDENT	197,511.	27,600.	630.	0.	5,443.	231,184.	0.
MR. JONAH MURPHY-KOKODY <sup>13</sup> VICE PRESIDENT	163,544.	10,000.	311.	0.	15,309.	189,164.	0.
MR. DANIEL OBST <sup>14</sup> DEPUTY VICE PRESIDENT	163,703.	10,000.	6,294.	2,040.	15,249.	197,286.	0.
MS. ELLEN MCKEY <sup>15</sup> VICE PRESIDENT	192,392.	27,600.	1,805.	18,000.	17,621.	257,418.	0.
MS. RAJIKA BHANDARI <sup>16</sup> DEPUTY VICE PRESIDENT	153,068.	0.	511.	18,000.	22,426.	194,005.	0.
	0.	0.	0.	0.	0.	0.	0.

**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 are not listed on Form 990, Part VII

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

(A) Name 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	(iii) Other reportable compensation				
MS. DANIELA Z. KAISTH VP, STRATEGIC DEVELOPMENT	144,720.	0.	18,833.	0.	13,500.	13,885.	190,938.	0.
	0.	0.	0.	0.	0.	0.	0.	0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4B

PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

ALLAN GOODMAN AND JAYE CHEN CAN PARTICIPATE IN THE 457(F) PLAN. THERE

WERE NO CONTRIBUTIONS TO THE PLAN DURING CALENDAR YEAR 2015. ALLAN

GOODMAN RECEIVED A 457(F) DISTRIBUTION PAYOUT OF \$47,137 DURING CALENDAR

YEAR 2015.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
13-1624046

Name of the organization  
INSTITUTE OF INTERNATIONAL EDUCATION

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A BUILD NYC RESOURCE CORPORATION	45-4040561	12008EFV3	11/25/2014	13,324,428.	REFUND 2001 BONDS		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired				567,750.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue				13,324,428.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows				266,489.				
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds				13,057,939.				
12 Other unspent proceeds								
13 Year of substantial completion			2005					

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

**Part III Private Business Use (Continued)** BUILD NYC RESOURCE CORPORATION

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).**

Blank lines for supplemental information.

**Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)**

PART IV, LINE 7:

THE PROCEEDS OF THE 2014 BOND WERE USED TO REFUND THE 2001 BONDS AND PAY  
ISSUANCE COSTS AND OTHER FEES. NO PORTION OF THE PROCEEDS WERE USED TO  
INVEST IN HIGHER YIELDING NONPURPOSE INVESTMENTS. FURTHERMORE, AN  
EXCEPTION TO THE REBATE REQUIREMENT APPLIES. THE ORIGINAL 2001 BONDS WERE  
ISSUED TO FUND THE PURCHASE OF IIE'S HEADQUARTERS IN NY AT 809 UNITED  
NATIONS PLAZA.

PART V, PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

WE WILL CODIFY EXISTING POLICIES

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

INSTITUTE OF INTERNATIONAL EDUCATION

Employer identification number

13-1624046

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
THE INSTITUTE OF INTERNATIONAL EDUCATION, INC. (THE "INSTITUTE") IS A  
NOT-FOR-PROFIT 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 \$501,213,804 INCLUDING GRANTS \$399,005,916; REVENUE: \$26,684,602

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

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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VITAL TO PROMOTING MUTUAL UNDERSTANDING AND DEVELOPING GLOBAL LEADERS.  
EXAMPLES INCLUDE THE BRAZIL SCIENTIFIC MOBILITY PROGRAM SPONSORED BY THE  
BRAZILIAN GOVERNMENT, FULBRIGHT STUDENT AND FULBRIGHT SCHOLAR PROGRAMS  
WHICH ARE SPONSORED BY THE US DEPARTMENT OF STATE.

LINE 4B - LEADERSHIP DEVELOPMENT EDUCATIONAL SERVICES:

EXPENSES: \$36,330,844 INCLUDING GRANTS OF \$22,476,735; REVENUE: \$286,411

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

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

LINE 4C - HIGHER EDUCATION INSTITUTIONAL DEVELOPMENT:

EXPENSES: \$14,338,836 INCLUDING GRANTS OF \$5,549,996; REVENUE: \$6,096,547

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

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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HIGHER EDUCATION COMMUNITY WORLDWIDE, THE INSTITUTE IS UNIQUELY POSITIONED TO HELP SHAPE NEW UNIVERSITIES AND EXPAND THE CAPABILITIES AND RELATIONSHIPS OF EXISTING ACADEMIC INSTITUTIONS. THE INSTITUTE ALSO HELPS IDENTIFY AND DEVELOP RELATIONSHIPS WITH UNIVERSITIES IN THE US AND OTHER COUNTRIES.

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

LINE 4D - EMERGENCY STUDENT AND SCHOLAR ASSISTANCE:

EXPENSES:\$4,026,049 INCLUDING GRANTS OF \$2,009,968; REVENUE:\$NONE

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:\$2,045,032 INCLUDING GRANTS OF \$40,546; REVENUE:\$910,848

THE INSTITUTE PRODUCES APPLIED RESEARCH AND POLICY ANALYSIS IN THE FIELD OF INTERNATIONAL EDUCATION AND STUDENT MOBILITY. AN EXAMPLE IS "OPEN DOORS," A COMPREHENSIVE INFORMATION RESOURCE PRODUCED WITH SUPPORT FROM

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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THE UNITED STATES DEPARTMENT OF STATE THAT DOCUMENTS AND ANALYZES ACADEMIC MOBILITY BETWEEN THE US AND THE NATIONS OF THE WORLD. THE INSTITUTE ALSO PROVIDES RESEARCH AND PROGRAM EVALUATION SERVICES TO DOMESTIC AND INTERNATIONAL GOVERNMENT AGENCIES, NOT-FOR-PROFIT ORGANIZATIONS AND FOUNDATIONS. THE INSTITUTE'S PUBLICATIONS, CONFERENCES AND MEMBERSHIP ORGANIZATION (IIE NETWORK) ON INTERNATIONAL EDUCATION TOPICS AND GUIDES TO INTERNATIONAL STUDY PROGRAMS AND FUNDING HELP GUIDE POLICIES AND PROGRAMS IN THE FIELD OF INTERNATIONAL EDUCATION.

FORM 990, PART IV, LINES 12A & 12B - AUDITED FINANCIAL STATEMENTS  
THE INSTITUTE'S AUDIT IS IN PROCESS BUT WILL NOT BE FINALIZED UNTIL AFTER THE INFORMATION RETURN IS FILED.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES  
CHINA; HUNGARY; MEXICO; THAILAND; VIETNAM; EGYPT; INDIA; RUSSIA; UKRAINE;  
ETHIOPIA; UNITED KINGDOM; INDONESIA; TIMOR LESTE.

FORM 990, PART VI, LINE 2 - FAMILY AND BUSINESS RELATIONSHIPS  
1. H. JARECKI, TRUSTEE, AND M. KAPLAN, TRUSTEE - BUSINESS RELATIONSHIP  
2. H. JARECKI, TRUSTEE, AND T. RUSSO, TRUSTEE - BUSINESS RELATIONSHIP

FORM 990, PART VI, LINE 11A - REVIEW PROCESS FOR FORM 990  
THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FINAL FORM 990. THE FINAL FORM 990 IS THEN DISTRIBUTED TO THE 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

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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AND EMPLOYEES. UPDATED ANNUAL DISCLOSURES ARE REQUIRED FROM EACH RECIPIENT. THIS PROCESS IS MONITORED BY HUMAN RESOURCES (FOR EMPLOYEES) AND THE GC/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 BENEFITS ("EXECUTIVE COMPENSATION") OF THE SENIOR EXECUTIVES, EXCLUDING THE PRESIDENT, AND SO ADVISES THE EXECUTIVE COMMITTEE OF THE BOARD. 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 INSPECTIO  
THE CONSOLIDATED 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.

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
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FORM 990, PART VIII & PART IX - REVENUE AND FUNCTIONAL EXPENSES

THE VARIANCE BETWEEN PRIOR YEAR AND CURRENT YEAR EXPENSE AND REVENUE IS ATTRIBUTED TO THE INITIAL PHASE OF THE PLANNED WINDDOWN OF THE HIGHLY SUCCESSFUL BRAZIL PROGRAM.

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	2,009,968.	4,026,049.	0.
RESEARCH AND PUBLICATIONS	40,546.	2,045,032.	910,848.
TOTALS	<u>2,050,514.</u>	<u>6,071,081.</u>	<u>910,848.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 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>
CIBER INC 6363 SOUTH FIDDLERS CIRCLE, STE 1400 GREENWOOD VILLAGE, CO 80111	IT CONSULTING	8,719,957.
RJL RESOURCES 286 MADISON AVE, SUITE 1102 NEW YORK, NY 10017	RECRUITMENT SVCS	1,088,556.
LINKAGE INC 200 WHEELER RD, 3RD FL, SOUTH TOWER BURLINGTON, MA 01803	LEADERSHIP CONSULTNG	771,584.

Name of the organization INSTITUTE OF INTERNATIONAL EDUCATION	Employer identification number 13-1624046
ATTACHMENT 3 (CONT'D)	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ROBERT HALF INTERNATIONAL 2613 CAMINO RAMON SAN RAMON, CA 94583	STAFFING AGENCY	614,484.
PRIME SOFTWARE TECHNOLOGY, INC. 18228 CAMDENHURST DRIVE GAINSVILLE, VA 20155	COMPUTER SERVICES	451,817.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Name of the organization

Employer identification number  
13-1624046

INSTITUTE OF INTERNATIONAL EDUCATION

**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 809 UNITED NATIONS PLAZA NEW YORK, NY 10017 46-5009643	HOLDING CO	DE	0.	50,000.	IIE
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	INDONESIAN INTERNATIONAL EDUCATION FDN MENARA IMPERIUM, 28TH FL, 12980 JAKARTA INDONESIA, ID	EDUC EXCHANGE	ID	FGN EXEMPT		IIE		X
(2)	INSTITUTE INTL EDUCATION NONPROFIT LTD BUDAPEST HUNGARY, HU	EDUC EXCHANGE	HU	FGN EXEMPT		IIE		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

**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 GRANTS	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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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 (e-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	INSTITUTE INTL EDUCATION NONPROFIT (BUDAPEST)	B	770,016.	BOOK
<b>(2)</b>	INDONESIAN INTERNATIONAL EDUCATION FDN	C	109,275.	BOOK
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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**

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

SCHEDULE R, PART V, LINE 1K

IIE SUBLEASES OFFICE SPACE FROM IIEF IN JAKARTA FOR STAFF OF A

USAID-FUNDED PROJECT, PRESTASI III.