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C-MIN-II

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung //////

benefit trust or private foundation)

Open to Public Inspection

Form 990 (2005)

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2005 calendar year, or tax year beginning JUL 2005 and ending JUN 30 D Employer identification number C Name of organization Check if Please USE IRS INSTITUTE FOR THE INTERNATIONAL Address change print or EDUCATION OF STUDENTS 36-2251912 Name chang type Room/suite | E Telephone number Number and street (or P.O box if mail is not delivered to street address)]Initial return 1500 Specific 33 N. LASALLE STREET (312) 944-1750Instruc Final return F Accounting method Cash X Accrual City or town, state or country, and ZIP + 4 tions Other (specify) X Amended CHICAGO, IL 60602 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Application pending H and I are not applicable to section 527 organizations must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No H(b) If "Yes," enter number of affiliates ▶ Website: ►WWW.IESABROAD.ORG 4947(a)(1) or Organization type (check only one) X 501(c) (3) (insert no) H(c) Are all affiliates included? (If "No," attach a list.) Check here I if the organization's gross receipts are normally not more than \$25,000. The is this a separate return filed by an or-Yes X No ganization covered by a group ruling? organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Group Exemption Number N/A____ if the organization is **not** required to attach 74,557,035 Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: 51,854 Direct public support 1a Indirect public support 1b Government contributions (grants) 10 51,854. noncash \$ 51,854. Total (add lines 1a through 1c) (cash \$ 1d 59,422,656. Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 22,050. 3 Membership dues and assessments 3 679,038. 4 Interest on savings and temporary cash investments 315,752. 5 Dividends and interest from securities RECEIVED Gross rents 6a 6b Less: rental expenses SSO Net rental income or (loss) (subtract line 35 6c SCHANNED MAR 7. 6 7 Other investment income (describe (B) Other 8 a Gross amount from sales of assets other than inventory 8a Less: cost or other basis and sales expenses 13,019,302 8b 018,208 80 c Gain or (loss) (attach schedule) 2 1,018,208. STMT d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 9a reported on line 1a) Less: direct expenses other than fundraising expense TATUTE UNIT 9b Net income or (loss) from special events (subtract line of from line of line) 9с 10a 10 a Gross sales of inventory, less returns and allowances FEB 2 2 2010 10b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c TPR BRANCH 28,175. 11 11 Other revenue (from Part VII, line 103) Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c. AGDEN 61,537,733. 12 12 13 53,421,173. 13 Program services (from line 44, column (B)) 4,820,631. 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 58,241,804. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 3,295,929. 30,823,406. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 2,088,964. 20 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 36,208,299.

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

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				d (D) are required for section le trusts but optional for othe	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				STATEMENT 6	
(cash \$1890048 . noncash \$ 0 .	1				
If this amount includes foreign grants, check here	22	1,890,048.	1,890,048.		
23 Specific assistance to individuals (attach					
schedule)	23		_,		
24 Benefits paid to or for members (attach					
schedule)	24				
25 Compensation of officers, directors, etc **	25	1,244,532.	519,808.	724,724.	0.
26 Other salaries and wages	26	14,720,283.	13,679,994.	1,040,289.	
27 Pension plan contributions	27	338,039.	282,334.		
28 Other employee benefits	28	569,195.	456,348.		
29 Payroll taxes	29	2,227,470.	2,084,349.	143,121.	· · · · · · · · · · · · · · · · · · ·
30 Professional fundraising fees	30				
31 Accounting fees	31	306,684.	234,663.	72,021.	
32 Legal fees	32	105,486.	66,235.		
33 Supplies	33	277,232.	198,237.		
34 Telephone	34	446,904.	364,145.	82,759.	
35 Postage and shipping	35	256,006.	39,613.	216,393.	
36 Occupancy	36	4,131,693.	3,478,870.		
37 Equipment rental and maintenance	37	951,163.	754,661.	196,502.	
38 Printing and publications	38	368,879.	368,879.		
39 Travel	39	1,242,794.	1,035,888.	206,906.	
40 Conferences, conventions, and meetings	40	258,727.	227,215.	31,512.	
41 Interest	41	3,053,736.	3,053,736.		
42 Depreciation, depletion, etc (attach schedule)	42	2,861,098.	2,381,279.		
43 Other expenses not covered above (itemize):	15-	2/002/0501	2/301/2/30	1,3,013.	<u>u</u>
	43a				
a	43b				
	43c				
C	43d				
d	43e	· · ·			
e	43f				
g SEE STATEMENT 4	43g	22,991,835.	22,304,871.	686,964.	
44 Total functional expenses. Add lines 22	40 <u>y</u>	22,221,000.	22,304,071.	000,504.	
through 43. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	50 2/1 00/	53,421,173.	4,820,631.	0.
	44		JJ, 44I, I/J.	<u> </u>	0.
Joint Costs. Check Lif you are following Are any joint costs from a combined educational campai			norted in (R) Program con-	uras?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	-		(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$	ιοΦ		(ii) the amount allocated to		N/A
Tiny the amount anocated to Management and General &		TAN TO TAIN	(14) the amount anocated to	ο ε οπαιαιοπης φ	Form 990 (2005)

SEE STATEMENT 5

Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 8								rvice
clie	organizations must describ ints served, publications is anizations and 4947(a)(1) r	an 494	Expense uired for 5 d (4) orgs 7(a)(1) tru ional for o	601(c)(3) s., and ists, but				
а	SEE STATEMEN	T 7	1 1 -					
_	(Grants and allocations	\$	1,890,048.)	lf ti	his amount includes foreign grants, check here	53	,421	,173.
b								
				_				
	(Grants and allocations	\$)	if ti	his amount includes foreign grants, check here			
С								
d	(Grants and allocations	\$)	IT TI	his amount includes foreign grants, check here			
	-							
	(Grants and allocations	\$)	If ti	his amount includes foreign grants, check here 🕨 🔲			
е	Other program services (a	ttach sche	dule)					
	(Grants and allocations	\$)		his amount includes foreign grants, check here 🕨 🔲	l		_
f	Total of Program Service	Expense	(should equal line 44	, col	umn (B), Program services)	<u>53</u>	<u>,421</u>	<u>,173.</u>
							Form 99	90 (2005)

36-2251912

Page 4

Part IV Balance Sheets (See the instructions) Note: Where required, attached schedules and amounts within the description column Beginning of year End of year should be for end-of-year amounts only 246,187. 361,272. 45 45 Cash - non-interest-bearing 23,350,724. 46 20,239,602. 46 Savings and temporary cash investments 216,391 47 a Accounts receivable 47a 812,001. 199,400 1,016,991. b Less allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a Less. allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b 51c b Less allowance for doubtful accounts Inventories for sale or use 52 52 1,651,493 850,818. 53 Prepaid expenses and deferred charges 53 STMT 13 ► Cost X FMV 14,799,503 22,021,087. Investments - securitieSTMT 9 54 54 55 a Investments - land, buildings, and equipment basis 55a 55b b Less. accumulated depreciation 55c investments - other 56 56 65,607,025. 57a 57 a Land, buildings, and equipment basis 55,862,356. 9,744,669. 56,758,361 b Less accumulated depreciation 57b 57c 16,681. Other assets (describe SEE STATEMENT 10) 58 58 97,733,354 59 100,253,722. Total assets (must equal line 74) Add lines 45 through 58 59 5.011.979. 5,440,985. 60 60 Accounts payable and accrued expenses 61 61 Grants payable 4,622,770. 8,148,854 62 Deferred revenue 62 -iabilities 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a 23,292,100 24,040,900. b Mortgages and other notes payable STMT 11 64b SEE STATEMENT 12) 30,457,015 29,940,768. Other liabilities (describe 65 65 66,909,948 64,045,423. Total liabilities. Add lines 60 through 65) 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 30,647,984 36,014,696. 67 67 Unrestricted 7,830. 5,315. 68 68 Temporarily restricted 185,773. 170,107. 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here
and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 36,208,299. 30,823,406 73 column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73 354 74 00,253,722.

	INSTITUTE FOR THE INTERNATIONAL						
	m 990 (2005) EDUCATION OF STUDENTS		<u> 36-</u>	<u> 22</u>	<u>519</u>	12_	Page
Pa	rt IV-A Reconciliation of Revenue per Audited Financial Statements	With Reven	ue per Re	tur	n (Se	e the	
	instructions)						
a	Total revenue, gains, and other support per audited financial statements			а	63,	626	,697
b	Amounts included on line a but not on Part I, line 12:						
1	Net unrealized gains on investments	b1 1,08	1,907.		l		
2	Donated services and use of facilities	b2			1		
3	Recoveries of prior year grants	ьз					
4	Other (specify): SEE STATEMENT 14	b4 1,00	7,057.				
	Add lines b1 through b4			b	2,	088	<u>,964</u>
C	Subtract line b from line a			С	61,	537	733
d	Amounts included on Part I, line 12, but not on line a:	1 1					
1	Investment expenses not included on Part I, line 6b	d1					
2	Other (specify):	d2					
	Add lines d1 and d2			d			0
e	Total revenue (Part I, line 12) Add lines c and d		<u> </u>	е	61,	537	<u>,733</u>
Pa	rt IV-B Reconciliation of Expenses per Audited Financial Statements	With Exper	nses per F				
а	Total expenses and losses per audited financial statements			а	58,	241	<u>,804</u>
b	Amounts included on line a but not on Part I, line 17						
1	Donated services and use of facilities	b1					
2	Prior year adjustments reported on Part I, line 20	b2					
3	Losses reported on Part I, line 20	b3			ı		
4	Other (specify).	b4					
	Add lines b1 through b4			b	<u> </u>		0
C	Subtract line b from line a			С	58,	241	,804
d	Amounts included on Part I, line 17, but not on line a:				ĺ		
1	Investment expenses not included on Part I, line 6b	d1			1		
2	Other (specify).	d2					
	Add lines d1 and d2			d			0
	Total expenses (Part I, line 17). Add lines c and d		<u> </u>			241	
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (List			ficei	r, direc	ctor, tru	ıstee,
	or key employee at any time during the year even if they were not compensated)	See the instruc	tions.)				

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DR. MARY DWYER	PRESIDENT			
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	40.00	359,722.	36,757.	0.
DR. MICHAEL STEINBERG	SECRETARY			
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	40.00	<u> 186,963.</u>	21,264.	0.
WILLIAM J. MARTENS	VICE PRESIDEN	T		
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	40.00	185,815.	24,806.	0.
GAYLY OPEM	VICE PRESIDEN	T		
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	40.00	210,866.	15,815.	0.
NANCY HELMAN	VICE PRESIDEN	T		
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	40.00	70,623.	6,587.	<u> </u>
RICHARD ELLIS				
33 N. LASALLE ST., SUITE 1500				
CHICAGO, IL 60602	0.00	118,282.	7,032.	0.
SEE ATTACHED STATEMENT #16				
	0.00	0.	0.	0.
				

6

81a

0

Form **990** (2005)

523161/02-03-06

81 a Enter direct or indirect political expenditures (See line 81 instructions)

b Did the organization file Form 1120-POL for this year?

INSTITUTE FOR THE INTERNATIONAL

For	m	990 (2005) EDUCATION OF STUDENTS	36-2251	912		age 7
P	ar	t VI Other Information (continued)			Yes	No
82	a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	substantially			
		less than fair rental value?		82a		X
	Ь	If "Yes," you may indicate the value of these items here. Do not include this				
		amount as revenue in Part I or as an expense in Part II				
		(See instructions in Part III)	N/A			
83	a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	ļ
	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84	a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
-	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	s were not			
		tax deductible?	N/A	84b		
85		501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a	- 	ļ
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		<u> </u>
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization recomplete 85c through 85h below unless through 8	ceived a			
		waiver for proxy tax owed for the prior year				
	3	Dues, assessments, and similar amounts from members	N/A			Ì
	d	Section 162(e) lobbying and political expenditures	N/A	_		
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			
1	Ī	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A			
!	•	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		<u> </u>
-	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
		following tax year? .	N/A	85h		—
86		501(c)(7) organizations Enter a Initiation fees and capital contributions included on		Ì		.
		line 12 86a	N/A	4		
I	b	Gross receipts, included on line 12, for public use of club facilities	N/A	_		
87		501(c)(12) organizations. Enter a Gross income from members or shareholders 87a	N/A	4		
I	b	Gross income from other sources (Do not net amounts due or paid to other sources				
		against amounts due or received from them)	N/A	4		1
88		At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partn				
		or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.770	1-3?			
		If "Yes," complete Part IX		88		X
89	a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under.	•			
		section 4911▶	0.			
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?		206		
		If "Yes," attach a statement explaining each transaction		89b	<u> </u>	<u> </u>
	C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	_			Λ
		sections 4912, 4955, and 4958				0.
		Enter: Amount of tax on line 89c, above, reimbursed by the organization List the states with which a copy of this return is filed IL	-			
90			0b			87
			► 312-94	14-1	750	
91	Œ	Located at 33 N. LASALLE ST., STE 1500, CHICAGO, IL	ZIP + 4 ▶ 6			
		At any time during the calendar year, did the organization have an interest in or a signature or other authority	211 17 2	,,,,,		
	U	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
		account)?	•	91b	х	
		If "Yes," enter the name of the foreign country SEE STATEMENT 15		1	_ -	
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
		and Financial Accounts				
	r.	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		x
,	•	If "Yes," enter the name of the foreign country N/A			·	
92		Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			▶ 「	\neg
U.L			02	N/	Á	
_						(2005)

Form 990		ATION OF			- 1		36-	2251912	Page 8
Part V				(See the instructions ted business income		ad by costio	n 512, 513, or 514		
ındıcated		rwise	(A) Business	(B) Amount	(C) Exclu- sion		(D) Amount	(E) Related or ex function ind	
•	ram service revenue ITION AND FEES		Code		code	-		59,422	· · · · · ·
. —		-						<u> </u>	.,050.
							.		
·									
f Mad	icare/Medicaid payments							-	···
	and contracts from governmen	nt agencies							
•	bership dues and assessments	-						22	2,050.
	est on savings and temporary cash				14		679,038.	 _	1,000
	ends and interest from securiti				14		315,752.	_	
	ental income or (loss) from real								
	-financed property		 -	-					H_4/8
	lebt-financed property							_	
	ental income or (loss) from per	sonal property	~						
	r investment income								
	or (loss) from sales of assets								
	r than inventory				18	1,	018,208.		
	ncome or (loss) from special ev	vents							
	s profit or (loss) from sales of ir								
	r revenue.	•							
а ОТ	HER REVENUE							28	175.
b									
d									
e									
104 Subt	otal (add columns (B), (D), and	(E))			0.	2,	012,998.	59,472	881.
105 Tota	I (add line 104, columns (B), (D)), and (E))					▶.	61,485	,879.
	e 105 plus line 1d, Part I, should								
Part VI	II Relationship of Active	vities to the	Accomp	lishment of Exe	empt Purp	oses (See the instructi	ons)	
Line No.	Explain how each activity for whi				buted importa	intly to the	accomplishment (of the organization	1'S
	exempt purposes (other than by	<u> </u>	or such purpo	oses).					
	SEE STATEMENT	16			_				
									
			<u> </u>	·					
Part IX			Subsidiai	<u>`</u>	arded En	titi es (S			
Name, a	ddress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		To	(D) tal income	(E) End-of-ye	
partr	nership, or disregarded entity	ownership interes		· <u> </u>		···		assets	<u>i</u>
			%						
	N/A		%					<u> </u>	
			%					 -	
Part X	Information Regardi		%	tod with Borco	nal Rono	fit Con	tracte (Coo the	n in attrictions)	
L	_ 								T
` '	the organization, during the year, re	•	-		=	iai benetit	contracty	└── Yes	X No
	the organization, during the year, pa				enii contract?			L Yes	רערן וע
	"Yes" to (b), file Form 8870 and	d Form 4/20 (Se	e instruction	7S) no accompanyino schedule	es and statement	ts, and to th	e best of my knowled	ge and belief, it is tru	е,
Please	Under penalties of penum I declare that correct, and complete Declaration of pr	reparer (other than off	icer) is based or		reparer has any			VP FINAL	رو
Sign Here	Signature of officer			12/12/10	Type or pr	int name a	ivea icos	77 7700	
———	· · · · · · · · · · · · · · · · · · ·	./)		Date	Date 1		eck if	Preparer's SSN or P	TIN
Paid	Preparer's	Somu	11.] same [//	self	·		
Preparer's	Signature CROWE	(/		ייי אוא מו	J	ita lem	ployed [IN]	0921680	
Use Only	yours if CITOVIII			PANY LLC	7		EIN ► 35-	0321000	-
523163		BEND, IN		, P O BOX	′		Phone no. ► 5	71-232-3	992
02-03-06_	ZIP + 4 SOUTH	DEMD' IN	40024	-000/			rnone no. P 3		990 (2005)
								ruiii 3	/ ~~ (2005)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR THE INTERNATIONAL

Employer identification number

36 2251912

EDUCATION OF STUDENTS Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions, List each one, If there are none, enter "None.") (b) Title and average hours d) Contributions to (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred per week devoted to (c) Compensation account and other more than \$50,000 position allowances compensation JOHN TRUEMAN **SUITE 1500** CHICAG 149,350 3,734 0. 33 N. LASALLE ST., 40.00 DIR RECRUIT MICHAEL GREEN 0. CHICAG 40.00 111,728. 8,380 33 N. LASALLE 00 MEREL FRANK CONTROLLER 33 N. LASALLE ST., SUITE 1500 40.00 99,674 8,057 0. CHICAG HOPE MCCLELLAND-YOUNG 40.00 90,205. SUITE 1500 CHICAG 7,667 0. 33 N. LASALLE ST., JOSEPH SEVIGNY DIR OF ENROLL 1500 6,701 N. LASALLE ST. SUITE CHICAG 40.00 89,351 0. Total number of other employees paid 19 over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service LMB ASSOCIATES 1468 SUNNYSIDE AVENUE, HIGHLAND PARK 60035 <u>123,200.</u> IT CONSULTANTS COMMERCELOOP ENTERPRISES 81,065. 4134 WOLF RD, WESTERN SPRINGS, IT CONSULTANTS NATIONAL ARCHIVE PUBLISHING COMPANY 300 N. ZEEB ROAD. P.O. BOX 998. ANN ARBOR MI 481COPYRIGHTS 70,483. Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation THIRTY-THREE ASSOCIATES, LLC BUILDING MANAGEMENT 718,715. CHICAGO, IL KATHLEEN W. HERRING 100,541. 60202-2534 CATALOG DESIGN 648 SHERIDAN ROAD, EVANSTAN Total number of other contractors receiving over \$50,000 for other services 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. 523101/02-03-06

Schedule A (Form 990 or 990-EZ) 2005

INSTITUTE FOR THE INTERNATIONAL

=	ırt III	Statements About Activities (See page 2 of the instructions.)	<u> </u>		Page :
	-	ne year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence vinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
		Part VI-B.)	1_	 -	X
		tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	•	"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		ŀ	
	trustees, person is	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.)			
		hange, or leasing of property?	2a		x
b	Lending (of money or other extension of credit?	2b		x
c l	urnishin	g of goods, services, or facilities?	2c		x
d I	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	_2d	х	<u> </u>
e	Transfer (of any part of its income or assets?	2e		x
3 a !	Oo you m	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
2	/ou deter	mine that recipients qualify to receive payments.) SEE STATEMENT 17	3a	X	<u></u>
	-	ave a section 403(b) annuity plan for your employees?	3b	X	↓
	-	e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<u> </u>	X
		naintain any separate account for participating donors where donors have the right to provide advice			l
		e or distribution of funds?	4a		X
b_)o you pi	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	rganızatı	on is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6	X	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	\blacksquare	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city,			
		and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)	•		
		(Also complete the Support Schedule in Part IV-A.)			
11a	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
446		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	片	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	L	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by the support of the su			
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describe type of supporting organization: Type 1 Type 2 Type 3	bes		
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
				e num	
		(a) Name(s) of supported organization(s)	fr	om abo	ive
		An organization organized and approved to toot for public orfati. Coding ECC/AV//Coding Cod the instruction of			
14 52311 02-03-	1	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions) Schedule A (Form	990 01	190-F7	1 200
VZ+U3-	UO	Schenic V ii Alin	UI +	, , , , LL	, _ ~ ~ \

INSTITUTE FOR THE INTERNATIONAL

Page 3 Schedule A (Form 990 or 990-EZ) 2005 EDUCATION OF STUDENTS Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. N/ANote: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (c) 2002 (d) 2001 beginning in) (a) 2004 (b) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) Membership fees received 16 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 0 Line 23 minus line 17 24 Enter 1% of line 23 25 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002)For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004)(2001)Add: Amounts from column (e) for lines: d Add: Line 27a total 27d Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test; Enter amount on line 23, column (e) 9 Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2005

523121 02-03-06

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Х	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	20		
•	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	_31	Х	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	ADVERTISED AS CUSTOMARY PART OF PROMOTIONAL ACTIVITIES AND	_		
	MATERIALS PROVIDED TO THE PUBLIC.	_		
		-		
32	Does the organization maintain the following:	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			ļ
	admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
C	Employment of faculty or administrative staff?	33c	<u> </u>	X
d	Scholarships or other financial assistance?	33d		X
е	Educational policies?	33e	<u> </u>	X
f	Use of facilities?	33f		X
9	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	- 34a		x
о т ц b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.	1.5		<u></u>
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			İ
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	х	

Schedule A (Form 990 or 990-EZ) 2005

_		itures by Electing Pu	blic Charities (See pa	ige 9 of	the instructions.)	N/A
Che		gs to an affiliated group.	Check ▶ b	ıf	you ch	ecked "a" and "limited contr	ol" provisions apply.
	Limits or	Lobbying Expenditu				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	(The term expendi	tures means amounts paid or	incurreu.)	-	1	N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lob	bying)		36	11/21	
37	Total lobbying expenditures to influence	a legislative body (direct lobby	ring)		37		
38	Total lobbying expenditures (add lines 3	6 and 37)			38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add	l lines 38 and 39)			40		
41	Lobbying nontaxable amount. Enter the	amount from the following tabl	e -				
	If the amount on line 40 is -	The lobbying nontaxable	amount is -				
	Not over \$500,000	20% of the amount on line 40		7			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc	ess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exc	ess over \$1,000,000	}	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exces	ss over \$1,500,000				
	Over \$17,000,000	\$1,000,000		J			
42	Grassroots nontaxable amount (enter 25	5% of line 41)			42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36			43		-
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38			44		
	Caution: If there is an amount on en	her line 43 or line 44, you m	nust file Form 4720				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))	-				0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	х	
	X	
	X	
	Х	
	X	
	X	
	X X	
	X	

523141 02-03-06 Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 EDUCATION OF STUDENTS 36-22519 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organizations (See page 12 of the inst	ructions.)	_ .			
51	Did the reporting organization directly or indirectly engage in any of	the following with any other	organization described in section			
	501(c) of the Code (other than section 501(c)(3) organizations) or i	in section 527, relating to po	litical organizations?	r		
а	Transfers from the reporting organization to a noncharitable exemp	t organization of:		`	Yes	No
	(i) Cash			51a(i)		X
	(ii) Other assets		•	a(ii)		_X_
b	Other transactions					
	(i) Sales or exchanges of assets with a noncharitable exempt orga	nization		b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities, equipment, or other assets			b(iii)		X
	(iv) Reimbursement arrangements			b(iv)		X
	(v) Loans or loan guarantees			b(v)		X
	(vi) Performance of services or membership or fundraising solicita	tions		b(vi)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid e			C		X
d	If the answer to any of the above is "Yes," complete the following sc		llways show the fair market value of the			
	goods, other assets, or services given by the reporting organization					
	transaction or sharing arrangement, show in column (d) the value of			N	I/A	
(a			(d)			
Line		cempt organization	Description of transfers, transactions, and s	harıng arra	ngem	nents
	1					
						
	Is the organization directly or indirectly affiliated with, or related to,	one or more tax-exempt org	anizations described in section 501(c) of the			
JZ a	Code (other than section 501(c)(3)) or in section 527?	one of more tax exempt org	amzations described in section 50 i(c) of the	Yes	X	No
.	If "Yes," complete the following schedule: N/A		_] (¢3	ه هـ	_ 140
	(a)	(b)	(c)			
	Name of organization	Type of organization	Description of relationsh	I p		
	,, <u> </u>					
		+				
	 	-				
		 				
		 				
	· ·	 		.		
		 				

523151 02-03-06

FORM 990 GAIN (LOSS)	FROM PUBLICLY T	RADED SECURIT	PIES	STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
REALIZED GAINS ON SALE OF SECURITIES	14,037,510.	13,019,302.	0.	1,018,208.
TO FORM 990, PART I, LINE 8	14,037,510.	13,019,302.	0.	1,018,208.

FORM 990 GAI	IN (LOSS) FRO	M SALE	OF OTH	HER A	ASSETS		STA	ATEMENT	2
DESCRIPTION			DATI ACQUII		DAT SOL		METH ACQUI		
VARIOUS FURN & FIXTURE	ES		VARIOU	JS	VARIO	us i	PURCH	HASED	
NAME OF BUYER	GROSS SALES PRICE	COST OTHER			ENSE SALE	DEPRI	EC	NET GA OR (LO	
	0.		562.		0.		562.		0.
DESCRIPTION			DATE		DAT SOL		METH ACQUI		
VARIOUS COMPUTERS			VARIOU	JS	VARIO	US I	PURCE	HASED	
NAME OF BUYER	GROSS SALES PRICE	COST OTHER	-		ENSE SALE	DEPRI	EC	NET GA OR (LO	
	0.	12	2,186.		0.	12,1	186.		0.
TO FM 990, PART I, LN	8	12	2,748.		0.	12,	748.		0.
FORM 990 OTHER	CHANGES IN N	ET ASSE	ETS OR	FUNI	BALAN	CES	STA	ATEMENT	3
DESCRIPTION								AMOUNT	
UNREALIZED GAIN ON INV FOREIGN CURRENCY TRANS UNREALIZED GAIN ON FOR GAIN/LOSS ON FOREIGN O	SLATION ADJUS REIGN CURRENC		RACTS				<u>.</u>	1,081,9 168,1 1,311,0 -472,1	72. 00.
TOTAL TO FORM 990, PAR	.m. T. T.T.T. 20							2,088,9	<u></u>

FORM 990	OTHE	R EXPENSES		STATEMENT	4
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
STUDENT HOUSING &					
MEALS	13,166,555.	13,166,555.			
FIELD TRIPS	2,389,785.	2,389,785.			
STUDENT SERVICES	935,058.	935,058.			
STUDENT & FACULTY					
AID	16,493.	4,638.	11,855.		
STAFF DEVELOPMENT	74,537.	47,921.	26,616.		
PRESIDENT'S					
DISCRETIONARY FUND	1,839.	55.	1,784.		
MARKETING &					
ADVERTISING	67,329.	65,332.	1,997.		
BANK CHARGES	175,616.	75,790.	99,826.		
DUES & SUBSCRIPTIONS	50,358.	28,391.	21,967.		
BAD DEBT	71,227.		71,227.		
DONATIONS	17,259.	13,793.	3,466.		
MISC. CENTER RELATED	48,624.	39,838.	8,786.		
STAFF RECRUITING	44,106.	9,356.	34,750.		
BOARD EXPENSES	87,773.	53.	87,720.		
CONSULTANTS	575,757.	258,787.	316,970.		
CORPORATE TAXES	9,719.	9,719.			
STUDENT INSTRUCTION					
& TUITION	5,259,800.	5,259,800.			
TOTAL TO FM 990, LN 43	22,991,835.	22,304,871.	686,964.		

FORM 990 OFFI	CER COMPENSATIO			STATEMENT 5
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. MARY DWYER	359,722.	36,757.		396,479.
A. PROGRAM SERVICES	179,861.	18,379.		198,240.
B. MANAGEMENT AND GENERAL	179,861.	18,378.		198,239.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. MICHAEL STEINBERG	186,963.	21,264.		208,227.
A. PROGRAM SERVICES	186,963.	21,264.		208,227.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM J. MARTENS	185,815.	24,806.		210,621.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	185,815.	24,806.		210,621.
C. FUNDRAISING				

. NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GAYLY OPEM	210,866.	15,815.		226,681.
A. PROGRAM SERVICES	105,433.	7,908.		113,341.
B. MANAGEMENT AND GENERAL	105,433.	7,907.		113,340.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NANCY HELMAN	70,623.	6,587.		77,210.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	70,623.	6,587.		77,210.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD ELLIS	118,282.	7,032.		125,314.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	118,282.	7,032.		125,314.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				519,808.
TOTAL MANAGEMENT AND GENERA	AL			724,724.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPEN	NSATION INCLUDE	D ON PARTS V	-A AND V-B	1,244,532.

FORM 990	CASH GRAN	TS AND ALLOCATIONS	STA	TEMENT 6
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
TUITION DISCOUNTS AND FINANCIAL AID	AWARDED TO STUDENTS	BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.,	NONE	1890048.
TOTAL INCLUDED	ON FORM 990, PART	II, LINE 22		1890048.
FORM 990	STATEMENT OF PROG	RAM SERVICE ACCOMPLI	SHMENTS STA	TEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDED EDUCATIONAL PROGRAMS OF FOREIGN STUDY FOR AMERICAN STUDENTS. TOTAL NUMBER OF STUDENTS IS OVER 4,400. TUITION DISCOUNTS AND FINANCIAL AID PAID TO STUDENTS BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.

UNIVERSITIES AND ENROLLS NEARLY 5,000 STUDENTS IN UNIQUE PROGRAMS IN NEARLY 30 COUNTRIES THROUGHOUT EUROPE, ASIA, AUSTRALIA, NEW ZEALAND AND SOUTH AMERICA. IES FOSTERS STUDENTS' PERSONAL AND ACADEMIC GOALS BY PROVIDING QUALITY

STUDY PROGRAMS WORLDWIDE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	1,890,048.	53,421,173.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III

EXPLANATION

IES BLENDS THE BEST ELEMENTS OF FOREIGN HIGHER EDUCATION WITH AMERICAN UNIVERSITY REQUIREMENTS AND ENCOURAGES STUDENTS TO EXPLORE THE UNIQUE ELEMENTS OF FOREIGN COUNTRIES. IES IS COMPRISED OF A CONSORTIUM OF MORE THAN 165 COLLEGES AND UNIVERSITIES, AND ENROLLS NEARLY 5,000 STUDENTS IN UNIQUE PROGRAMS IN NEARLY 30 COUNTRIES THROUGHOUT EUROPE, ASIA, AUSTRALIA, NEW ZEALAND AND SOUTH AMERICA. IES FOSTERS STUDENTS' PERSONAL AND ACADEMIC GOALS BY PROVIDING QUALITY STUDY ABROAD PROGRAMS WORLDWIDE.

FORM 990 NO	NON-GOVERNMENT SECURITIES					
SECURITY DESCRIPTION COST/F	CORPORATE MV STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI		
CORPORATE BONDS FMV		31,980.		31,9	80.	
TO FORM 990, LINE 54, COL B		31,980.		31,9	80.	
			=			
FORM 990	OTHER AS	SETS		STATEMENT	10	
DESCRIPTION				AMOUNT		
ACCRUED GAIN ON FOREIGN CUR	RENCY CONTRACT	S	_	16,6	81.	
TOTAL TO FORM 990, PART IV,	LINE 58, COLU	MIN B	_	16,6	81.	
FORM 990	MORTGAGES PA	YABLE		STATEMENT	11	
DESCRIPTION				BALANCE DU	E	
HALIFAX BANK OF SCOTLAND			_	24,040,9	00.	
MOMAL INCLUDED ON BORM 000	TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B					

TNOMTMINE	TI O D	mue	TAIMEDNIAMEONAE	EDITC A TO TO
INSTITUTE	FOR	THE	INTERNATIONAL	FDOCKLIO

36-2251912

				
FORM 990	OTHER LIABILITIES		STATEMENT	12
DESCRIPTION			AMOUNT	
CAPITAL LEASE OB DEFERRED GAIN ON			28,909,5 1,031,2	
FOTAL TO FORM 99	0, PART IV, LINE 65, COLUMN B		29,940,7	68.
FORM 990	OTHER SECURITIES		STATEMENT	13
SECURITY DESCRIP	TION	COST/FMV	OTHER SECURITIE	ıs
CORP. EQUITY SEC	•	FMV	21,989,1	07.
TO FORM 990, LIN	E 54, COL B		21,989,1	07.
FORM 990	OTHER REVENUE NOT INCLUDED ON	FORM 990	STATEMENT	14
DESCRIPTION			AMOUNT	
	Y TRANSLATION ADJUSTMENT ON FOREIGN CURRENCY CONTRACTS EIGN CURRENCY		168,1 1,311,0 -472,1	00.
TOTAL TO FORM 99	0, PART IV-A		1,007,0	57.
FORM 990	NAME OF FOREIGN COUNTRY IN W ORGANIZATION HAS FINANCIAL IN		STATEMENT	1 !

NAME OF COUNTRY

UNITED KINGDOM
SPAIN
FRANCE
GERMANY
ITALY
JAPAN
ECUADOR
ARGENTINA

PURPOSE.

FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	16
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES		
93A 94	TUITION & FEES FROM STUDENTS-OUR EXEMPT PURPOSE MEMBERS ARE UNIVERSITIES WHO ENROLL OUR STUDENTS AS PAR	T OF OUR	
103A	EXEMPT PURPOSE OTHER FORMS OF REVENUE SUCH AS LATE FEES AND TRANSCRIPT PROFIVED IN THE COURSE OF CONDUCTING ACTIVITIES RELATED		

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17 PART III, LINE 3A

IES OFFERS MANY TYPES OF MERIT SCHOLARSHIPS TO ENCOURAGE STUDENTS WITH A VARIETY OF INTEREST AND ABILITIES TO STUDY ABROAD WITH IES. APPLICANTS FOR THESE SCHOLARSHIPS ARE EVALUATED AND SELECTED TO RECEIVE AN AWARD RANGING FROM \$500 TO \$5,000.

Institute for the International Education of Students Form 990, Return of Organization Exempt from Income Taz 6/30/2006

Line 57c, End of Year Balance

	Beginning Balance	Ending Balance
Land	2,687,550	2,773,950
Buildings and Improvements	27,154,967	28,076,983
Leasehold Improvements	1,775,515	1,999,327
Capital Lease - Building	27,984,750	28,884,411
Furniture and Fixtures	3,872,354	3,872,354
T armitie and I mares	63,338,054	65,607,025
Accumulated Depreciation	Beginning Balance	Ending Balance
Accumulated Depreciation	6,579,693	9,744,669
Total Net Book Value	56,758,361	55,862,356
Part II, Statement of Functional Expenses		
Line 42, Depreciation, Depletion, etc.	3,164,976	
Less Adjustment for Foreign Currrency Rate	303,878	
	2,861,098	
Part IV, Balance Sheets		
Line 57a, Land Buildings and Equipment, basi	65,607,025	
Line 57b, Less: accumulated depreciation	9,744,669	
· · · · · · · · · · · · · · · · · · ·	0/0 0F/	

55,862,356

EIN#:

36-2251912

EIN#:

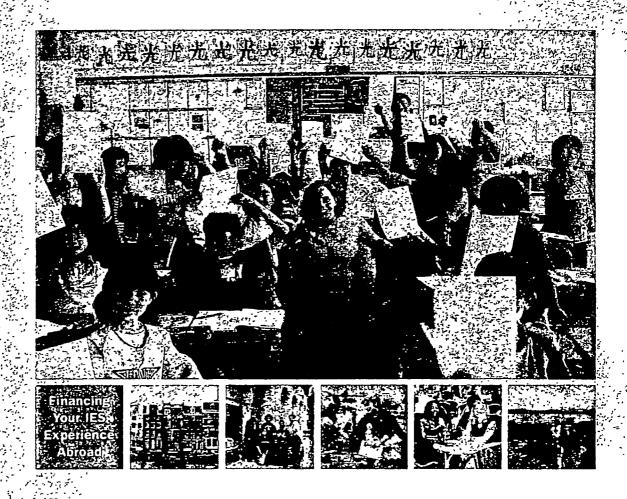
36-2251912

Part V, List of Officers, Directors, Trustees and Key Employees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to employer benefit plans & deferred compensation	Expense Account and Other Allowances
Dr. Mary M Dwyer 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	President	359,722	36,757	None
Dr. Michael S. Stemberg 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Secretary	186,963	21,264	None
Mr. John Coblentz 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr. Kenneth W. Cunningham 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Ms. Debora de Hoyos 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Pamela Gann 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr. John J Gearen 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Ms. Christine R. Hoek 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Dr. Homer J. Holland 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr. Justin ("Dusty") Huscher 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr Robert McNetll 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None

		1,132,271	112,261	None
Richard Ian Ellis 33 N. LaSalle St Suite 1500 Chicago, IL 60602	Vice President	118,282	7,032	None
Nancy Helman 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Vice President	70623	6587	None
William J. Martens 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Vice President	185,815	24,806	None
Gayly Opem 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Vice President	210,866	15,815	None
Ezio Vergani 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Ms. Monica Vachher 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Dr. Hugo Sonnenschein 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr. Alan Schwartz 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Dr. David H. Porter (Board Chair) 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Mr. Oscar Page 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Dr. Kathryn M. Moore 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None
Ms. Jannie Meisberger, MEd 33 N. LaSalle St. Suite 1500 Chicago, IL 60602	Director	None	None	None

IES Scholanding. & Financial Aid



Dedicated to helping you afford study abroad, IES commits nearly \$2 million annually to need and merit-based scholarships for IES students. We firmly believe that financial limitations should not prevent a qualified student from participating in an IES program. Start your journey by applying mow!



INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS SINCE 1950









of classes to choose from it. was one of the reasons I decided to stay-for a full your.

Lean Gaoryluk Přimsylvánia Státy University



C00/JEL - 122, 5008

IES, the Institute for the International Education of Students; is a not for profit educational institute deplicated to developing outstanding study abroad programs for college students. With programs in 16 countries, IES has educated more than 50,000 students since its founding in 1950. At IES, was biend the best elements of foreign higher education with American university requirements. With encouraging students to explore the unique elements of each country, sculture.

IES Works with a consor numer of more than 155 of the leading colleges, and universities in the base of our students attend one of these outstanding institutions. However, even it your college of university is not at member, you may still apply for an IES program, and scholarships as long as you meet the appropriate criteria. To find out it your school is a Member of Associate Member of the less consortium, please see any IES country catalog: for a list of visit www.IES approad or see

A wide range of scholarship and financial aid programs are available through IES. Since it is bound for being a warded more than one scholarship. IES encourages students to apply for all scholarship. IES encourages students to apply for all scholarship. IES encourages students to apply for all scholarships which they are eligible. The options include the scholarship are sent as a second control of the scholarship.

- Merit-Based Scholarships
- · Need-Based Scholarships
- Public University Scholarships
- Summer Scholarships
- · IES Mistorically Black Colleges & Universities Scholarships (HBCU)
- Discounts for repeat study with IES

Ricáse visit, the study abroad and financial aid offices at volur college/university to find out if your first rule in and grant and start of the study abroad programs. Loan and grant a dollars can offen also be applied to study abroad programs.

For-more information or to apply for IES scholarships and financial aid, call 800.995.2300 or vis

In order to receive any of the following financial ald awards, you must be attending an IES study abroad program.

IES Merit-Based Scholarships

Scholarsnips range up to \$3,000 for semester and a academic year programs Please Visit www.IESabroad.org

Award Types:

IES Merit Based Scholarships are awarded for mentonous achievements in a variety of disciplines. One to five scholar ships will be awarded in each of the following categories.

- · Asia Pacific Programs Scholarships
- · Cross-Cultural & Comparative, Studies
- Fine Arts & Performing Arts
- Föreign Language
- . High Academic Achlevement
- · International Relations
- John Gearen Endowed Scholarship (IES Dublin & Programs in Developing Countries)
- · Leadership & Community Involvement -
- . Minority Merit Based :
- Robert McNeill International Business Scholarship
- Science
- South American Programs Scholarships 7
- William Dwyer Memorial Endowed Scholarship (IES: Spanish Programs)
- Dr William Louis Gaines Academic Year Endowed Scholarship (IES History & International Relations Scholarship)
- Urban Issues-

To be Eligible You Must

- Bé accepted to and attend an IES program
- -Have a minimum 3.3-GPA out of 40
- Attend any accredited college of university (studeints) from IES Consortium schools are given pnority and an undergraduate
- Meet the appropriate criteria for each type of IES Mill Based Scholarship A panel of faculty reviews all applications. Awards are determined based on faculty rankings. Please visit www.IESabroad.org for the specific criteria.

How to Apply.

Submit a complete IES Merr. Based scholarship and ton and all required attachments for the appropriate scholarship(s) to IES Chicago by the deadline Applications are available by calling IES at 800 995 or online at www.IESabroad org

Morit Based Scholarship Application Deadlines:

- November 1 (spring)
- May 1 (fall and academic year)

Note: IES Ment Based Scholarships are not applicable loss of summer programs. Since academic year students automotive receive a 15-20% discount off the 2nd term program (def. if younly chiptole for a needbased award on their first term. Scholarship.

10 in ranking how much this expenenco will have an effect on the rest of my life, it is a perfect 10. Bhanne Willems ก็กัดเลกล University

IES Melhourne., 4



helped dofine wha! hope to become. Skye Enyégréf Purcue University IES Paris 🐔

Study abroad.













IES Need-Based Financial Aid

Scholarsh os Range up to \$1,500

To be Eligible You Must:

- Be accepted to and attend an IES program?
- Attend a private college of university that is a Member of Associate Member of the IES Consortium that transfers at: least 75% of home school aid to IES
- Provide:proof of financical, need through your home camp رُزِيرُ بِرُ أَنْ financial aid office

Criteria Reviewed to Determine Award:

- Level of financial need shown on home campus financial TES program location
- IES membership status of home school How to Apply:

Submit a completed IES Need Based Financial Aid application to IES Chicago by the deadline Applications are available by calling IES at 800 995 2300 or online at www.IESabroad.org.

Financial Aid Application Deadlines:

- November-1"(spring):"
- May 1 (fall and academic year)

-Note: Since academic year students automatically receive a-115-20% discount off the 2nd term program fee, they are only a eligible for a need-based award on their first term;

IES Public University Scholarship

Scholarship Amount \$1,500 credit toward all IES semester and full-year programs. This \$1,500 credit will be noted on your IES invoice 🛴

To be Eligible You Blust:

- Attend a public university that is, a Member or Associate Member of the IES Consortium that transfers at least a .75% of home school aid to IES%.
- No additional financial aid application necessary.

Note: This scholarship is subject to change without prior warning. Public University, Scholarships do not apply to IES summer,

IES Summer Need-Based Scholarships

Scholarships Rångê up to \$1,000

To be Eligible You Must

- Be accepted to and attend an IES Summer program
- Attend a college or university that is a Member of Associate Member of the IES Consortium that transfers at least 75% of home school/aid to JES المنافقة ال
- Provide proof of financial need through your home financial aid office

Criteria Reviewed to Determine Award:

- · Level of financial need shown on home campus financial aid office forms
- IES program locátion
- IES membership status of home campus

How to Apply:

Submit a completed IES Summer Need Based Financial Aid application-Applications are available by calling IES at 800.995 2300 or online at www.lESabroad.org

Summer Scholarship Beadline:

Apni:157:

IES Historically Black Colleges & Universities (HBCU) Scholarships

Scholarship amount 'A \$2,000 scholarship will be awarded as follows: \$1,500 credit toward the IES program fee, plus \$500 toward the purchase of an overscas airline. ticket for the IES program (upon receipt of a valid, over. seas airline ticket receipt).

To be Eligible You Must:

- Be accepted to and attend an IES program
- Attend an HBCU that is a Member or Associate Mem of the IES Consortium that transfers at least 75% of home-school aid to IES. 1
- No additional application necessary

Application Deadlines:

- November 1.(spring)
- May 1 (fall and academic year)

In order to receive the \$500 travel subsidy, you must submit a copy of your official travel itinerary with a cover letter requesting the subsidy. Please submit this to, HBCU Scholarship, Director of Enrollment Management, IES 33 N LaSalle Street, 15th Floor, Chicago, IL 60602

 The program was honestly the best seven weeks of my life. I learned so much about myself, which made it truly worth overy cent and made every minute precious "

Einiko Uchida Indiana Unir ersity IFS London















Extend Your IES Experience!

The discounts explained below are automatically applied to your IES invoice

ES offers, the following discounts for students who decide to extend their time abroadion another ES program.

- 20% discount off second consecutive semester programme location.
- 15% discount off second consecutive semester program.

 fees at different location
- \$500 credit on invoice if a summer program is taken a before or after a semester program.

To be Eligible You Mustre 🙊

- Have already attended a summer, somester, or academic
 year-long IES program.
- Plan to continue studying with IES for a summer or semester long program (you may choose another IES program location)

PLEASE NOTE IES SCHOLAPSHIPS AND NEED ALSED AID APPEAR AS A CREDIT ON THE IES INVOICE PLEASE CONSULTATION STUDY LABRODO RIVORD RINGALCIAL IN. OFFICE TO DETERMINE IN A DIVANCE HOW YOUR SCHOOL WILL HAVLLE AN IES AN ARD A ARD A CREDIT OF THE MANUEL AN IES AN ARD A CREDIT OF THE MANUEL AND IES AND A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE AND THE ARMADIAN OFFICE A CREDIT OF THE MANUEL AND THE ARMADIAN OFFICE AND TH

Opportunities for Sindents with Disabilities

IES seeks to enhance study abroad opportunities for students with disabilities. Siddents what submit disability from a qualified professional are eligible to apply for a persent travel grant in the amount of \$500 for one of their disability from a qualified professional are eligible to apply for a persent travel grant in the amount of \$500 for one of their Alliented plumber of study accoming wanted analogity. Reasonable accoming awarded analogity. Reasonable accommodations will be provided to students upon approval of submittee documentation by the Dean of Students. Office Please consact the prector of students. Office Please consact the prector of Enrollment Management at 800.995.2300 for more details:

Additional Fmancial And Resources

The Informing the additional sources of funding that may help you is your south. Plea windle these the control flower free mining that may help you

- Britaning Schildarchips

 For Jabaneser nicres,

 www.cooldradorend./colld/att/Britanis

 /schildarships.html.
- e couchaint
- Etitico d
- Fasi Web.

- พพพิการกรณ์ต้องเล
- Free Scholarship Scarel
- in l'Education Financial Aid (1574) www.tefa.org
- fraemational Scholuships Online

 www.interprationalachplopslips.com
- Welliamat Security Education Program
- www.ed.gov/finant of Editions
- www.collecoleur.colleco.lino.
- filemalline Student Loss 3.

INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS SINCE 1950 33 N. LASALLE STREET, 15TH FLOOR CHICAGO, ILLINOIS 60602

Form 8868

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

į · · •

OMB No. 1545-1709

File a separate application for each return.

• If you are fi	ling for an Automatic 3-Month Extension, complete only Part I and check this box				
Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)				
Form 990-T	corporations requesting an automatic 6-month extension - check this box and complete Part I only	> 🗀			
All other corp returns. Partn	orations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incomerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	ne tax 66, or 1041.			
below (6 mon	ling (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to the for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional stead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the gov/efile	I (not automatic) 3-month			
Type or N	ame of Exempt Organization	Employer identification number 36-2251912			
	NSTITUTE FOR THE INTERNATIONAL				
	DUCATION OF STUDENTS				
File by the	lumber, street, and room or suite no. If a P.O. box, see instructions.				
filing your 3	700 date (4)				
	ity, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	CHICAGO, IL 60602				
Check type o	of return to be filed (file a separate application for each return):				
Form 9		-•			
Form 9		- -			
Form 9		= =			
Form 9	90-PF Form 1041-A Form 88	170			
- The books	are in the care of MR. W. MARTENS				
	No. ► 312-944-1750 FAX No. ►				
	nization does not have an office or place of business in the United States, check this box	▶ □			
-	r a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi				
	. If it is for part of the group, check this box				
1 I reque	st an automatic 3 month (6-months for a Form 990-T corporation) extension of time until FEBR	UARY 15, 2007			
	he exempt organization return for the organization named above. The extension is for the organization				
▶□	calendar year or				
▶ [X]	tax year beginning JUL 1, 2005 , and ending JUN 30, 2006	<u> </u>			
2 If this t	ax year is for less than 12 months, check reason.	Change in accounting period			
2a If this s	implication is for Form 990.81, 990.PF, 990.T, 4720, or 6069, enter the tentative tax, less any				
	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
nomen	undable credits. See instructions				
h litabin -	application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
		•			
tax pay	ments made. Include any pnor year overpayment allowed as a credit	. 4			
a Dalass	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with	FTD			
	or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	\$N/A			
·					
Caution. If ye	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions			
LHA For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 12-2004)			