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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GEMOLOGICAL INSTITUTE OF AMERICA INC Doing Business As Number and street (or P O box if mail is not delivered to street address) 5345 ARMADA DRIVE Room/suite City or town, state or country, and ZIP + 4 CARLSBAD, CA 92008	D Employer identification number 95-3797687 E Telephone number (760) 603-4000 G Gross receipts \$ 205,381,953
	F Name and address of principal officer DONNA M BAKER 5345 ARMADA DRIVE CARLSBAD, CA 92008	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW GIA EDU	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1931		
M State of legal domicile CA		

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶12,044
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II	Signature Block				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer			2011-11-01 Date	
	DAVID J TEARLE VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SHARON ZORBACH	Preparer's signature SHARON ZORBACH	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶
	Firm's address ▶ 655 WEST BROADWAY SUITE 700 SAN DIEGO, CA 921018590				Phone no ▶ (619) 232-6500

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 15,891,790 including grants of \$ 178,278) (Revenue \$ 12,565,528)

EDUCATION SEE SCHEDULE O FOR DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS

4b

(Code) (Expenses \$ 81,686,971 including grants of \$) (Revenue \$ 126,680,268)

LABORATORY SEE SCHEDULE O FOR DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS

4c

(Code) (Expenses \$ 3,228,241 including grants of \$) (Revenue \$ 383,631)

RESEARCH & PUBLICATIONS SEE SCHEDULE O FOR DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e




















Total program service expenses

\$ 100,807,002

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	125
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,078
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: TW, IN, HK, UK, BE, TH, SZ, SF, BC, AE See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AK , AR , CA , FL , GA , HI , KY , ME , MD , MA , MI , MS , NH , NJ , NM , NY , OK , OR , PA , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAVID J TEARLE 5345 ARMADA DRIVE CARLSBAD, CA 920084602 (760) 603-4000

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

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

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,190,785	0	380,542

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶68

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DLA PIPER US LLP 401 B STREET SUITE 1700 SAN DIEGO, CA 92101	LEGAL	1,608,864
WEXLER WASSERMAN & ASSOCIATES 1120 PONCE DE LEON BLVD CORAL GABLES, FL 33134	INSURANCE	799,073
ADECCO EMPLOYMENT SERVICES 175 BROAD HOLLOW RD MELVILLE, NY 11747	STAFFING SERVICES	524,865
DELOITTE TAX LLP 655 W BROADWAY SUITE 700 SAN DIEGO, CA 92101	ACCOUNTING AND TAX	448,673
THE RADZINS GROUP 9 RALEIGH COURT COTO DE CAZA, CA 92679	CONSULTING	255,839

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 ▶10

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	268,910			
	g	Noncash contributions included in lines 1a-1f \$		169,188			
	h	Total. Add lines 1a-1f		268,910			
	Program Service Revenue	2a		Business Code			
		GEMOLOGICAL LABORATORY	541900	126,680,268	126,680,268		
b		TUITION & FEES	611600	12,565,528	12,565,528		
c		GEMOLOGY PUBLICATIONS	511120	383,631	383,631		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		139,629,427			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		5,191,474		5,191,474
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		12,335,653		12,335,653	
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		1,680,634	2,747	1,677,887
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . .				
	9a	Gross income from gaming activities See Part IV, line 19 . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances	a	3,353,271			
		b	Less cost of goods sold	b	2,163,997		
		c	Net income or (loss) from sales of inventory . .		1,189,274	1,189,274	
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	228,337		2,366	225,971	
	b	FOREIGN EXCHANGE GAIN	900099	101,346		101,346	
	c	NET MANAGEMENT FEE	900099	51,805		51,805	
	d	All other revenue					
e	Total. Add lines 11a-11d		381,488				
12	Total revenue. See Instructions		160,676,860	139,629,427	1,246,192	19,532,331	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,200	7,200		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	132,433	132,433		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	38,645	38,645		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,979,243	1,840,713	1,138,530	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,354,918	49,658,568	1,685,846	10,504
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,249,812	2,716,391	1,532,921	500
9	Other employee benefits	6,700,682	6,502,551	198,131	
10	Payroll taxes	4,430,976	3,939,822	490,114	1,040
a	Fees for services (non-employees)				
	Management				
b	Legal	1,861,751		1,861,751	
c	Accounting	60,191	13,566	46,625	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	537,948		537,948	
g	Other	10,141,141	8,763,837	1,377,304	
12	Advertising and promotion	3,109,500	3,109,500		
13	Office expenses	5,899,693	5,802,398	97,295	
14	Information technology				
15	Royalties	3,698	3,698		
16	Occupancy	4,897,056	4,897,056		
17	Travel	1,494,876	1,096,680	398,196	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	394,158	362,739	31,419	
20	Interest	773,095		773,095	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,533,972	5,512,073	21,899	
23	Insurance	1,141,582	1,014,764	126,818	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FURNITURE AND EQUIPMENT	2,214,521	2,214,097	424	
b	FOREIGN W/H TAX UNRECOV	1,631,370	1,631,370		
c	MAINTENANCE	650,915	650,915		
d	TOOLS & INSTRUMENTS	142,331	142,331		
e	PRINTING & PHOTO	141,064	140,156	908	
f	All other expenses	604,886	615,499	-10,613	
25	Total functional expenses. Add lines 1 through 24f	111,127,657	100,807,002	10,308,611	12,044
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				5,838,460	1	4,621,371
	2	Savings and temporary cash investments				8,032,063	2	29,735,444
	3	Pledges and grants receivable, net				1,554,949	3	538,929
	4	Accounts receivable, net				39,597,648	4	56,749,231
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				3,643,581	8	2,877,469
	9	Prepaid expenses and deferred charges				1,212,518	9	2,279,846
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	128,403,135				
	b	Less accumulated depreciation	10b	64,523,397	68,687,550	10c	63,879,738	
	11	Investments—publicly traded securities			72,677,020	11	78,694,388	
	12	Investments—other securities <i>See Part IV, line 11</i>				12		
	13	Investments—program-related <i>See Part IV, line 11</i>				13		
	14	Intangible assets				14		
	15	Other assets <i>See Part IV, line 11</i>			39,060,054	15	47,657,300	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			240,303,843	16	287,033,716	
Liabilities	17	Accounts payable and accrued expenses			4,110,142	17	3,769,797	
	18	Grants payable				18		
	19	Deferred revenue			5,283,374	19	5,797,579	
	20	Tax-exempt bond liabilities			29,885,000	20		
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>			24,580,914	25	37,257,177	
	26	Total liabilities. Add lines 17 through 25			63,859,430	26	46,824,553	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			163,017,211	27	227,079,234	
	28	Temporarily restricted net assets			1,448,382	28	1,262,843	
	29	Permanently restricted net assets			11,978,820	29	11,867,086	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds				32		
	33	Total net assets or fund balances			176,444,413	33	240,209,163	
	34	Total liabilities and net assets/fund balances			240,303,843	34	287,033,716	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,676,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	111,127,657
3	Revenue less expenses Subtract line 2 from line 1	3	49,549,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,444,413
5	Other changes in net assets or fund balances (explain in Schedule O)	5	14,215,547
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	240,209,163

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
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 IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GEMOLOGICAL INSTITUTE OF AMERICA INC	Employer identification number 95-3797687
-------------------------------------------------------------------------	-----------------------------------------------------

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____											
4	Number of states where property subject to conservation easement is located ► _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
	(ii) Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

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

3

Using the organization's 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 XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	61,080,217	53,275,261	70,869,286	
b	Contributions	50,000	268,637	145,033	
c	Investment earnings or losses	6,827,503	7,754,949	-17,502,143	
d	Grants or scholarships	171,078	218,630	236,915	
e	Other expenditures for facilities and programs	39,289			
f	Administrative expenses	162,733			
g	End of year balance	67,584,620	61,080,217	53,275,261	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 80 990 %

b

Permanent endowment ▶ 17 560 %

c

Term endowment ▶ 1 450 %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,227,037		13,227,037
b Buildings		57,202,470	21,787,575	35,414,895
c Leasehold improvements				
d Equipment		20,719,196	14,474,855	6,244,341
e Other		37,254,432	28,260,967	8,993,465
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				63,879,738

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	GIA USES ENDOWMENT FUNDS FOR ACTIVITIES PURSUANT TO THE INSTITUTE'S MISSION, WHICH IS SUMMARIZED IN THE RESPONSE TO PART III, ITEM 1
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE INSTITUTE ADOPTED FASB ASC NO. 740-10 ON JANUARY 1, 2007. AS OF THE DATE OF ADOPTION THROUGH DECEMBER 31, 2010, THE INSTITUTE HAD NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE INSTITUTE WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX BENEFITS AS INCOME TAX EXPENSE WHEN ACCRUED. AS THE INSTITUTE HAD NO LIABILITIES FOR UNCERTAIN TAX POSITIONS, THERE HAS BEEN NO ACCRUAL FOR INTEREST AND PENALTIES FOR THE YEAR ENDED DECEMBER 31, 2009.
		PART V, LINE 1F. THIS AMOUNT REPRESENTS A CHANGE IN PRESENT VALUE FOR THE CURRENT YEAR.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I

1

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?

2

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3

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? If "Yes," please describe If "No," please explain If you need more space use Part II

4

Does the organization maintain the following?

a

Records indicating the racial composition of the student body, faculty, and administrative staff?

b

Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d

Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain If you need more space, use Part II

5

Does the organization discriminate by race in any way with respect to

a

Students' rights or privileges?

b

Admissions policies?

c

Employment of faculty or administrative staff?

d

Scholarships or other financial assistance?

e

Educational policies?

f

Use of facilities?

g

Athletic programs?

h

Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a

Does the organization receive any financial aid or assistance from a governmental agency?

b

Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

YES

NO

1

Yes

2

Yes

3

Yes

4a

Yes

4b

Yes

4c

Yes

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

Yes

6b

No

7

Yes

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

Cat No 50085D

Schedule E (Form 990 or 990-EZ) 2010

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	SEE PART II FOR DESCRIPTION OF NONDISCRIMINATION POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GIA IS ACCREDITED BY ACCSC, WHICH IS RECOGNIZED BY THE US DEPARTMENT OF EDUCATION. GIA PARTICIPATES IN TITLE IV PROGRAMS. GIA ALSO ACCEPTS VETERAN'S BENEFITS FOR PROGRAMS THAT QUALIFY.
	SCHEDULE E, LINE 3, DESCRIPTION OF NONDISCRIMINATION POLICY	THE INSTITUTE'S BROCHURES AND APPLICATIONS ALL INCLUDE STATEMENTS OF RACIAL NONDISCRIMINATION POLICY. THE INSTITUTE CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE OR WORLDWIDE AND FOLLOWS A RACIALLY NONDISCRIMINATION POLICY. ACCORDINGLY, THE NEWSPAPER OR BROADCAST PUBLICATION REQUIREMENT IS SATISFIED BY ADHERENCE TO REV. PROC. 75-50, SECTION 4.02.

[illegible]**Schedule F (Form 990) 2010**

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

[illegible]

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 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

2

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

▶

3

Enter total number of other organizations

▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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) SCHOLARSHIP AWARDS	7	0	95,658	FMV	SCHOLARSHIPS TO PARTICIPATE IN THE INSTITUTE'S SCHOOL PROGRAMS

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AFTER GIA RECEIVES THE SIGNED ACCEPTANCE FORM AND THE STUDENT ENROLLS, AN AWARD LINE IS SET UP IN PEOPLESOFT TO READY THE AWARD FOR DISBURSEMENT THE AWARD IS DISBURSED THROUGH THE PEOPLESOFT SYSTEM AS A CREDIT TO THE STUDENT'S TUITION ACCOUNT THE FUNDS ARE NOT DISBURSED DIRECTLY TO THE STUDENT UNLESS THE PROVISIONS OF THE SCHOLARSHIP INCLUDE LIVING EXPENSES, ANY SUCH AWARD IS DISBURSED THROUGH PEOPLESOFT IN THE SAME MANNER AS OTHER FINANCIAL AID DESIGNATED FOR LIVING EXPENSES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(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, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AS PROVIDED IN THE GIA EMPLOYEE HANDBOOK, GIA PROVIDES TO ALL EMPLOYEES ON A ONE-TIME BASIS, REIMBURSEMENT UP TO \$100 OF THE EMPLOYEE'S HEALTH CLUB OR FITNESS PROGRAM MEMBERSHIP FEE. GIA WILL ONLY REIMBURSE THE EMPLOYEE ONCE RECEIPTS ARE SUBMITTED. THIS REIMBURSEMENT IS AVAILABLE TO ALL EMPLOYEES.
	PART I, LINE 4A	THE PAYMENT IN THE AMOUNT OF \$215,000 WAS SEVERANCE PAY FOR ROBERT BUSCHER, FORMER VP AND CFO. THE PAYMENT WAS MADE BASED ON THE SEPARATION AGREEMENT.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V		212,652			No
(2) SEE PART V		921,985			No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV		<p>THE INSTITUTE STRIVES TO MAINTAIN A BOARD OF GOVERNORS COMPOSED OF OUTSTANDING INDIVIDUALS WITH VARIED BACKGROUNDS WHO ARE ABLE TO CONTRIBUTE IMPORTANTLY TO THE ACCOMPLISHMENT OF THE INSTITUTE'S EXEMPT PURPOSES. THESE INCLUDE EXPERTS FROM THE FIELDS OF SCIENCE, ACADEMIA, FINANCE AND BUSINESS. THE INSTITUTE IS ALSO FORTUNATE TO HAVE BEEN ABLE TO RECRUIT A NUMBER OF OUTSTANDING EXPERTS (BOTH RETIRED AND ACTIVE) IN THE VARIOUS ASPECTS OF GEMS AND JEWELRY. THEREFORE, IT IS NOT SURPRISING THAT FIRMS ASSOCIATED WITH SOME OF THESE GOVERNORS HAVE PARTICIPATED IN THE INSTITUTE'S THREE EXEMPT ACTIVITIES PREVIOUSLY REPORTED TO AND APPROVED BY THE IRS: EDUCATION, RESEARCH AND GEM LABORATORY ACTIVITIES. (IN ADDITION, A RELATIVELY SMALL PORTION OF THE TRANSACTIONS INVOLVED SALES OF GEMOLOGICAL INSTRUMENTS, BOOKS AND SUPPLIES WHICH HAVE BEEN REPORTED AS NONEXEMPT ACTIVITIES.) SUCH PARTICIPATION BY THESE FIRMS, HOWEVER, BEGAN BEFORE THE ELECTION OF THESE INDIVIDUALS TO THE BOARD OF GOVERNORS AND REPRESENTS A TINY FRACTION OF THE TOTAL ACTIVITIES REPORTED ON FORM 990. OBVIOUSLY, TO BAR FIRMS AFFILIATED WITH BOARD MEMBERS FROM UTILIZING THE SERVICES OF THE INSTITUTE THEY HAD PREVIOUSLY ENJOYED WOULD LIKELY DEPRIVE GIA OF THE SERVICES OF COMMITTED AND TALENTED LEADERS SUCH AS THESE EDUCATIONEMPLOYEES OF FIRMS INVOLVED WITH GEMS AND JEWELRY, AS WELL AS INDIVIDUALS WHO ASPIRE TO SUCH POSITIONS AND THOSE WHO ARE COLLECTORS OR HOBBYISTS, REGULARLY ENROLL IN GEMOLOGY CLASSES AT THE INSTITUTE. ALL STUDENTS PAY THE SAME TUITION FOR THE SAME CURRICULA, EXCEPT THAT THERE IS A MULTIPLE ENROLLMENT DISCOUNT OF TEN PERCENT TO ALL ORGANIZATIONS ENROLLING MANY STUDENTS. EMPLOYERS MAY OR MAY NOT PAY THE TUITION FOR EMPLOYEES OR REIMBURSE STUDENTS FOR SUCH COST FOR USE IN ITS EDUCATIONAL PROGRAMS. THE INSTITUTE PAID A REPORTABLE AMOUNT (UNDER SCHEDULE L OF FORM 990) FOR THE PURCHASE OF VARIOUS SUPPLIES FROM A VENDOR AFFILIATED WITH ONE OF ITS GOVERNORS. THE INSTITUTE CHOSE THOSE MATERIALS BASED UPON THEIR QUALITY. THE PRICES PAID FOR SUPPLIES PURCHASED FROM SUCH VENDOR WERE MARKET PRICES COMPARABLE TO THE PRICES CHARGED BY SUCH VENDOR TO ITS OTHER CUSTOMERS AND WERE COMPARABLE TO OR MORE ATTRACTIVE THAN PRICES FOR SUPPLIES OF SIMILAR QUALITY AVAILABLE FROM OTHER VENDORS. GOVERNOR MATTHEW STULLER, AFFILIATED FIRM STULLER, INC. AGGREGATE AMOUNT PAID BY GIA: \$72,532. LABORATORY IN 2010, APPROXIMATELY 10,507 CLIENTS SUBMITTED GEMSTONES TO THE GIA LABORATORY, WHILE TWO FIRMS ASSOCIATED WITH MEMBERS OF THE BOARD OF GOVERNORS AVAILED THEMSELVES OF THIS SERVICE AND PAID THE REPORTABLE AMOUNTS (UNDER SCHEDULE L OF FORM 990). IN THE AGGREGATE, THE FEES FROM TRANSACTIONS WITH SUCH FIRMS WERE APPROXIMATELY 0.81 PERCENT OF THE TOTAL TRANSACTIONS OF THIS TYPE. FIRMS ASSOCIATED WITH A MEMBER OF THE BOARD OF GOVERNORS PAID THE SAME FEES AS PAID BY ANY OTHER SIMILARLY-SITUATED CLIENT. THE FIRMS WERE ALL CLIENTS OF THE GIA LABORATORY BEFORE THE AFFILIATED INDIVIDUALS BECAME MEMBERS OF THE BOARD OF GOVERNORS. GOVERNOR MATTHEW STULLER, AFFILIATED FIRM STULLER, INC. AGGREGATE AMOUNT PAID TO GIA: \$99,268. GOVERNOR EPHRAIM ZION, AFFILIATED FIRM DEHRES LIMITED, AGGREGATE AMOUNT PAID TO GIA: \$921,985. GEMOLOGICAL INSTRUMENTS IN THE COURSE OF ITS RESEARCH ACTIVITIES, THE INSTITUTE HAS DEVELOPED VARIOUS TYPES OF UNIQUE EQUIPMENT NEEDED TO APPLY GLOBAL GEMOLOGICAL STANDARDS. THE INSTRUMENTS DIVISION SELLS SUCH EQUIPMENT TO ITS STUDENTS, ALUMNI, AND THE PUBLIC. THESE SALES ARE REPORTED ON FORM 990-T AS NON-EXEMPT TRANSACTIONS. IN 2010, GIA'S INSTRUMENTS DIVISION MADE SALES OF GEMOLOGICAL EQUIPMENT, BOOKS AND SUPPLIES TO FIRMS AFFILIATED WITH ONE GOVERNOR IN REPORTABLE AGGREGATE AMOUNTS (UNDER SCHEDULE L OF FORM 990). IN TOTAL, SUCH SALES CONSTITUTE THREE PERCENT OF INSTRUMENTS DIVISION SALES. GOVERNOR MATTHEW STULLER, AFFILIATED FIRM STULLER, INC. AGGREGATE AMOUNT PAID TO GIA: \$40,852. ABOVE TRANSACTION REPRESENTED WHOLESALE SALES MADE TO A FIRM AFFILIATED WITH ONE GOVERNOR UNDER A DISTRIBUTORSHIP AGREEMENT THAT WAS REVIEWED IN DETAIL WITH AND APPROVED BY DISINTERESTED MEMBERS OF THE BOARD OF GOVERNORS (DURING WHICH DISCUSSION THE PERTINENT GOVERNOR WAS EXCUSED FROM THE MEETING) AFTER SPECIFIC FINDINGS THAT THE AGREEMENT WAS VERY BENEFICIAL TO GIA, THAT THE VALUE OF THE SERVICES AND BENEFITS RECEIVED BY GIA UNDER THE AGREEMENT EXCEEDED THE VALUE OF THE PROPERTY AND ECONOMIC BENEFIT PROVIDED TO THE DISTRIBUTOR, THAT THE AGREEMENT WAS A BETTER CONTRACT FOR GIA THAN HAD EXISTED WITH OTHER DISTRIBUTORS IN THE PAST, AND THAT IT WAS HIGHLY UNLIKELY THAT A MORE FAVORABLE ARRANGEMENT COULD BE FOUND. THE AGREEMENT ALSO ALLOWED GIA TO CONTINUE TO SELL INSTRUMENTS DIRECTLY TO RETAIL PURCHASERS IN THE SAME MARKETS. THE BOARD ALSO RELIED ON THE WRITTEN OPINION OF EXPERT COUNSEL THAT THE AGREEMENT AND THE BOARD'S PROCEDURES AND FINDINGS WOULD QUALIFY THE ARRANGEMENT FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS DESCRIBED IN THE SECTION 4958 REGULATIONS. GENERAL COMMENT: THE AFFILIATION OF THE GOVERNORS IDENTIFIED ABOVE WITH THEIR FIRMS IS AS FOLLOWS: EPHRAIM ZION IS MANAGING DIRECTOR OF DEHRES LTD. AND MR. STULLER IS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF STULLER INC. THE INSTITUTE BELIEVES THAT MR. ZION OWNS LESS THAN 35 PERCENT OF DEHRES LTD. AND MR. STULLER OWNS AT LEAST 35 PERCENT OF HIS RESPECTIVE FIRM. NONE OF THE FOREGOING TRANSACTIONS INVOLVED A SHARING OF THE INSTITUTE'S REVENUE.</p>

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles	X	5	169,188	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	3		

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization GEMOLOGICAL INSTITUTE OF AMERICA INC	Employer identification number 95-3797687
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD OF GOVERNORS DELEGATES THE DETAILED REVIEW AND APPROVAL OF FORM 990 TO A 990 REVIEW TEAM THE 990 REVIEW TEAM CONSISTS OF GIA PRESIDENT / CEO AND GOVERNOR, ITS VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, ITS VICE PRESIDENT AND CHIEF MARKETING OFFICER, GIA'S OUTSIDE COUNSEL SPECIALIZING IN NON-PROFIT TAX, DIRECTOR OF GLOBAL CORPORATE COMPLIANCE, AND TAX DIRECTOR OF GIA THE 990 REVIEW TEAM SCHEDULES A MEETING WITH THE FIRM THAT PREPARES THE FORM 990 TO CONDUCT A DETAILED REVIEW THE FIRM RESPONDS TO ANY OUTSTANDING QUESTIONS OR CONCERNS RAISED BY THE 990 REVIEW TEAM ONCE THE REVIEW TEAM COMPLETES ITS DETAILED REVIEW, THE FORM 990 IS AVAILABLE TO THE BOARD OF GOVERNORS PRIOR TO ITS FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE INSTITUTE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICIES THROUGH ANNUAL CIRCULATION OF A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS COMPLETED AND SIGNED BY ALL MEMBERS OF THE BOARD OF GOVERNORS, OFFICERS, AND MEMBERS OF EXECUTIVE MANAGEMENT IN ADDITION, GIA REQUIRES ALL EMPLOYEES (INCLUDING THOSE OF GIA AND ITS INTERNATIONAL AFFILIATES) TO REVIEW ITS CODE OF CONDUCT, AS IT MAY BE AUGMENTED BY GIA FROM TIME TO TIME, AND TO ACKNOWLEDGE BY SIGNATURE ADHERENCE TO ITS ETHICAL STANDARDS, INCLUDING ITS CONFLICT OF INTEREST POLICIES, AS A CONDITION OF EMPLOYMENT THE LEGAL DEPARTMENT REVIEWS CONTRACTUAL RELATIONSHIPS ENTERED INTO BY THE ORGANIZATION AND IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST AS REPORTED THROUGH DISCLOSURES AND BY OTHER MEANS FURTHER, IT IS INCUMBENT UPON ALL OF THE AFOREMENTIONED PARTIES TO DISCLOSE ANY CONFLICTS OF INTEREST IN THE COURSE OF THE YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF GOVERNORS EXECUTIVE COMMITTEE MEETS ANNUALLY IN NOVEMBER TO REVIEW THE OFFICER COMPENSATION AND TO SET THE PAY RATE FOR THE SUBSEQUENT YEAR. GIA RETAINED THE SERVICES OF THE HAY GROUP, INTERNATIONAL COMPENSATION AND BENEFITS CONSULTANTS, WHICH DISTRIBUTE PERIODIC MARKET PAY COMPARISONS OF COMPARABLE JOBS TO THOSE OF GIA OFFICERS. THIS INFORMATION IS PROVIDED TO THE BOARD EXECUTIVE COMMITTEE FOR REVIEW AND USE. IN THE INTERIM YEARS BETWEEN COMPREHENSIVE MARKET STUDIES, GIA OBTAINS SUCH MARKET DATA AS AVERAGE MERIT INCREASES FROM THE HAY GROUP AND ALSO TAKES THE CPI INTO CONSIDERATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GIA'S EMPLOYEE CODE OF CONDUCT, WHICH INCLUDES A SECTION ON CONFLICTS OF INTEREST, IS POSTED ON GIA'S WEBSITE. THIS CODE GOVERNS EMPLOYEES OF GIA AND ITS GLOBAL SUBSIDIARIES. FINANCIAL STATEMENTS ARE INCORPORATED INTO THE FORM 990, WHICH, OF COURSE, IS AVAILABLE TO THE PUBLIC. THE INSTITUTE'S GOVERNING DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	IN 2010 BOARD MEMBERS RECEIVED A STIPEND BASED ON THE NUMBER OF MEETINGS THEY ATTENDED HOWEVER, EACH GOVERNOR HAS THE OPTION TO DECLINE THIS STIPEND

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAINS 4,393,182 INTEREST-RATE RISK MITIGATION TRANSACTION -126,066 BOOK/TAX DIFFERENCE ON EQUITY EARNINGS OF SUBSIDIARIES 14,244,097 LOSS ON DISCONTINUED OPERATIONS -1,136,702 INVESTMENT INCOME FROM SUBSIDIARY -2,810,773 UNREALIZED FOREIGN EXCHANGE LOSS -348,191 TOTAL TO FORM 990, PART XI, LINE 5 14,215,547

Identifier	Return Reference	Explanation
	FORM 990, PAGE 1, LINE 1, ORGANIZATION MISSION STATEMENT	GIA IS THE WORLD'S LARGEST AND MOST RESPECTED NONPROFIT INSTITUTE OF GEMOLOGICAL RESEARCH AND LEARNING. THE INSTITUTE'S MISSION AND MOST SIGNIFICANT ACTIVITIES ARE (A) OPERATING A SCHOOL PROVIDING EDUCATION AND GRANTING DIPLOMAS IN GEMOLOGY AND RELATED AREAS, (B) PROTECTING THE PUBLIC FROM MISREPRESENTATION PERTAINING TO GEMS, DETERRING GEM THEFT, ASSISTING IN THE RECOVERY OF STOLEN PROPERTY AND PROSECUTION OF CRIMINALS, AND PROMOTING STATE OF THE ART RESEARCH INTO THE TECHNIQUES BY WHICH GEMS ARE MODIFIED TECHNOLOGICALLY OR MANUFACTURED SYNTHETICALLY AND AS IMITATIONS OF GEMS, AND (C) SUPPORTING, PERFORMING, AND PUBLISHING SCIENTIFIC RESEARCH AND ANALYSIS RELATED TO GEMS AND GEMOLOGY AND LEARNING IN RELATED FIELDS. GIA OFFERS A COMPREHENSIVE GEMOLOGY CURRICULUM TAUGHT BY A FULL-TIME, PROFESSIONAL FACULTY TO REGULARLY ENROLLED STUDENTS AT ITS ON-CAMPUS FACILITIES IN CARLSBAD, CALIFORNIA AND NEW YORK CITY. GIA ALSO OFFERS EXTENSIVE DISTANCE EDUCATION. GIA'S RESEARCHERS UTILIZE SOPHISTICATED ANALYTICAL TECHNIQUES AND EQUIPMENT TO ADVANCE THE SCIENCE OF GEMOLOGY, AND TO DETECT SYNTHETIC AND ALTERED GEMS. ITS LIBRARY AND QUARTERLY PUBLICATION, GEMS & GEMOLOGY, COLLECT AND DISSEMINATE RESEARCH ON GEMS. THE GIA'S LABORATORY PROTECTS THE PUBLIC FROM MISREPRESENTATION ABOUT GEMS, DETERS GEM THEFT, AND HELPS LAW ENFORCEMENT BY TRACING STOLEN GEMS, WHILE PROMOTING STATE-OF-THE-ART RESEARCH.

Identifier	Return Reference	Explanation
	FORM 990, PAGE 1, ITEM L, YEAR OF FORMATION	THE GEMOLOGICAL INSTITUTE OF AMERICA WAS ESTABLISHED IN 1931 BY ROBERT M SHIPLEY WHO INTRODUCED CORRESPONDENCE COURSES IN THE SAME YEAR SUBSEQUENTLY, GIA CORPORATIONS WERE FORMED IN OHIO AND IN CALIFORNIA THE CURRENT GEMOLOGICAL INSTITUTE OF AMERICA, INC , WHICH IS A CALIFORNIA PUBLIC BENEFIT CORPORATION, IS THE SUCCESSOR TO THE CALIFORNIA CORPORATION INITIALLY INCORPORATED IN 1982, WHICH IN TURN IS THE SUCCESSOR TO THE OHIO CORPORATION INCORPORATED IN 1943

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 1, ORGANIZATION MISSION STATEMENT	THE INSTITUTE'S MISSION AND MOST SIGNIFICANT ACTIVITIES ARE (A) OPERATING A SCHOOL PROVIDING EDUCATION AND GRANTING DIPLOMAS IN GEMOLOGY AND RELATED AREAS, (B) PROTECTING THE PUBLIC FROM MISREPRESENTATION PERTAINING TO GEMS, DETERRING GEM THEFT, ASSISTING IN THE RECOVERY OF STOLEN PROPERTY AND PROSECUTION OF CRIMINALS, AND PROMOTING STATE OF THE ART RESEARCH INTO THE TECHNIQUES BY WHICH GEMS ARE MODIFIED TECHNOLOGICALLY OR MANUFACTURED SYNTHETICALLY AND AS IMITATIONS OF GEMS, AND (C) SUPPORTING, PERFORMING, AND PUBLISHING SCIENTIFIC RESEARCH AND ANALYSIS RELATED TO GEMS AND GEMOLOGY AND LEARNING IN RELATED FIELDS

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINES 4A	<p>EDUCATION GIA OFFERS A COMPREHENSIVE GEMOLOGY CURRICULUM AT THE INSTITUTE'S CALIFORNIA AND NEW YORK CAMPUSES, AND THROUGH INTERNATIONAL SUBSIDIARIES IN INDIA, THAILAND, HONG KONG, ENGLAND, SOUTH AFRICA, BOTSWANA, DUBAI, AND TAIWAN, AND LICENSEES IN ITALY, JAPAN, KOREA, AND RUSSIA. DISTANCE EDUCATION COURSES ARE DISTRIBUTED DOMESTICALLY AND INTERNATIONALLY IN A VARIETY OF LANGUAGES. IN 2010, TOTAL ENROLLMENTS WERE 13,370, COMPRISING 3,418 ON-CAMPUS, AND 9,952 DISTANCE-EDUCATION ENROLLMENTS. GIA'S EDUCATIONAL OFFERINGS COVER THE GAMUT OF GEMOLOGY SUBJECTS, INCLUDING, BUT NOT LIMITED TO: (A) THE USE OF GEMOLOGICAL INSTRUMENTS, (B) THE OPTICAL AND PHYSICAL PROPERTIES OF DIAMONDS, GEMSTONES, PEARLS AND OTHER NATURAL ORGANIC GEM MATERIALS, (C) SYNTHETIC DIAMONDS AND DIAMOND SIMULANTS, (D) DETECTION OF FRACTURE-FILLED DIAMONDS AND SYNTHETIC DIAMONDS, (E) DETERMINATION OF COLOR, CLARITY, CUT, AND CARAT WEIGHT OF DIAMONDS, (F) APPLICATION OF FTC GUIDELINES FOR JEWELRY TRANSACTIONS, (G) DETECTION OF SYNTHETIC, TREATED, IMITATION OR ASSEMBLED COLORED GEM MATERIALS, AND (H) DETECTION OF CULTURED, IMITATION, ASSEMBLED AND TREATED PEARLS. A GRADUATE GEMOLOGIST (G G) DIPLOMA FROM GIA IS RECOGNIZED AROUND THE GLOBE AS A KEY CREDENTIAL IN THE GEMOLOGICAL WORLD. IN 2003, IN RESPONSE TO A GROWING NEED FOR QUALITY SCIENCE COURSES FOR CHILDREN, GIA CREATED THE JUNIOR GEMOLOGIST PROGRAM. THE JUNIOR GEMOLOGIST PROGRAM TEACHES GEMOLOGY, GEOLOGY AND MINERALOGY TO LOCAL STUDENTS AND YOUTH GROUPS, WITH INSTRUCTION PROVIDED BY THE INSTITUTE'S INSTRUCTORS AND MEMBERS OF THE GEM AND JEWELRY INDUSTRY. THE MATERIAL IS PRESENTED IN AN INTERACTIVE AND SCIENTIFIC WORKSHOP THAT INCLUDES HANDS-ON TRAINING WITH GEMOLOGICAL INSTRUMENTS AND EQUIPMENT. IN 2010, APPROXIMATELY 3,343 STUDENTS ATTENDED THE JUNIOR GEMOLOGIST PROGRAM. GIA HOSTS A JEWELRY CAREER FAIR AND OPEN HOUSE AT ITS CAMPUS IN CALIFORNIA ON AN ANNUAL BASIS. THE EVENT IS FREE AND OPEN TO THE PUBLIC. AS THE JEWELRY INDUSTRY'S LARGEST JOB FAIR, THE EVENT ALWAYS ATTRACTS THE INDUSTRY'S TOP RETAILERS, MANUFACTURERS, LABORATORIES AND WHOLESALERS INTERESTED IN HIRING GIA STUDENTS AND GRADUATES. IN 2010, APPROXIMATELY 700 INDIVIDUALS ATTENDED THE CAREER FAIR AND OPEN HOUSE EVENT. THE MISSION OF THE INSTITUTE'S RICHARD T. LIDDICOAT GEMOLOGICAL LIBRARY AND INFORMATION CENTER IN CARLSBAD, CALIFORNIA IS TO CONTINUE AS THE WORLD'S PREMIER RESOURCE FOR INFORMATION IN THE FIELDS OF GEM AND JEWELRY-RELATED STUDIES. AS SUCH, THE INSTITUTE PROMOTES THE USE OF ITS RESOURCES FOR EDUCATION AND RESEARCH BY THE PUBLIC, THE GEM AND JEWELRY INDUSTRY, AND THE INSTITUTE'S STUDENTS, FACULTY AND ALUMNI. THE INSTITUTE'S LIBRARY HOUSES THE WORLD'S LARGEST COLLECTION OF DIAMOND, GEM AND JEWELRY RESOURCE MATERIALS. WHETHER BY PHONE, E-MAIL OR IN PERSON, THE LIBRARY STAFF SERVES SCIENTISTS, JEWELERS, GEMOLOGISTS AND STUDENTS FROM EVERY CORNER OF THE GLOBE. THE EXPERT LIBRARY STAFF DRAWS UPON A GROWING COLLECTION OF OVER 13,000 VOLUMES IN ITS CIRCULATING COLLECTION, 25,000 VOLUMES IN THE RENOWNED CARTIER RARE BOOK REPOSITORY AND ARCHIVES, OVER 100,000 PHOTOGRAPHIC IMAGES, 1,500 VIDEOS/DVDS, APPROXIMATELY 300 JOURNAL AND MAGAZINE TITLES, 200 CD-ROMS AND 120 AUDIO CDS TO PROVIDE READY REFERENCE IN THE FIELDS OF GEMOLOGY AND JEWELRY. THE INSTITUTE'S MUSEUM ALSO EDUCATES THE PUBLIC ON GEMS AND GEMOLOGY, DISPLAYING CUT GEMS, MINERAL SPECIMENS AND JEWELRY. THE MUSEUM HAS HOSTED A SERIES OF THEMED EXHIBITS. IN 2010, THERE WERE 4,063 GUESTS VISITED AND TOURED THE MUSEUM THROUGHOUT THE YEAR. AS DISCUSSED BELOW, THE INSTITUTE PUBLISHES GEMS & GEMOLOGY, WHICH EDUCATES ITS READERSHIP ABOUT THE LATEST DISCOVERIES IN GEMOLOGY.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4B	<p>LABORATORY THE MISSION OF THE INSTITUTE'S LABORATORY IS TO PROTECT THE PUBLIC FROM MISREPRESENTATION PERTAINING TO GEMS (WHETHER INNOCENT, NEGLIGENT OR INTENTIONAL), TO DETER GEM THEFT, TO ASSIST IN RECOVERY OF STOLEN PROPERTY AND PROSECUTION OF CRIMINALS, AND TO PROMOTE STATE-OF-THE-ART RESEARCH INTO THE TECHNIQUES BY WHICH GEMS ARE MODIFIED TECHNOLOGICALLY OR MANUFACTURED SYNTHETICALLY THE FBI'S JEWELRY AND GEM PROGRAM HAS DESIGNATED GIA AS A PARTNER LISTED ON THE FBI WEBSITE IN COMBATING GEM THEFT IN 2010, THE LABORATORY FLAGGED 1,753 STOLEN GEMSTONES IN ITS DATABASE, AND RECOVERED 71 GEMSTONES IN 27 CASES THAT WERE RESUBMITTED TO THE LABORATORY AFTER HAVING BEEN STOLEN GIA ALSO REGULARLY ASSISTS OTHER GOVERNMENT AGENCIES IN 2010, GIA ISSUED 1 DIAMOND GRADING REPORT AND 4 STONE IDENTIFICATION REPORTS FOR LAW ENFORCEMENT AGENCIES THE LABORATORY FULFILLS ITS MISSION BY EXAMINING AND CLASSIFYING INDIVIDUAL GEM MATERIALS SUBMITTED TO THE GIA LABORATORY AND ITS INTERNATIONAL SUBSIDIARIES' LABORATORIES DIAMONDS AND SYNTHETIC DIAMONDS ARE IDENTIFIED AND GRADED, WITH REPORTS ISSUED ON THEIR PRECISE IDENTIFYING FEATURES AND WITH QUALITY ASSESSMENTS ON THE 4CS COLOR, CLARITY, CUT AND CARAT WEIGHT COLORED GEMSTONES, SYNTHETIC COLORED STONES, PEARLS AND CULTURED PEARLS ARE IDENTIFIED, WITH REPORTS ISSUED UPON CLIENT REQUEST THE DISTINGUISHING CHARACTERISTICS AND FEATURES OF A GIVEN GEM ARE UNIQUE TO THAT GEM IN MUCH THE SAME WAY A FINGERPRINT IS UNIQUE TO AN INDIVIDUAL PERSON ONCE A GEM HAS BEEN SUBMITTED FOR EXAMINATION, ITS CHARACTERISTICS AND FEATURES ARE RECORDED FOR FUTURE REFERENCE IN CASE IT IS EVER RESUBMITTED, EITHER IN THE NORMAL COURSE OR IN QUESTIONABLE CIRCUMSTANCES, SUCH AS WITH LOST OR STOLEN ITEMS ADDITIONALLY, IF REQUESTED BY THE CLIENT, AN IDENTIFICATION CODE CAN BE LASER INSCRIBED UPON THE GEM THE SUBSTANTIAL AND CONTINUOUS VOLUME OF GEM MATERIALS THAT ARE SUBMITTED FOR EXAMINATION, TOGETHER WITH THE LARGE COLLECTION OF COMPARISON GEMS ACQUIRED BY GIA, CONSTITUTE AN INVALUABLE DATABASE FOR RESEARCH AND PUBLIC SERVICE CONDUCTED BY THE INSTITUTE TO MAKE POSSIBLE THIS PUBLIC SERVICE, GIA CHARGES RELATIVELY MODEST FEES THAT VARY BY THE TYPE AND SIZE OF THE GEM MATERIAL IT SHOULD BE NOTED THAT GIA DOES NOT APPRAISE ANY GEM MATERIALS OR OTHERWISE ESTABLISH THEIR MARKET VALUE COMMERCE IN GEMS HAS BECOME MORE GLOBAL OVER THE PAST DECADE, WITH THE RESULT THAT MANY GEM MATERIALS ARE SOLD BY FOREIGN GEM OWNERS OR DEALERS BUT ULTIMATELY FIND THEIR WAY TO THE U S MARKET, EITHER THROUGH WHOLESALE DISTRIBUTION, OR FUTURE RESALE MOST DIAMONDS PURCHASED IN THE U S HAVE BEEN MINED AND PROCESSED OUTSIDE OF THIS COUNTRY SOME PROPORTION OF THOSE DIAMONDS HAVE HISTORICALLY NOT BEEN SUBMITTED TO GIA'S LABORATORY BECAUSE OF THE GEOGRAPHIC DISTANCE BETWEEN GIA'S LABORATORY FACILITIES IN CALIFORNIA AND NEW YORK AND THE FAR FLUNG LOCATIONS OF MINES AND DEALERS TO ENHANCE ITS ABILITY TO PURSUE THE MISSION OF PROTECTING THE GEM PURCHASING PUBLIC, DETERRING THEFT, AND ASSISTING IN RECOVERY OF STOLEN PROPERTY AND PROSECUTION OF CRIMINALS, GIA OPERATES LABORATORIES THROUGH ITS WHOLLY-OWNED SUBSIDIARIES IN BOTSWANA, HONG KONG, INDIA, SOUTH AFRICA, AND THAILAND, AND GIA OPERATES TAKE-IN WINDOWS OFFERING LOGISTICAL SUPPORT THROUGH ITS WHOLLY-OWNED SUBSIDIARY IN DUBAI</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4C	<p>RESEARCH & PUBLICATIONS THE INSTITUTE'S RESEARCHERS UTILIZE SOPHISTICATED ANALYTICAL TECHNIQUES AND SCIENTIFIC EQUIPMENT TO ADVANCE THE SCIENCE OF GEMOLOGY , INCLUDING DETECTION OF SYNTHETIC GEMS, CULTURED PEARLS AND TREATED NATURAL GEMS THE MISSION OF THE RESEARCH DEPARTMENT IS TO (1) CHARACTERIZE THE GEMOLOGICAL PROPERTIES OF GEM MATERIALS AND DEVELOP PRACTICAL WAYS TO IDENTIFY THEM, (2) UNDERSTAND THE CONDITIONS OF GEMSTONE FORMATION IN THE EARTH, AS WELL AS THE CONDITIONS OF GEM TREATMENT AND SYNTHESIS IN THE LABORATORY , AS A FURTHER BASIS FOR DEVELOPING MEANS OF GEM IDENTIFICATION, (3) INVESTIGATE THE FACTORS THAT ARE RESPONSIBLE FOR THE APPEARANCE OF DIAMONDS AND OTHER GEM MATERIALS, SO AS TO ESTABLISH METHODS TO EVALUATE THEIR QUALITY , AND (4) DESIGN AND IMPROVE INSTRUMENTATIONS FOR GEM STONE TESTING THE INSTITUTE IS THE WORLD LEADER IN RESEARCHING THE METHODS BY WHICH GEM MATERIALS CAN BE "ENHANCED" IN COLOR OR CLARITY OR SYNTHESIZED IN A LABORATORY THIS RESEARCH HELPS PROTECT THE PUBLIC FROM POSSIBLE MISREPRESENTATIONS PERTAINING TO GEM MATERIALS THE INSTITUTE ACTS AS A CONSUMER ADVOCATE TO ENSURE THAT CONSUMERS, ALONG WITH RETAILERS AND WHOLESALERS, ARE FULLY APPRISED OF THE TRUE CHARACTER-NATURAL, ENHANCED, OR SYNTHETIC-OF ANY SPECIFIC GEM TO DISSEMINATE THEIR FINDINGS, GIA RESEARCHERS SPEAK AT SEMINARS, POST DEVELOPMENTS ONLINE ON THE GIA RESEARCH WEB SITE, AND PUBLISH FREQUENTLY IN SCHOLARLY TEXTS AND JOURNALS, INCLUDING GEMS & GEMOLOGY , GIA'S QUARTERLY SCIENTIFIC PUBLICATION GEMS & GEMOLOGY , WHICH HAS BEEN IN CONTINUOUS PUBLICATION FOR MORE THAN 75 YEARS, PROVIDES INFORMATION ON NEW GEM MATERIALS, GEM LOCALITIES, TREATMENT AND SYNTHESIS TECHNIQUES, AND IDENTIFICATION METHODS THE JOURNAL KEEPS STUDENTS AND PROFESSIONALS ALIKE UP-TO-DATE ON THE MOST CRITICAL TOPICS IN GEMOLOGY IN RECENT YEARS, GIA HAS PUBLISHED THREE COMPENDIUMS OF ARTICLES FROM GEMS & GEMOLOGY , ON SYNTHETIC, COLORED AND TREATED DIAMONDS THERE IS A CONSTANT DEMAND FOR BACK ISSUES BY STUDENTS, PROFESSIONALS AND HOBBYISTS RESEARCHING NUMEROUS GEMOLOGICAL SUBJECTS IN ADDITION, GIA SUMMARIZES TECHNICAL ARTICLES PUBLISHED BY GIA RESEARCHERS IN GEMS & GEMOLOGY FOR REPUBLICATION IN TRADE JOURNALS NATIONALLY AND INTERNATIONALLY, SO THE INFORMATION CAN BE BROADLY DISSEMINATED SINCE NOVEMBER 2008, THE JOURNAL HAS BEEN AVAILABLE ONLINE AS WELL AS IN PRINT AND SINCE OCTOBER 2009, STAFF MEMBERS AT GEMS & GEMOLOGY HAVE PRODUCED A MONTHLY ELECTRONIC NEWSLETTER CALLED THE G&G EBRIEF, WITH SHORT, ORIGINAL REPORTS FROM GIA AND OTHER RESEARCHERS ABOUT THE NEW DEVELOPMENTS IN THE FIELD PUBLICATION INFORMATION FOR THE YEAR 2010 ISSUES DISTRIBUTED TO SUBSCRIBERS 17,265 CURRENT ISSUES ORDERED 2,490 BACK ISSUES ORDERED 1,427 TOTAL ISSUES 21,182</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEMOLOGICAL INSTITUTE OF AMERICA INC

Employer identification number
95-3797687

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GIA INSTRUMENTS UK LIMITED 35 VINE STREET LONDON, ECN 2AA UK UK	GEMOLOGICAL INSTRUMENT SALES	UK	444,891	526,041	N/A

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 organization	
						Yes	No
(1) GIA HOLDINGS INC 5345 ARMADA DRIVE CARLSBAD, CA 92008 33-0990032	TITLE HOLDING COMPANY FOR TAX-EXEMPT PARENT	CA	501(C)(2)		N/A	Yes	
(2) GIA ENGLAND 35 VINE STREET LONDON, EC3N 2AA UK	EDUCATIONAL SERVICES	UK			N/A	Yes	
(3) GIA (INTERNATIONAL) COMPANY LTD BISCO TOWER - 12TH FLOOR 56/12-13 S SI PHRAYA BANGKOK, 10 500 TH	EDUCATIONAL SERVICES	TH			N/A	Yes	
(4) GIA INDIA 10TH FLOOR TRADE CENTRE BANDRA KU BANDRA EAST, MUMBAI, 400 0051 IN	EDUCATIONAL SERVICES	IN			GIA HOLDINGS INC	Yes	

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	

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
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE R, PART V	THE TRANSACTIONS REPORTED BETWEEN GIA AND THE RELATED ORGANIZATIONS LISTED ON LINES 14 & 15 ARE ASSOCIATED WITH THE PROVISION OF GRADING AND MANAGEMENT SERVICES BY GIA THESE GRADING SERVICES ARE PERFORMED IN GIA'S ORDINARY COURSE OF BUSINESS AS DESCRIBED IN SCHEDULE O, PART III, LINE 4B THE TRANSACTIONS REPORTED ON LINES 16 & 17 ARE DIVIDEND DISTRIBUTIONS FROM RELATED ORGANIZATIONS

Additional Data

Software ID:

Software Version:

EIN: 95-3797687

Name: GEMOLOGICAL INSTITUTE OF AMERICA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA M BAKER PRESIDENT	40 00	X		X				509,713	0	45,998
RODNEY C EWING GOVERNOR	1 00	X						6,000	0	0
JEFFREY H FISCHER GOVERNOR	1 00	X						6,000	0	0
JOHN A GREEN GOVERNOR	1 00	X						3,000	0	0
SUSAN JACQUES GOVERNOR	1 00	X						6,000	0	0
DIONE D KENYON GOVERNOR	1 00	X						0	0	0
FREDERICK N LEVINGER GOVERNOR	1 00	X						6,000	0	0
ANNA MARTIN GOVERNOR	1 00	X						3,000	0	0
ROLAND NAFTULE GOVERNOR	1 00	X						6,000	0	0
GLENN R NORD GOVERNOR	1 00	X						6,000	0	0
JAMES P SHINEHOUSE GOVERNOR	1 00	X						6,000	0	0
HANK B SIEGEL GOVERNOR	1 00	X						3,000	0	0
ARON SUNA GOVERNOR	1 00	X						6,000	0	0
EPHRAIM ZION GOVERNOR	1 00	X						3,000	0	0
MATTHEW G STULLER GOVERNOR	1 00	X						0	0	0
PAUL KREUTZ GOVERNOR	1 00	X						6,000	0	0
STEVE RELYEA GOVERNOR	1 00	X						6,000	0	0
THOMAS YANG GOVERNOR	1 00	X						3,000	0	0
THOMAS MOSES SENIOR VICE PRESIDENT	40 00			X				404,212	0	31,733
DAVID TEARLE VP & CFO	40 00			X				312,728	0	30,091
LINDA ELLIS VP, CHIEF ADVMT OFFICER	40 00				X			200,370	0	16,896
LINDA L SCHOLL VP, HUMAN RESOURCES	40 00				X			231,779	0	16,955
KATHRYN KIMMEL VP & CHIEF MKTG OFFICER	40 00				X			223,383	0	18,049
TAWFIC E FARAH VP, INTERNATIONAL OPS	40 00				X			241,098	0	23,525
PHILLIP M YANTZER VP, LABORATORY SERVICES	40 00				X			192,873	0	29,658

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE F LANZL VP, GRADING LAB OPS	40 00				X			192,882	0	15,812
CYNTHIA SANDERS VP, CORP SRVCS	40 00				X			178,397	0	14,509
BEVERLY HORI VP, EDUCATION	40 00				X			216,808	0	10,864
DONALD FOSTER CHIEF INFO OFFICER	40 00					X		186,480	0	25,730
SABRA NORRIS DIRECTOR, FNCL PLN & OP	40 00					X		216,123	0	16,735
TIMOTHY THOMAS DIRECTOR, TECH & OPTICAL SYS	40 00					X		178,321	0	21,965
JOHN KING CHIEF QUALITY OFFICER	40 00					X		170,986	0	20,116
DUNCAN L PAY DIRECTOR, COURSE DVLP	40 00					X		158,540	0	24,346
ROBERT BUSCHER FORMER TREASURER	40 00						X	301,092	0	17,560

Software ID:

Software Version:

EIN: 95-3797687

Name: GEMOLOGICAL INSTITUTE OF AMERICA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DONNA M BAKER	(i) (ii)	342,807 0	125,000 0	41,906 0	12,250 0	33,748 0	555,711 0	0 0
THOMAS MOSES	(i) (ii)	297,743 0	100,000 0	6,469 0	12,250 0	19,483 0	435,945 0	0 0
DAVID TEARLE	(i) (ii)	271,458 0	40,000 0	1,270 0	12,251 0	17,840 0	342,819 0	0 0
LINDA ELLIS	(i) (ii)	173,176 0	21,000 0	6,194 0	9,819 0	7,077 0	217,266 0	0 0
LINDA L SCHOLL	(i) (ii)	199,899 0	30,007 0	1,873 0	11,549 0	5,406 0	248,734 0	0 0
KATHRYN KIMMEL	(i) (ii)	185,833 0	31,916 0	5,634 0	11,019 0	7,030 0	241,432 0	0 0
TAWFIC E FARAH	(i) (ii)	195,747 0	42,500 0	2,851 0	12,097 0	11,428 0	264,623 0	0 0
PHILLIP M YANTZER	(i) (ii)	160,722 0	23,500 0	8,651 0	9,798 0	19,860 0	222,531 0	0 0
BRUCE F LANZL	(i) (ii)	147,743 0	26,500 0	18,639 0	10,424 0	5,388 0	208,694 0	0 0
CYNTHIA SANDERS	(i) (ii)	153,344 0	23,660 0	1,393 0	8,924 0	5,585 0	192,906 0	0 0
BEVERLY HORI	(i) (ii)	145,621 0	20,000 0	51,187 0	8,298 0	2,566 0	227,672 0	0 0
DONALD FOSTER	(i) (ii)	168,960 0	16,802 0	718 0	9,390 0	16,340 0	212,210 0	0 0
SABRA NORRIS	(i) (ii)	161,410 0	15,000 0	39,713 0	8,977 0	7,758 0	232,858 0	0 0
TIMOTHY THOMAS	(i) (ii)	166,129 0	10,850 0	1,342 0	5,351 0	16,614 0	200,286 0	0 0
JOHN KING	(i) (ii)	151,144 0	18,500 0	1,342 0	8,529 0	11,587 0	191,102 0	0 0
DUNCAN L PAY	(i) (ii)	146,372 0	11,700 0	468 0	8,006 0	16,340 0	182,886 0	0 0
ROBERT BUSCHER	(i) (ii)	1,508 0	0 0	299,584 0	0 0	17,560 0	318,652 0	0 0

Software ID:

Software Version:

EIN: 95-3797687

Name: GEMOLOGICAL INSTITUTE OF AMERICA INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
GIA INSTRUMENT (TAIWAN) CO 3F 270 NANJING EAST ROAD SEC 3 TAIPEI 105 TW	EDUCATIONAL SERVICES	TW	N/A	C	1,324,988	1,439,359	100 000 %
GEMOLOGICAL RESEARCH (THAILAND) COMPANY LTD 10TH FLOOR U-CHU-LIANG BUILDING 9 BANGKOK, 10500 TH	LIMITED LABORATORY SERVICE	TH	N/A	C	3,138,026	5,013,812	100 000 %
GIA HOLDINGS COMPANY LTD 10TH FLOOR U-CHU-LIANG BUILDING 9 BANGKOK, 10500 TH	HOLDING COMPANY	TH	N/A	C			100 000 %
GIA HONG KONG LIMITED ROOM 301 3/F AON CHINA BUILDING 29 QUEENS ROAD CENTRAL HK	EDUCATIONAL SERVICES	HK	N/A	C	1,797,930	3,857,998	100 000 %
GIA HONG KONG LABORATORY SERVICES CENTER LIMITED ROOM 1203 12/F AON CHINA BUILDIN 29 QUEENS ROAD CENTRAL HK	LOGISTICAL SUPPORT	HK	N/A	C	1,607,232	6,351,142	100 000 %
GIA BELGIUM NV LANGE HERENTALSESTRAAT 20-26 2018 ANTWERPEN BE	RESEARCH SERVICES	BE	N/A	C	823,539	887,040	78 770 %
GIA SWITZERLAND SA 2 RUE DE CHANTEPOULET GENEVA, CH - 1201 SZ	LIMITED LABORATORY SERVICE	SZ	N/A	C	14	17,419	100 000 %
GIA EDUCATION AND LABORATORY LIMITED SUITE 106 THE ATRIUM DIAMOND TECH BLOCK 8, INDUSTRIAL GABORONE BC	EDUCATIONAL AND LABORATORY SERVICES	BC	N/A	C	3,140,753	2,354,999	100 000 %
GEMOLOGICAL INSTITUTE INTERNATIONAL INC 5345 ARMADA DR CARLSBAD, CA92008 26-3688898	EDUCATIONAL AND TRAINING SERVICES	CA	N/A	C	5,333,322	7,662,881	100 000 %
GIA INDIA LABORATORY PRIVATE LIMITED 10TH FLOOR TRADE CENTRE BANDRA KU BANDRA EAST, MUMBAI, 400-0051 IN	LABORATORY SERVICE	IN	GIA HOLDINGS INC	C	44,657,275	42,548,751	100 000 %
GIA MIDDLE EAST (LLC) REGUS UP HOUSE OFFICE 521 PO BO PORT SAEED ROAD, DUBAI AE	EDUCATION AND LOGISTIC SUPPORT	AE	N/A	C	114,929	1,748,360	100 000 %
GIA EDUCATION AND LABORATORY (PTY) LTD S A DIAMOND CENTRE SUITE 512 225 JOHANNESBURG, 2001 SF	EDUCATION AND LAB SERVICES	SF	N/A	C	4,078,065	2,363,831	100 000 %
GIA HONG KONG LABORATORY LIMITED ROOM 1411 14/F NEW WORLD TOWER 16-18 QUEEN'S ROAD CENTRAL HK	LABORATORY SERVICE	HK	N/A	C	1,945,624	3,799,699	100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	GIA MIDDLE EAST (LLC)	D	1,114,993	FMV
(2)	GIA HONG KONG LABORATORY LIMITED	D	783,544	FMV
(3)	GIA INDIA LABORATORY PRIVATE LIMITED	F	707,100	FMV
(4)	GIA EDUCATION AND LABORATORY LIMITED	F	287,036	FMV
(5)	GEMOLOGICAL RESEARCH (THAILAND) COMPANY LTD	P	389,535	FMV
(6)	GIA INDIA LABORATORY PRIVATE LIMITED	P	2,946,506	FMV
(7)	GIA EDUCATION AND LABORATORY (PTY) LTD	P	1,382,796	FMV
(8)	GIA EDUCATION AND LABORATORY LIMITED	P	948,135	FMV
(9)	GIA HONG KONG LIMITED	P	64,746	FMV
(10)	GIA INDIA	P	211,048	FMV
(11)	GIA (INTERNATIONAL) COMPANY LTD	P	52,577	FMV
(12)	GIA MIDDLE EAST (LLC)	P	71,901	FMV
(13)	GIA BELGIUM NV	Q	779,754	FMV
(14)	GIA INDIA LABORATORY PRIVATE LIMITED	R	25,900,294	FMV
(15)	GIA EDUCATION AND LABORATORY LIMITED	R	231,354	FMV
(16)	GIA (INTERNATIONAL) COMPANY LTD	R	999,975	FMV
(17)	GIA INSTRUMENT (TAIWAN) CO	R	704,594	FMV
(18)	GIA EDUCATION AND LABORATORY (PTY) LTD	R	1,344,985	FMV
(19)	GIA EDUCATION AND LABORATORY LIMITED	R	275,000	FMV