See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Doing Business As
IES ABROAD

Number and street (or P O box if mail is not delivered to street address) | Room/suite
33 North LaSalle Street

City or town, state or country, and ZIP + 4
Chicago, IL 606022602

D Employer identification number
36-2251912

E Telephone number
(312) 944-1750

G Gross receipts $ 135,112,889

F Name and address of principal officer
MARY M DWYER PHD
33 North LaSalle St Ste 1500
Chicago,IL 606022602

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IESABROAD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1953 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS (IES) ENCOURAGES STUDENTS TO EXPLORE FOREIGN COUNTRIES AND FOSTERS STUDENTS' PERSONAL AND ACADEMIC GOALS BY PROVIDING STUDY ABROAD PROGRAMS

2 Check this box ▶☑ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	151
6	Total number of volunteers (estimate if necessary)	**6**	47
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	464,834	273,380
	9 Program service revenue (Part VIII, line 2g)	79,988,721	80,945,426
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	718,554	8,358,301
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,059,988	535,598
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,112,121	90,112,705
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,022,504	2,601,024
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,774,297	29,494,179
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶703,078		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	48,693,407	51,085,075
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	77,490,208	83,180,278
	19 Revenue less expenses Subtract line 18 from line 12	2,621,913	6,932,427

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	86,252,827	58,905,470
	21 Total liabilities (Part X, line 26)	61,578,439	8,681,552
	22 Net assets or fund balances Subtract line 21 from line 20	24,674,388	50,223,918

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

****** | 2012-03-01
Signature of officer | Date

WILLIAM J MARTENS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903				Phone no ▶ (312) 899-7000

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

THE INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS (IES) BLENDS THE BEST ELEMENTS OF FOREIGN HIGHER EDUCATION WITH AMERICAN UNIVERSITY REQUIREMENTS AND ENCOURAGES STUDENTS TO EXPLORE THE UNIQUE ELEMENTS OF FOREIGN COUNTRIES CONTINUED IN SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 62,297,781 including grants of $ 2,518,383) (Revenue $ 67,775,199)

STANDARD & DIRECT ENROLLMENT PROGRAMS IES OFFERS A BROAD-BASED CURRICULUM THAT ENCOMPASSES THE HUMANITIES, LANGUAGES, FINE ARTS, SOCIAL AND NATURAL SCIENCES, BUSINESS, MATHEMATICS, AND PRE-PROFESSIONAL STUDIES OVER 3,900 STUDENTS BENEFITED FROM OUR STANDARD PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY THESE STUDENTS EARNED EITHER A SEMESTER OR TWO SEMESTERS WORTH OF CREDIT BY STUDYING AT ONE OF OUR 32 LOCATIONS IN THE COUNTRIES OF ARGENTINA, AUSTRALIA, AUSTRIA, CHILE, CHINA, ECUADOR, ENGLAND, FRANCE, GERMANY, INDIA, IRELAND, ITALY, JAPAN, MOROCCO, THE NETHERLANDS, NEW ZEALAND, SOUTH AFRICA, AND SPAIN

4b (Code) (Expenses $ 5,862,065 including grants of $ 0) (Revenue $ 3,783,741)

STUDENT HOUSING IES ABROAD OPERATES A STUDENT HOUSING FACILITY IN LONDON FOR INTERNATIONAL AND LOCAL STUDENTS CONSISTENT WITH ITS MISSION, IES ABROAD IS ABLE TO INTEGRATE COLLEGE AND POST-GRADUATE STUDENTS IN A COMMON LIVING ENVIRONMENT THAT FOSTERS INTERACTION FOR A MULTI-CULTURED EXPERIENCE THE FACILITY IS LOCATED IN A COSMOPOLITAN DISTRICT THAT HAS CONVENIENT ACCESS TO PUBLIC TRANSPORTATION FOR AFFORDABLE ACCESS TO SCHOOLS, CULTURAL SITES, PARLIAMENT, AND BUSINESS DISTRICT OVER 2,000 STUDENTS BENEFIT FROM THIS INTERCULTURAL STUDENT ACCOMMODATION THIS FISCAL YEAR IES ABROAD SOLD ITS 50% INTEREST IN THE LONDON RESIDENCE HALL TO A THIRD PARTY FOR A GAIN OF $8,324,836

4c (Code) (Expenses $ 2,734,188 including grants of $ 0) (Revenue $ 4,621,526)

CUSTOMIZED PROGRAMS AS THE NAME IMPLIES, IES OFFERS CUSTOMIZED PROGRAMS DESIGNED TO MEET SPECIFIC REQUIREMENTS OF THE CONTRACTING UNIVERSITIES THE VARYING PROGRAMS' CURRICULA SPAN THE HUMANITIES, LANGUAGES, EDUCATION, FINE ARTS, SOCIAL AND NATURAL SCIENCES, BUSINESS, MATHEMATICS, TECHNOLOGY, ENGINEERING, AND PRE-PROFESSIONAL STUDIES AT THE UNDERGRADUATE AND GRADUATE LEVELS OVER 900 STUDENTS BENEFITED FROM OUR CUSTOMIZED PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY STUDENTS EARNED COLLEGE CREDITS TOWARD THEIR COURSE WORK BY STUDYING AT ONE OR A COMBINATION OF OUR 21 LOCATIONS IN THE COUNTRIES OF ARGENTINA, AUSTRIA, CHILE, CHINA, ECUADOR, ENGLAND, FRANCE, GERMANY, INDIA, IRELAND, ITALY, JAPAN, MOROCCO, THE NETHERLANDS, SOUTH AFRICA, AND SPAIN

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 2,706,556 including grants of $ 82,641) (Revenue $ 4,764,960)

4e **Total program service expenses** ▶ $ 73,600,590

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? *If "Yes," complete Schedule F, Parts I and IV*	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 ? *If "Yes," complete Schedule F, Parts II and IV*	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 ? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**	Yes	
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	48		
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** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	151		
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**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a** Yes	
b	If "Yes," enter the name of the foreign country ▶ AR , AS , AU , CJ , CI , CH , EC , FR , GM , IN , EI , IT , JA , MO , NL , PM , SF , SP , UK 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	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		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?	10a	Yes	
b	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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV

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

☐ Own website ☐ Another's website ☑ 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 ▶

WILLIAM J MARTENS
33 N LASALLE STREET
CHICAGO,IL 606022602
(312) 944-1750

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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										

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)**								2,154,652	0	453,833

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 ▶ 18

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
NORTOC INC 1454 N ORLEANS CHICAGO, IL 60610	WEB DEVELOPMENT	473,229
E2 SERVICES 440 TREASURE DRIVE OSWEGO, IL 60543	IT MANAGEMENT SERVICE PROVIDER	250,219
DELTA VORTEX TECHNOLOGIES INC 792 BROMPTON LANE BOLINGBROOK, IL 60440	WEB DEVELOPMENT	243,720
DOMAIN CHELSEA POINT MANAGEMENT LTD	BUILDING CONSULTANT	180,984
DRIVE CHANGE LLC 202 S EUCLID AVE OAK PARK, IL 60302	BUSINESS CONSULTANT	154,000

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 ▶ 6

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 273,380				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		273,380			
Program Service Revenue		Business Code				
	2a TUITION AND FEES		65,620,686	64,852,138		768,548
	b ROOM AND BOARD		15,272,649	15,272,649		
	c MEMBER SCHOOL FEE		25,200	25,200		
	d TRANSCRIPT FEE		16,545	16,545		
	e INSTALLMENT FEE		10,000	10,000		
	f All other program service revenue		346	346	0	0
	g **Total.** Add lines 2a–2f . . . . . ▶		80,945,426			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		416,219			416,219
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents	57,188 /				
	b Less rental expenses	/				
	c Rental income or (loss)	57,188 / 0				
	d Net rental income or (loss) . . . . . ▶		57,188			57,188
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,707,229 / 50,235,037				
	b Less cost or other basis and sales expenses	3,089,983 / 41,910,201				
	c Gain or (loss)	-382,754 / 8,324,836				
	d Net gain or (loss) . . . . . ▶		7,942,082			7,942,082
Other Revenue	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 . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a GAIN ON SETTLEMENT OF FOREIGN CURRENCY CONTRACTS		478,410			478,410
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . ▶		478,410			
	12 **Total revenue.** See Instructions . . . ▶		90,112,705	80,176,878	0	9,662,447

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,438,402	2,438,402		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	162,622	162,622		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,869,599	632,228	1,037,654	199,717
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	22,109,235	20,306,938	1,682,377	119,920
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	938,850	771,669	158,619	8,562
9 Other employee benefits	1,237,074	1,008,854	216,502	11,718
10 Payroll taxes	3,339,421	3,154,052	158,561	26,808
a Fees for services (non-employees) Management	0			
b Legal	232,877	47,131	185,746	
c Accounting	403,406	299,074	104,332	
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	1,528,465	831,213	686,479	10,773
12 Advertising and promotion	922,355	39,461	710,967	171,927
13 Office expenses	1,846,749	1,147,479	605,297	93,973
14 Information technology	1,586,364	666,233	920,131	
15 Royalties	0			
16 Occupancy	9,837,531	9,117,919	719,612	
17 Travel	5,162,094	4,385,104	721,519	55,471
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	253,435	109,354	144,081	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,082,724	1,388,245	694,479	
23 Insurance	95,362	95,280	82	
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 STUDENT HOUSING & MEALS	15,923,491	15,923,491		
b STUDENT INSTRUCTION AND TUITION	7,733,368	7,733,368		
c STUDENT SERVICES	1,925,245	1,925,245		
d FIELD TRIPS	540,462	540,462		
e FURNITURE & EQUIPMENT	216,174	203,311	12,863	
f All other expenses	794,973	673,455	117,309	4,209
25 **Total functional expenses.** Add lines 1 through 24f	83,180,278	73,600,590	8,876,610	703,078
26 **Joint costs.** Check here ▶ ☐ 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	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,114,082	1	9,092,931
	2	Savings and temporary cash investments		17,206,911	2	17,780,505
	3	Pledges and grants receivable, net		126,376	3	92,165
	4	Accounts receivable, net		1,496,771	4	1,479,394
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,412	8	0
	9	Prepaid expenses and deferred charges		604,291	9	832,637
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,457,063			
	b	Less accumulated depreciation	10b 10,983,993	38,212,802	10c	1,473,070
	11	Investments—publicly traded securities		15,787,221	11	20,692,664
	12	Investments—other securities See Part IV, line 11		4,696,101	12	5,052,540
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,860	15	2,409,564
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		86,252,827	16	58,905,470
Liabilities	17	Accounts payable and accrued expenses		5,006,408	17	4,795,084
	18	Grants payable		0	18	0
	19	Deferred revenue		4,020,919	19	3,886,468
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		19,420,700	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		33,130,412	25	0
	26	**Total liabilities.** Add lines 17 through 25		61,578,439	26	8,681,552
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		24,037,303	27	49,269,731
	28	Temporarily restricted net assets		22,002	28	144,252
	29	Permanently restricted net assets		615,083	29	809,935
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		24,674,388	33	50,223,918
	34	Total liabilities and net assets/fund balances		86,252,827	34	58,905,470

Part XI Reconcilliation 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	90,112,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,180,278
3	Revenue less expenses Subtract line 2 from line 1	3	6,932,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	24,674,388
5	Other changes in net assets or fund balances (explain in Schedule O)	5	18,617,103
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	50,223,918

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a		No
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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

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
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS	36-2251912

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 0

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	637,085	235,966	235,966		
b Contributions	161,460	414,943			
c Investment earnings or losses	151,284	34,464			
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,919	48,288			
f Administrative expenses					
g End of year balance	951,748	637,085	235,966		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 85 000 %
- c Term endowment ▶ 15 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		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				0
b Buildings		1,698,961	1,523,580	175,381
c Leasehold improvements		4,958,743	3,693,902	1,264,841
d Equipment		5,799,359	5,766,511	32,848
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,473,070

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) HEDGE FUNDS	2,214,370	F
(B) PARTNERSHIP INVESTMENTS	2,838,170	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,052,540	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	90,112,705
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,180,278
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,932,427
4	Net unrealized gains (losses) on investments	4	5,273,877
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	13,343,226
9	Total adjustments (net) Add lines 4 - 8	9	18,617,103
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,549,530

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	100,329,677
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,273,877		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	13,267,931		
e	Add lines **2a** through **2d**			2e	18,541,808
3	Subtract line **2e** from line **1**			3	81,787,869
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	8,324,836		
c	Add lines **4a** and **4b**			4c	8,324,836
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	90,112,705

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

1	Total expenses and losses per audited financial statements			1	74,780,147
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-8,400,131		
e	Add lines **2a** through **2d**			2e	-8,400,131
3	Subtract line **2e** from line **1**			3	83,180,278
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	83,180,278

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
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO FACILITATE DONORS' DESIRES TO MAKE SUBSTANTIAL LONG-TERM GIFTS TO IES IN SO DOING, THE ENDOWMENT FUND WILL PROVIDE A SECURE, LONG-TERM SOURCE OF FUNDS TO FUND STUDENT SCHOLARSHIPS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	IES FOLLOWS ACCOUNTING STANDARDS APPLICABLE TO UNCERTAIN INCOME TAX POSITIONS NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS IES HAS HAD NO UNRELATED BUSINESS INCOME MANAGEMENT BELIEVES THAT IES HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX-EXEMPT STATUS IES RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY IES RECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST OR PENALTIES AS OF, AND FOR THE YEAR ENDED, JUNE 30, 2011 OR 2010 DUE TO ITS TAX EXEMPT STATUS, IES IS NOT SUBJECT TO THE U S FEDERAL INCOME TAX THE COMPANY IS NO LONGER SUBJECT TO EXAMINATION BY FOREIGN JURISDICTIONS OR U S FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE THE YEAR ENDED JUNE 30, 2008 IES DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS
Other changes in net assets	Schedule D, Part XI, Line 8	UNREALIZED GAIN ON FOREIGN CURRENCY CONTRACTS - 12968645, FOREIGN CURRENCY TRANSLATION ADJUSTMENT - 299286, CHANGE IN ALLOWANCE FOR BAD DEBT - 75295,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	UNREALIZED GAIN ON FOREIGN CURRENCY CONTRACTS - 12968645, FOREIGN CURRENCY TRANSLATION ADJUSTMENT - 299286,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	GAIN ON SALE OF RESIDENCE HALL - 8324836,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	GAIN ON SALE OF RESIDENCE HALL - -8324836, CHANGE IN ALLOWANCE FOR BAD DEBT - -75295,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

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
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I

			YES	NO
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?	1	Yes	
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?	2	Yes	
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	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	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?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
	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	7	Yes	

Part II 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

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

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			
DR DANIELLE ALLEN DIRECTOR	1	X						0	0	0
DR LOREN J ANDERSON DIRECTOR	1	X						0	0	0
MS MARY CAHILLANE DIRECTOR	1	X						0	0	0
MR JOHN COBLENTZ DIRECTOR	1	X						0	0	0
MR JAMES E CRAWFORD III DIRECTOR	1	X						2,260	0	0
MS DEBORA DE HOYOS DIRECTOR	1	X						0	0	0
DR MARY M DWYER DIRECTOR/PRESIDENT	35	X		X				515,610	0	231,027
DR MARK H ERICKSON DIRECTOR	1	X						0	0	0
DR PAMELA BROOKS GANN DIRECTOR	1	X						0	0	0
MR JOHN J GEAREN DIRECTOR	1	X						0	0	0
DR HOMER J HOLLAND DIRECTOR	1	X						0	0	0
MR REGGE LIFE DIRECTOR	1	X						0	0	0
MR THOMAS J MCDONALD DIRECTOR	1	X						0	0	0
MR ROBERT MCNEILL DIRECTOR	1	X						0	0	0
DR KATHRYN M MOORE DIRECTOR/CHAIR	1	X		X				0	0	0
DR MARLA SALMON DIRECTOR	1	X						0	0	0
MR ALAN SCHWARTZ DIRECTOR	1	X						0	0	0
MR IAN H TURVILL DIRECTOR	1	X						0	0	0
MS MONICA VACHHER DIRECTOR/ VICE CHAIR	1	X		X				0	0	0
MR EZIO VERGANI DIRECTOR/ VICE CHAIR	1	X		X				0	0	0
DR KRISTI WORMHOUDT DIRECTOR	1	X						0	0	0
JOHN LUCAS AVP ACADEMIC PROGRAMS, DEPUTY DIRECTOR	35					X		130,378	0	18,824
MICHAEL GREEN AVP RECRUITING & ADVISING	35					X		126,166	0	27,359
MICHAEL STEINBERG EVP/DIRECTOR ACADEMIC PROGRAMS	35				X			224,644	0	32,640
ROGER SHEFFIELD VP ADVANCEMENT/CHIEF ADVANCEMENT OFFICER	35					X		188,747	0	15,335

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			
RICHARD BARTECKI EVP MARKETING	35					X		200,474	0	18,740
RICHARD IAN ELLIS VP OF IT/CHIEF INFORMATION OFFICER	35					X		194,948	0	31,274
WILLIAM P HOYE EVP/CHIEF OPERATING OFFICER	35			X				354,713	0	38,251
WILLIAM J MARTENS VP FINANCE/CFO	35			X				216,712	0	40,383

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,706,556 including grants of $ 82,641) (Revenue $ 4,764,960)

SUMMER PROGRAMS IES OFFERS A BROAD-BASED CURRICULUM THAT ENCOMPASSES THE HUMANITIES, LANGUAGES, FINE ARTS, SOCIAL AND NATURAL SCIENCES, BUSINESS, MATHEMATICS, AND PRE-PROFESSIONAL STUDIES OVER 690 STUDENTS BENEFITED FROM OUR SUMMER PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY MANY SUMMER PROGRAMS OFFER INTERNSHIPS AND OFFER STUDENTS A MORE ECONOMICAL OPTION TO A FULL SEMESTER AND A VIABLE ALTERNATIVE FOR STUDENTS WITH RIGOROUS ACADEMIC SCHEDULES STUDENTS IN OUR SUMMER PROGRAMS EARN CREDITS TOWARD COLLEGE COURSE WORK BY STUDYING AT ONE OF OUR 18 LOCATIONS IN THE COUNTRIES OF AUSTRALIA, AUSTRIA, CHILE, CHINA, ECUADOR, ENGLAND, FRANCE, GERMANY, IRELAND, ITALY, JAPAN, SPAIN AND SOUTH AFRICA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	7	28	PROGRAM SERVICES	EDUCATION/CURRICULUM	7,685,864
EUROPE (INCLUDING ICELAND AND GREENLAND)	19	117	PROGRAM SERVICES	EDUCATION/CURRICULUM	41,067,129
SOUTH ASIA	1	7	PROGRAM SERVICES	EDUCATION/CURRICULUM	555,633
SOUTH AMERICA	3	27	PROGRAM SERVICES	EDUCATION/CURRICULUM	3,970,338
SUB SAHARAN AFRICA	1	4	PROGRAM SERVICES	EDUCATION/CURRICULUM	1,007,448
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	EDUCATION/CURRICULUM	545,896
CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS		2,214,370
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	32	186			57,046,678

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS - INTERNATIONAL STUDENTS	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	12,955	TUITION DISCOUNT	0	N/A	N/A
SCHOLARSHIPS - UNIVERSIDAD COMPLUTENSE	EUROPE (INCLUDING ICELAND AND GREENLAND)	3	99,615	TUITION DISCOUNT	0	N/A	N/A
SCHOLARSHIPS - UNIVERSIDAD DE GRANADA	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	30,790	TUITION DISCOUNT	0	N/A	N/A
SCHOLARSHIPS - UNIVERSITE LA SORBONNE	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	19,262	TUITION DISCOUNT	0	N/A	N/A

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

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	A PORTION OF IES' SCHOLARSHIPS ARE OFFERED TO A NUMBER OF IES ABROAD PARTNER INSTITUTIONS LOCATED IN SEVERAL OF OUR STUDY ABROAD LOCATIONS THESE SCHOLARSHIPS HAVE BEEN NEGOTIATED WITH THE VARIOUS FOREIGN INSTITUTIONS AS PART OF IES ABROAD'S MASTER AGREEMENTS WITH THEM AND ARE USED BY STUDENTS FROM THE PARTNER INSTITUTION TO ATTEND AN IES ABROAD PROGRAM IN ANOTHER OF OUR FOREIGN LOCATIONS THE SCHOLARSHIPS COVER ALL PROGRAM FEES AND ARE DIRECTLY CREDITED TO THE STUDENTS' ACCOUNTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

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
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

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 III **Grants 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	AWARDS ARE GIVEN TO U S STUDENTS OR U S SCHOOLS IN THE FORM OF GRANTS OR SCHOLARSHIPS FOR THE EXPRESS PURPOSE OF STUDYING ABROAD THROUGH ONE OF IES' STUDY ABROAD PROGRAMS GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS VIA A DIRECT REDUCTION IN THEIR BILLED TUITION FOR THE TERM UNDER WHICH THE GRANT OR SCHOLARSHIP APPLIES THE USE OF THESE GRANTS AND SCHOLARSHIPS IS LIMITED IN THAT MONIES CAN ONLY BE APPLIED TO TUITION COSTS RELATED TO THE SPECIFIC IES PROGRAM A RECIPIENT IS ENROLLED IN WHEN IES PROVIDES A STUDENT WITH ANY OTHER GRANT OR ASSISTANCE FOR TRAVEL EXPENSES RELATED TO ONE OF ITS STUDY ABROAD PROGRAMS, THE RECIPIENT WOULD BE REQUIRED TO PROVIDE IES WITH SUBSTANTIATION TO ENSURE THE FUNDS WERE USED FOR THE INTENDED PURPOSE THE SUMMER SCHOLARS SCHOLARSHIPS ARE OFFERED TO SOME IES ABROAD PARTNER INSTITUTIONS LOCATED IN SEVERAL OF OUR STUDY ABROAD LOCATIONS THESE SCHOLARSHIPS HAVE BEEN NEGOTIATED WITH VARIOUS PARTNER INSTITUTIONS AS PART OF OUR MASTER AGREEMENT WITH THEM AND ARE USED BY STUDENTS FROM THE PARTNER INSTITUTION TO ATTEND A U S UNIVERSITY IES ABROAD PAYS DIRECTLY, ALL THE COSTS OF TUITION, ROOM AND BOARD, AND STUDENT ACTIVITIES

Additional Data

Return to Form

Software ID: 10000128
Software Version: v2010.1.0
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
MERIT SCHOLARSHIPS AWARDED TO STUDENTS	140	253,386			
NEED-BASED SCHOLARSHIPS AWARDED TO STUDENTS	384	465,960			
SCHOLARSHIPS AWARDED TO STUDENTS FROM HISTORICALLY BLACK COLLGES AND UNIVERSITIES	28	56,000			
PUBLIC UNIVERSITY GRANT	936	1,496,075			
SUMMER NEED BASED AID	61	46,250			
LEGACY SCHOLARSHIPS	51	36,450			
VIENNA CENTER MUSIC SCHOLARSHIP	1	7,170			
SUMMER SCHOLARS SCHOLARSHIP	19	77,111			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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				
(1) DR MARY M DWYER	(i)	476,298	0	39,312	213,675	17,352	746,637	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL GREEN	(i)	109,545	9,934	6,687	11,138	16,221	153,525	0
	(ii)	0	0	0	0	0	0	0
(3) MICHAEL STEINBERG	(i)	194,035	0	30,609	21,432	11,208	257,284	0
	(ii)	0	0	0	0	0	0	0
(4) ROGER SHEFFIELD	(i)	166,033	0	22,714	8,562	6,773	204,082	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD BARTECKI	(i)	178,848	5,000	16,626	10,342	8,398	219,214	0
	(ii)	0	0	0	0	0	0	0
(6) RICHARD IAN ELLIS	(i)	184,699	0	10,249	15,653	15,621	226,222	0
	(ii)	0	0	0	0	0	0	0
(7) WILLIAM P HOYE	(i)	316,055	20,000	18,658	18,883	19,368	392,964	0
	(ii)	0	0	0	0	0	0	0
(8) WILLIAM J MARTENS	(i)	189,423	0	27,289	21,255	19,128	257,095	0
	(ii)	0	0	0	0	0	0	0
(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
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	THE ORGANIZATION'S PRESIDENT HAS HER OWN SUPPLEMENTAL LONG TERM DISABILITY INSURANCE FOR WHICH IES REIMBURSES HER THE ORGANIZATION THEN PAYS THE TAX ATTRIBUTABLE TO THE REIMBURSEMENT ON BEHALF OF THE ORGANIZATION'S PRESIDENT
Discretionary spending account	Schedule J, Part I, Line 1a	THE ORGANIZATION PROVIDED A DISCRETIONARY SPENDING ACCOUNT OR ALLOWANCE ACCOUNT FOR BUSINESS RELATED EXPENSES FOR A MEMBER OF THE BOARD OF DIRECTORS THE RELATED BENEFIT WAS INCLUDED IN THE RECIPIENTS TAXABLE COMPENSATION
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	MARY M DWYER, PRESIDENT, 457(F) PLAN - $165,650

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions or plans.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Part I **Liquidation, Termination or Dissolution.** Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
IES SOLD ITS 50% OWNERSHIP INTEREST IN REAL ESTATE LOCATED IN LONDON AND SIMULTANEOUSLY TERMINATED ITS CAPITAL LEASE AGREEMENT FOR THE REMAINING 50% OF THE SAME PROPERTY	04-04-2011	47,630,146	SALES AGREEMENT W UNRELATED PARTY		MANSION GROUP LOCATED BERKELEY SQ HOUSE LONDON N/A UK	N/A

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part III **Supplemental Information.** Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493068006062

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
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	SUMMER PROGRAMS IES OFFERS A BROAD-BASED CURRICULUM THAT ENCOMPASSES THE HUMANITIES, LANGUAGES, FINE ARTS, SOCIAL AND NATURAL SCIENCES, BUSINESS, MATHEMATICS, AND PRE-PROFESSIONAL STUDIES OVER 690 STUDENTS BENEFITED FROM OUR SUMMER PROGRAMS BY ENHANCING THEIR ACADEMIC AND SOCIAL GROWTH WHILE EXPANDING THEIR INTERCULTURAL COMPETENCY MANY SUMMER PROGRAMS OFFER INTERNSHIPS AND OFFER STUDENTS A MORE ECONOMICAL OPTION TO A FULL SEMESTER AND A VIABLE ALTERNATIVE FOR STUDENTS WITH RIGOROUS ACADEMIC SCHEDULES STUDENTS IN OUR SUMMER PROGRAMS EARN CREDITS TOWARD COLLEGE COURSE WORK BY STUDYING AT ONE OF OUR 18 LOCATIONS IN THE COUNTRIES OF AUSTRALIA, AUSTRIA, CHILE, CHINA, ECUADOR, ENGLAND, FRANCE, GERMANY, IRELAND, ITALY, JAPAN, SPAIN AND SOUTH AFRICA

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	IES MANAGEMENT, AND THE CHAIR OF IES-ABROAD'S AUDIT COMMITTEE, REVIEWS THE FULL FORM 990 IN DETAIL IN CONJUNCTION WITH THE ORGANIZATION'S INDEPENDENT PAID TAX PREPARERS SUBSEQUENT TO THIS REVIEW, MANAGEMENT DISTRIBUTES A COPY TO EACH MEMBER OF THE BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	IN ACCORDANCE WITH IES' CONFLICT OF INTEREST POLICY, ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST COMPLETE AND SUBMIT AN ANNUAL CONFLICT OF INTEREST FORM AND DISCLOSE ALL POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THE FORMS COMPLETED BY DIRECTORS, AND BY THE PRESIDENT/CEO, ARE REVIEWED BY THE CHAIR OF THE GOVERNANCE COMMITTEE OF THE BOARD THE CHAIR OF THE GOVERNANCE COMMITTEE REPORTS ANY CONFLICTS INVOLVING BOARD MEMBERS OR THE PRESIDENT/CEO TO THE FULL BOARD EACH YEAR INDIVIDUAL CONFLICT OF INTEREST FORMS COMPLETED BY IES OFFICERS AND KEY EMPLOYEES ARE PLACED IN CONFIDENTIAL FILES MAINTAINED BY IES ABROAD'S DEPARTMENT OF HUMAN RESOURCES THE CHAIR OF THE BOARD OF DIRECTORS ALSO REVIEWS THE COMPLETED CONFLICT OF INTEREST FORMS SUBMITTED BY THE PRESIDENT AND CEO EACH YEAR THE PRESIDENT/CEO REVIEWS ALL OTHER OFFICERS' CONFLICT OF INTEREST FORMS THE DEPARTMENT OF HUMAN RESOURCES REVIEWS THE CONFLICT OF INTEREST FORMS COMPLETED AND SUBMITTED BY ALL OTHER OFFICERS AND KEY EMPLOYEES OF IES ABROAD IF IT IS DISCOVERED THAT A BOARD MEMBER HAS A CONFLICT OF INTEREST DURING BOARD OR COMMITTEE DELIBERATIONS, THEN THE AFFECTED BOARD MEMBER MUST RECUSE HIMSELF OR HERSELF FROM THE RELEVANT ISSUE, DELIBERATIONS, AND DECISION-MAKING PROCESS IES ABROAD DOES NOT KNOWINGLY ALLOW FOR ANY IES BUSINESS TO BE CONDUCTED WITH A BOARD MEMBER OR RELATIVE OF A BOARD MEMBER

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	IES' BOARD EXECUTIVE COMMITTEE, ACTING AS THE BOARD COMPENSATION COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF IES OFFICERS ANNUALLY THE BOARD EXECUTIVE COMMITTEE IS COMPRISED OF THE ELECTED BOARD CHAIR, THE ELECTED VICE CHAIRS, TWO OTHER BOARD MEMBERS AND THE PRESIDENT/CEO THE EXECUTIVE COMMITTEE REVIEWS THE INDEPENDENT COMPENSATION STUDY DESCRIBED IN PARAGRAPH 2 BELOW TO SET COMPENSATION THE PRESIDENT/CEO RECUSES HERSELF FROM ANY DISCUSSIONS REGARDING THE SETTING OF HER OWN COMPENSATION AT LEAST EVERY 4 YEARS, IES RETAINS AN INDEPENDENT, OUTSIDE COMPENSATION REVIEW FIRM TO EVALUATE THE COMPANY'S OFFICERS' COMPENSATION THE INDEPENDENT FIRM USES MARKET SURVEYS AND OTHER RESOURCES TO COMPARE THE COMPENSATION OF EACH IES OFFICERS' AND POSITION TO SIMILAR (OR IDENTICAL) POSITIONS AT OTHER NON-PROFIT ORGANIZATIONS WITH SIMILAR ANNUAL REVENUES, COMPARABLE NUMBERS OF EMPLOYEES, AND COMPARABLE LEVELS AND COMPLEXITIES OF JOB RESPONSIBILITIES, IN ORDER TO ESTABLISH A BENCHMARK FOR REASONABLE COMPENSATION THE OVERARCHING GOAL OF IES' COMPENSATION POLICY IS DESIGNED TO ACHIEVE COMPENSATION LEVELS FOR ITS OFFICERS AT COMPETITIVE MARKET RATES ANNUALLY, IES REVIEWS THE PERFORMANCE OF EACH OF ITS OFFICERS SALARY DATA FOR EACH POSITION IS AGED ANNUALLY BASED UPON INSTRUCTIONS PROVIDED IN THE INDEPENDENT THIRD PARTY STUDY COMMISSIONED BY IES EVERY FOUR YEARS WHEN THERE IS A SIGNIFICANT CHANGE IN COMPENSATION FOR AN OFFICER, AN EXTERNAL COMPENSATION FIRM IS RETAINED BY THE BOARD OF DIRECTORS TO ADVISE THE BOARD EXECUTIVE COMMITTEE OF THE COMPETITIVENESS OF THE PROPOSED SALARY INCREASE AND TOTAL COMPENSATION PROGRAM IN ADDITION, THE HUMAN RESOURCES DEPARTMENT ANNUALLY MONITORS SALARIES OF ALL HEADQUARTERS, U S BASED EMPLOYEES BASED UPON THE REVIEW OF SEVERAL NATIONAL, 3RD PARTY COMPENSATION SURVEY REPORTS ONCE APPROVED BY THE BOARD EXECUTIVE COMMITTEE, COMPENSATION RECOMMENDATIONS FOR OFFICERS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW THE FULL BOARD VOTES ON THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS OFFICERS NEVER TAKE PART IN THE DISCUSSIONS REGARDING THE SETTING OF THEIR OWN COMPENSATION THE CHAIR OF THE BOARD OF DIRECTORS DOCUMENTS THE ABOVE PROCESS TO THE DEPARTMENT OF HUMAN RESOURCES ON AN ANNUAL BASIS THE COMPENSATION PACKAGE OF THE ORGANIZATION'S SELECT OFFICERS IS DOCUMENTED IN A WRITTEN EMPLOYMENT CONTRACT

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	PLEASE SEE THE NARRATIVE FOR FORM 990L, PART VI, SECTION B, LINE 15A

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 5273877, FOREIGN CURRENCY TRANSLATION ADJUSTMENT - 299286, UNREALIZED GAIN ON FOREIGN CURRENCY CONTRACTS - 12968645, CHANGE IN ALLOWANCE FOR BAD DEBT - 75295,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493068006062

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
INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Employer identification number
36-2251912

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
See Additional Data Table					

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

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization 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	**1a**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	
e	Loans or loan guarantees by other organization(s)	**1e**	
f	Sale of assets to other organization(s)	**1f**	
g	Purchase of assets from other organization(s)	**1g**	
h	Exchange of assets	**1h**	
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	
n	Sharing of paid employees	**1n**	
o	Reimbursement paid to other organization for expenses	**1o**	
p	Reimbursement paid by other organization for expenses	**1p**	
q	Other transfer of cash or property to other organization(s)	**1q**	
r	Other transfer of cash or property from other organization(s)	**1r**	

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID: 10000128
Software Version: v2010.1.0
EIN: 36-2251912
Name: INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
STICHTING IES AMSTERDAM OUDEZIJDS ACHTERBURGWAL 185 AMSTERDAM, AMSTERDAM 1011 TD NL	ABROAD PROG	NL	55,850	66,886	IES
INSTITUTE FOR INTL ED OF STUDENTS - SF STEVE BIKO BUILDING UPPER CAMPUS UNIVERSITY OF CAPE TOWN, RONDEBOSCH 7701 SF	ABROAD PROG	SF	5,210	51,212	IES
SOCIETY FOR THE INTL ED OF STUDENTS D-986 NEW FRIENDS COLONY NEW DELHI 110 0065 IN	ABROAD PROG	IN	0	56,761	IES
LONDON CENTRE OF THE INST EUROPEAN STUDIES 5 BLOOMSBURY PLACE LONDON WC1A 2QP UK	ABROAD PROG	UK	11,362,206	3,548,418	IES
IES NANTES ASSOCIATION 7 RUE DES CADENIERS NANTES 44000 FR	ABROAD PROG	FR	0	21,912	IES
ASSOCIATION D'IES ABROAD-PARIS 77 RUE DAGUERRE PARIS 75014 FR	ABROAD PROG	FR	441	713,226	IES
IES FOUNDATION (QUITO ECUADOR)	ABROAD PROG	EC	270	182,521	IES
THE INST FOR THE INTL ED OF STUDENTS	ABROAD PROG	SP	33,763	1,830,472	IES
INST FOR THE INTL ED OF STUDENTS PTY 33 N LASALLE 15TH FLOOR CHICAGO, IL 60602	ABROAD PROG	IL	0	0	IES
IES ABROAD 89 AVENUE MOULAY ISMAIL RABAT-HASSAN, RABAT MO	ABROAD PROG	MO	0	180,102	IES