

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
A For the 2022 calendar year, or tax year beginning and ending					
	Check if pplicat Addr chan	Image: bile: NAFSA: ASSOCIATION OF INTERNATIONAL ress EDUCATORS		D Employer identifica	
	_chan Initia		Doom/o		5
Image:					
	termi			G Gross receipts \$	19,167,492.
				H(a) Is this a group retu	
	Appli			for subordinates?	
	pend	ding SAME AS C ABOVE		H(b) Are all subordinates inclu	····· = =
11	ax-ex		a)(1) or		st. See instructions
	Vebs		-// · / - ·	H(c) Group exemption	
		of organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	LY	ear of formation: 1948 M	
	art I	Summary		· · · ·	<u>_</u>
	1	Briefly describe the organization's mission or most significant activities: \underline{SE}	E SCHE	DULE O	
Governance	2	Check this box if the organization discontinued its operations or d	lisposed of m	ore than 25% of its net asset	is.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	19
80 00	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			66
/itie	6	Total number of volunteers (estimate if necessary)			475
Activities &	7 a			7a	367,250.
_ <	b	b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	142,348.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		2,260,547.	2,598,679.
Revenue	9	Program service revenue (Part VIII, line 2g)		6,588,424.	13,583,194.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		521,777.	75,422.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,654.	11,210.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	9,372,402.	16,268,505.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		120,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		7,807,521.	6,910,226.
nse	16a	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	b Total fundraising expenses (Part IX, column (D), line 25) 95	,353.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,087,533.	8,180,461.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,015,054.	15,090,687.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,642,652.	1,177,818.
s or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		18,194,273.	26,361,904.
t As	21	Total liabilities (Part X, line 26)		8,669,714.	16,391,330.
		Net assets or fund balances. Subtract line 21 from line 20		9,524,559.	9,970,574.
	art II				
Und	er pen	nalties of perjury, I declare that I have examined this return, including accompanying sch	edules and stat	ements, and to the best of my k	nowledge 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	Signature of officer		Date				
-	FANTA AW, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTI	N			
Paid	DANIEL O'SHEA	DANIEL O'SHEA	05/11/23 self-employed P00	957510			
Preparer	Firm's name COHNREZNICK LLP		Firm's EIN 22-147	8099			
Use Only	Firm's address 7501 WISCONSIN AV	ENUE, SUITE 400E					
	BETHESDA, MD 2081	4	Phone no. 301-652	-9100			
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		Yes 🗌 No			
232001 12-1	¹¹²⁻¹³⁻²² LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

	990 (2022) EDUCATORS 13-1878953 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
~	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4, 341, 354. including grants of \$) (Revenue \$8, 043, 891.
	CONFERENCES - THE ASSOCIATION PROVIDES VARIOUS WORKSHOPS AND MEETINGS
	THAT SERVE AS A FORUM FOR THE LATEST DEVELOPMENTS IN INTERNATIONAL
	EDUCATIONAL EXCHANGE. THESE MEETINGS OFFER A CONCENTRATED OPPORTUNITY
	FOR THE EXCHANGE OF IDEAS AND OFFER A NETWORK FOR SHARING INFORMATION
	AS IT SEEKS TO INCREASE AWARENESS OF AND SUPPORT FOR INTERNATIONAL
	EDUCATION. IN 2022 NAFSA WAS ABLE TO RETURN TO AN IN-PERSON MEETING
	FOR ITS ANNUAL CONFERENCE. THE EVENT ALSO INCLUDED A VIRTUAL COMPONENT
	THAT INDIVIDUALS COULD ATTEND AS A STAND-ALONE EVENT OR IN CONJUNCTION
	WITH THEIR IN-PERSON EXPERIENCE. DUE TO OUR DEEP CONCERN FOR THE
	SAFETY OF OUR COMMUNITY, NAFSA REQUIRED PROOF OF VACCINATION & MASKING
	DURING THE EVENT FOR ALL PARTICIPANTS, NAFSA STAFF, AND EVENT STAFF.
	WHILE THE EVENT WAS SUCCESSFUL IN (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$4, 145, 012. including grants of \$0.) (Revenue \$3, 625, 776.
	MEMBER PROGRAMS AND SERVICES - REPRESENTS EXPENSES RELATED TO THE
	PROVISION OF PROFESSIONAL PRACTICE SUPPORT INFORMATION TO MEMBERS, THE
	COORDINATION AND COMMUNICATION OF MEMBERSHIP BENEFITS TO THE MEMBERS
	AND PROSPECTIVE MEMBERS, AND THE PROVISION OF EDUCATIONAL ACTIVITIES
	DESIGNED TO SUPPORT PROFESSIONAL DEVELOPMENT BY PROMOTING CORE
	COMPETENCIES, MID-LEVEL TRAINING NEEDS, AND LEADERSHIP SYMPOSIUM
	PROGRAMMING TO THE FIELD.
4c	(Code:) (Expenses \$842,585. including grants of \$) (Revenue \$7,772.
	PUBLIC POLICY - REPRESENTS EXPENSES INCURRED TO LINK ASSOCIATION
	MEMBERS WITH CONGRESS AND FEDERAL AGENCIES, ADVOCATING FOR SUPPORT FOR
	THE EXCHANGE PROGRAMS, REMOVING BARRIERS TO EXCHANGE, AND INFORMING
	MEMBERSHIP OF GOVERNMENT ACTIONS AFFECTING EDUCATIONAL EXCHANGE.
<u>م</u> ا	Other program convises (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,612,525. including grants of \$) (Revenue \$ 1,915,583.)
4e	Total program service expenses 10,941,476.
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	Form 330 (202

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Part IV Checklist of Required Schedules

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
9	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
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		х
с	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
25				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
04-	Schedule J	23	Δ	<u> </u>
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 through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
24	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	66		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	<u> </u>
				X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		<u>3b</u>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	<u>4a</u>	X	
b	If "Yes," enter the name of the foreign country CANADA		_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).			37
					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch		
7	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ooc provided to the r	ayor? 7a		x
a b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			+
C	to file Form 8282?		7c		x
Ь		7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract				x
	If the organization received a contribution of qualified intellectual property, did the organization file Forr				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	-			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b				
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter:					
а	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:	1			
		11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
		12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
U		13b			
~		130 13c	_		
			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule				<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				\top
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ	/ities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertile Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
•	on Schedule O how this was done	12c	х	
13				
14				
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER HEINRITZ, CONTROLLER - 202-737-3699			
	1425 K STREET NW, SUITE 1200, WASHINGTON, DC 20005			
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Form **990** (2022)

NAFSA: ASSOCIATION C	

EDUCATORS

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Form 990 (2		13-18
Part VII	Compensation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do	Posit (do not check m				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless		son i	s both	an	compensation	compensation	amount of
	week		officer and a directo		liecto	17 ii us		from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	ndividual trustee or director	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) ESTHER BRIMMER, DPHIL	35.00									
EXECUTIVE DIRECTOR & CEO				Х				388,897.	0.	48,451.
(2) JANE HOFFMAN	35.00									
CFO, ASSISTANT TREASURER				Х				241,021.	0.	26,756.
(3) JILL ALLEN MURRAY	35.00									
DEPUTY EXECUTIVE DIR., PUBLIC POLICY						Х		164,891.	0.	40,809.
(4) DAVID FOSNOCHT	35.00									
DIRECTOR, IMMIGRATION PRACTICE RESOU						Х		153,360.	0.	39,536.
(5) TATIANA MACKLIFF	35.00									
DEP. E.D., LPDS, ASST. SECRETARY				Х				165,639.	0.	21,963.
(6) KRISTEN JOHNSON	35.00									
SENIOR DIRECTOR, TECHNOLOGY SOLUTION						Х		165,753.	0.	19,742.
(7) DOROTHEA ANTONIO	35.00									
DEPUTY EXECUTIVE DIR., KNOWLEDGE DEV					Х			165,105.	0.	20,369.
(8) JAMES MAHONEY	35.00									
SR. DIR., MARKETING & MEMBERSHIP						Х		154,349.	0.	20,284.
(9) JOANN NG HARTMANN	35.00									
SENIOR IMPACT OFFICER						х		149,628.	0.	11,193.
(10) STEPHEN K. APPIAH-PADI, PHD	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(11) HEATHER BARCLAY HAMIR, PHD	1.00								•	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(12) LANITRA M. BERGER, PHD	1.00							0	0	0
PRESIDENT AND CHAIR	1 0 0	Х		Х				0.	0.	0.
(13) BONNIE BISSONETTE, EDD	1.00	37						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) NELSON W. CUNNINGHAM	1.00	37						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) AHMAD M. EZZEDDINE, PHD	1.00	x		v				0.	0.	0
VICE PRESIDENT	1 00	Λ		Х				0.	0.	0.
(16) LEE FEINSTEIN	1.00	x						0.	0.	0
BOARD MEMBER (17) NANCY KIDD, PHD	1 00	~						0.	U •	0.
(17) NANCI KIDD, PHD TREASURER	1.00	x		x				0.	0.	0.
		Λ		Δ				0.	0.	Form 990 (2022)
232007 12-13-22				-	,					Form 990 (2022)

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Form 990 (2022) EDUCATORS	5								13-18	8789	953	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	phes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(1	=)
Name and title	Average			Posi	tion			Reportable	Reportable		Estin	
	hours per					than o s both		compensation	compensatio	n		int of
	week					/trust		from	from related		oth	ner
	(list any	ctor						the	organizations	s	compe	nsation
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	from	the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organi	zation
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)			and re	elated
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiz	zations
	line)	Indi	Inst	Officer	Key	Higl emp	For					
(18) SHINN KO	1.00											-
VICE PRESIDENT		Х		Х				0.		0.		0.
(19) FERNANDO LEON-GARCIA, PHD	1.00											
BOARD MEMBER		Х						0.		0.		0.
(20) SAMANTHA LU	1.00											
BOARD MEMBER		Х						0.		0.		Ο.
(21) FRANCISCO MARMOLEJO	1.00											
BOARD MEMBER		Х						0.		0.		Ο.
(22) ANN MASON, PHD	1.00											
BOARD MEMBER		х						0.		0.		0.
(23) JOANNA REGULSKA, PH.D.	1.00									-		
VICE PRESIDENT		х		x				0.		0.		0.
(24) FRANCIS RICCIARDONE	1.00											
BOARD MEMBER		х						0.		0.		0.
(25) LAWRENCE SCHOVANEC, PHD	1.00											
BOARD MEMBER		х						0.		0.		0.
(26) MUDDASSIR SIDDIQI, ED.D	1.00											
BOARD MEMBER		х						0.		0.		Ο.
1b Subtotal				-				1,748,643.		0.	249,	103.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								1,748,643.		0.	249.	103.
2 Total number of individuals (including but no									000 of reportable		- /	
compensation from the organization		000		aus	010)	,						24
compensation from the organization											Y	es No
3 Did the organization list any former officer,	director truste	e k	ev e	molo	ovee	or	hia	hest compensated empl	ovee on	ſ		
line 1a? If "Yes," complete Schedule J for su	-		•	•	•		•	• •	•	- 1	3	X
4 For any individual listed on line 1a, is the su										····		
and related organizations greater than \$150										- 1	4 Σ	7
5 Did any person listed on line 1a receive or a										·····		<u> </u>
	-				-			-		- 1	5	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	blete Schedule	e J fo	or su	<u>ch p</u>	bersc	on					5	
1 Complete this table for your five highest con	nnoncotod ind		odor	* ~~	ntro	otor	o th	at received more than ¢	100 000 of comp	onoot	ion from	
the organization. Report compensation for t	-	-								ensat		
	ne calendar ye	eare	nain	g wi	un o	rwit			ear.			
(A) Name and business	address							(B) Description of s	ervices	C	(C) ompensa	ation
FREEMAN							-	CONFERENCE A			omponed	
	с ту 7	Б 0	2 5					DECORATING, 1		1	100	022
1600 VICEROY DRIVE, DALLA			33				-	DECORATING, I	PRODUCTI	Т,	,100,	833.
CENTERPLATE @ COLORADO CO											254	751
									354,	751.		
YATT REGENCY DENVER												
	50 FIFTEENTH ST, DENVER, CO 80202 CONFERENCE CATERING 218,262.											
THE FORD AGENCY, INC., 16		RE.	EΤ	, r	W						007	<i>с</i> , ,
SUITE 200, WASHINGTON, DC	20036						_	TEMPORARY SEI	KATGER		207,	614.
EXPERIENT INC.						~ ~		CONFERENCE	a		1	000
1375 NORTH HIGHWAY DRIVE,								REGISTRATION			167,	820.
2 Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 of compensation from the organiz		T 3 7			11			BBC			00	0 (0000)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22

Form **990** (2022)

Form 990 EDUCATORS		ON	0	F	IN	ΤE	RN	ATIONAL	13-187	8953
Part VII Section A. Officers, Directors, Tru		nnlo	Vee	s ai	nd H	liah	est (Compensated Employ		0955
(A)	(B)		,)		551	(D)	(E)	(F)
Name and title	Average				i tion			Reportable	Reportable	
	hours	(cł			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations	
	(list any hours for	directo				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	
	related	tee or	istee			en sate				and related
	organizations	ul trus	nal tri		loyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
· · · · · · · · · · · · · · · · · · ·	line)	<u>n</u>	<u> </u>	0f	Ke	Ē	5 F			
(27) JULIE SINCLAIR, PHD	1.00	x						0.	0.	0
BOARD MEMBER (28) SARA THURSTON, PHD	1.00	A						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
		~							0.	0.
										(F) Estimated amount of other compensation from the organization and related organizations
Total to Part VII, Section A, line 1c										

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Form							13-1878	953 Page 9
Pa	t \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
o υ υ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
β			Fundraising events					
ifts, r A			Related organizations 11					
nia nila			Government grants (contributions) 1e	1,647,561.				
Sin			All other contributions, gifts, grants, and	, , -				
her			similar amounts not included above 1f	951,118.				
ot Ot		g	Noncash contributions included in lines 1a-1f	,				
Con		h	Total. Add lines 1a-1f		2,598,679.			
0.0				Business Code	, ,			
ø	2	а	CONFERENCE	900099	8,043,891.	8,043,891.		
vic	-	b	MEMBER DUES	900099	2,582,431.	2,582,431.		
Ser		c	PUBLICATIONS	513190	1,192,070.	824,820.	367,250.	
žela Šela		d	REGIONAL ACTIVITY	900099	1,061,618.	1,061,618.	,	
Program Service Revenue		e	WORKSHOPS	900099	703,184.	703,184.		
Pro		f	All other program service revenue					
		a	Total. Add lines 2a-2f		13,583,194.			
	3		Investment income (including dividends, intere					
			other similar amounts)		105,372.			105,372.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,869,037.					
		b	Less: cost or other basis					
an			and sales expenses 7b 2,898,987.					
evenue		С	Gain or (loss)					
Re		d	Net gain or (loss)		-29,950.			-29,950.
Other R	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
		_	Part IV, line 18					
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See	1,382.				
			Part IV, line 19 9a Less: direct expenses 9b	1,382.				
				0.	1,382.			1,382.
	40		Net income or (loss) from gaming activities		1,302.			1,302.
	10	а	Gross sales of inventory, less returns					
		h	and allowances10aLess: cost of goods sold10b					
			Net income or (loss) from sales of inventory					
		0		Business Code				
snu	11	а						
neo	••	b						
ella <u>ver</u>		c						
Miscellaneous Revenue			All other revenue		9,828.	9,828.		
Σ			Total. Add lines 11a-11d		9,828.			
	12		Total revenue. See instructions		16,268,505.	13225772.	367,250.	76,804.
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Form 990 (2022) EDUCATORS

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	((
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,078,201.	549,927.	528,274.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,681,093.	3,848,567.	767,179.	65,34
8	Pension plan accruals and contributions (include			· · · · · ·	
	section 401(k) and 403(b) employer contributions)	229,894.	189,008.	37,677.	3,20
9	Other employee benefits	492,247.	389,647.	96,194.	6,40
0	Payroll taxes	428,791.	329,758.	94,066.	4,96
1	Fees for services (nonemployees):				
а	Management				
	Legal	53,374.	32,510.	13,726.	7,13
	Accounting	185,931.		185,931.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,341.		14,341.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	695,818.	407,378.	288,439.	
2	Advertising and promotion	418,490.	417,898.		59
3	Office expenses	541,017.	96,601.	437,723.	6,69
4	Information technology	1,247,668.	862,490.	385,178.	
5	Royalties				
6	Occupancy	785,825.		785,825.	
7	Travel	266,827.	187,448.	79,379.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots			45.045	
9	Conferences, conventions, and meetings	3,447,057.	3,401,040.	45,017.	1,00
0	Interest				
1	Payments to affiliates	0.4.0 ==0	4 4 1 4 4 4 4	105 (5)	
2	Depreciation, depletion, and amortization	342,758.	147,104.	195,654.	
3	Insurance	89,007.	32,281.	56,726.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FULFILLMENT EXPENSES	49,819.	49,819.		
b	UBIT EXPENSE	42,529.		42,529.	
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	15,090,687.	10,941,476.	4,053,858.	95,35
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			I I		

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Check here

Form **990** (2022)

if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)
Part X Balance Sheet

EDUCATORS

NAFSA: ASSOCIATION OF INTERNATIONAL

Pai	τX	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,549,326.	1	2,749,446
	2	Savings and temporary cash investments			6,115,102.	2	2,359,399
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			124,263.	4	1,739,658
	5	Loans and other receivables from any current or fe	ormer	officer, director,			
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······ -	1 110 001	8	1 1 0 1 0 0 0
◄	9			·····	1,112,981.	9	1,194,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation					
		basis. Complete Part VI of Schedule D	10a	3,552,961.	0 400 046		
					2,422,946.	10c	2,082,065
	11	Investments - publicly traded securities	6,577,643.	11	8,900,027 209,833		
	12	Investments - other securities. See Part IV, line 11	292,012.	12	209,833		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		0.	14	7 1 2 6 4 0 0	
	15	Other assets. See Part IV, line 11			18,194,273.	15	7,126,490 26,361,904
	16	Total assets. Add lines 1 through 15 (must equal			304,064.	16 17	704,729
	17 10	Accounts payable and accrued expenses			120,000.	17	80,000
	18 19	Grants payable	5,851,496.	10	4,655,127		
	20	Deferred revenue Tax-exempt bond liabilities			5,051,450.	20	4,055,127
	21	Escrow or custodial account liability. Complete Pa				21	
	22	Loans and other payables to any current or forme				21	
Liabilities	LL	trustee, key employee, creator or founder, substar					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate		F		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya		Г			
		parties, and other liabilities not included on lines 1					
		of Schedule D	-		2,394,154.	25	10,951,474
	26	Total liabilities. Add lines 17 through 25			8,669,714.	26	16,391,330
		Organizations that follow FASB ASC 958, check					
ces		and complete lines 27, 28, 32, and 33.					
lanc	27	Net assets without donor restrictions			8,496,010.	27	9,023,272
Ba	28	Net assets with donor restrictions			1,028,549.	28	947,302
pu		Organizations that do not follow FASB ASC 958	8, che	ck here			
rFι		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco				31	
Nei	32	Total net assets or fund balances		·····	9,524,559.	32	9,970,574
	33	Total liabilities and net assets/fund balances			18,194,273.	33	26,361,904. Form 990 (2022

Form 990 (2022)

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NAFSA: ASSOCIATION OF INTERNATIONA	ONAL
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Form	990 (2022) EDUCATORS	13-18	378953	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,09		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,52		
5	Net unrealized gains (losses) on investments	5	-73	1,8	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,97	0,5	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

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	HED orm 99	DULE A			rity Status an					OMB No. 1545-0047			
		f the Treasury nue Service		494 At	ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	ritable tru rm 990-E	ist. Z.			Open to Public Inspection			
Nar	ne of t	the organization	on NAFS. EDUC	A: ASSOCIA: ATORS	TION OF INTER	RNATIC	ONAL		1	identification number 3-1878953			
Pa	irt I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The	organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)							
3					anization described in se		(b)(1)(A)(ii	i).					
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state	e:										
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(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		-	-	-	in section 170(b)(1)(A)(-		-	-			
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
40	X	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
10	_				t to certain exceptions; a								
					(less section 511 tax) fro					-			
				mplete Part III.)			loop acqui		Janization				
11					vely to test for public sat	fetv. See	section 50)9(a)(4).					
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or			
		-	-	-	d in section 509(a)(1) o	-			•				
		lines 12a thro	ugh 12d that	- describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
a		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving			
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting			
		organizatio	n. You must c	complete Part IV, Se	ections A and B.								
b				•	or controlled in connect			0		•			
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		-		t complete Part IV,									
c					g organization operated				ly integrate	d with,			
c			-). You must complete I porting organization oper				tod organi-	zation(c)			
Ľ		••	-	• · ·	ation generally must sat				•	.,			
					nplete Part IV, Sections								
e		- ·			written determination from				II, Type III				
		functionally	integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number o	of supported o	organizations									
<u>ç</u>				about the supporte		(iv) to the orac	anization listed						
	(Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)			
		organization			above (see instructions))	Yes	No						
Tot	al												

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

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		DUCATORS				13-187			
Pa	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)		
	(Complete only if you checked			-	n failed to qualify	under Part III. If the	organization		
	fails to qualify under the tests	listed below, plea	se complete Part	III.)					
Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization'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.								
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	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									
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instruction				12			
	First 5 years. If the Form 990 is for th		,			501(c)(3)			
	organization, check this box and stor	•			•	.,.,			
Se	ction C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%		
	Public support percentage from 2021					15	%		
	a 33 1/3% support test - 2022. If the o					nore, check this bo	and		
	stop here. The organization qualifies								
ł	33 1/3% support test - 2021. If the c		-						
	and stop here. The organization qual					·			
17a	7a 10% -facts-and-circumstances test - 2022. 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 fact								
	meets the facts-and-circumstances te			-	-				
ł	o 10% -facts-and-circumstances test	-			•				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio								

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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EDUCATORS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	5175059.	4742787.	4882534.	4722231.	5181110.	24703721.				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15676524.	16479067.	1730946.	4126740.	11000763.	49014040.				
3	Gross receipts from activities that										
0	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ-										
•	ization'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 \dots										
6	Total. Add lines 1 through 5	20851583.	21221854.	6613480.	8848971.	16181873.	73717761.				
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons						0.				
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						0.				
	Add lines 7a and 7b						0.				
	Public support. (Subtract line 7c from line 6.)						73717761.				
	ction B. Total Support						/ / / / / / / / / / / / / / / / / / / /				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
		20851583.		6613480.		16181873.					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	373,675.									
b	Unrelated business taxable income			-	-						
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975	68,125.	23,024.	8,857.	60,063.	112,455.	272,524.				
с	Add lines 10a and 10b	441,800.	457,298.								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32,117.	21,059.			9,828.	1015503.				
13	Total support. (Add lines 9, 10c, 11, and 12.)	21325500.	21700211.	7738688.	9008737.	<u>µ6409528.</u>	76182664.				
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,				
Sec	ction C. Computation of Publi	ic Support Per	centage								
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	96.76 %				
	Public support percentage from 2021					16	96.72 %				
Sec	ction D. Computation of Inves	stment Income	e Percentage								
17	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 1.90 %										
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	2.00 %				
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1					
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	X				
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	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	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions					
23202	23 12-09-22					Schedule A	A (Form 990) 2022				

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

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Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 EDUCATORS	<u>13-1878953</u>	3 Ра	age 5
Pa	rt IV Supporting Organizations (continued)	,		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	T		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s</i>	officers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	oported ng the		
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vac	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental e	ntity (see instruction;	s).	
2	Activities Test. Answer lines 2a and 2b below.		, Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Caba	AFSA: ASSOCIATION OF 1 dule A (Form 990) 2022 EDUCATORS	NTERN	ATIONAL	13-1878953 Page 6
Pa		a Organ	izations	15 1676555 Page 8
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n in Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations musi		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

emergency temporary reduction (see instructions).
6
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 EDUCATORS			1	3-1878953 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022 Supplemental Info	EDUCAT		xplanations requi	ired by Part II	ine 10: Part II line 17a	13-1878953 or 17b: Part III. line 12:	Page 8
	Part IV, Section A, lines	1, 2, 3b, 3c, 4b, , lines 2 and 3;	, 4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 11a, ection E, lines 1c,	11b, and 11c; I 2a, 2b, 3a, and	Part IV, Section B, lines d 3b; Part V, line 1; Par	s 1 and 2; Part IV, Sectior t V, Section B, line 1e; Pa	rt V,
232028 12-09-22	2			21			Schedule A (Form 9	90) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

13-1878953

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

. ..

Name of the organization

. .

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization						
NAFSA: ASSOCIATION	OF	INTERNATIONAL				
EDUCATORS						

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

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>11,500.</u>	Person X Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>11,500.</u>	Person X Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)

3		\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>27,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

2022.03040 NAFSA: ASSOCIATION OF INT 00274311

Page 2 Employer identification number

13-1878953

Schedule B	Form 9	90) (20)	22)

Part I

(a) No.

1

(a) No.

2

(a) No.

23

12570511 147227 0027431-0027431.0990

lame of organization						
NAFSA: ASSOCIATION OF INTERNATIONAL						
TDIICATORS						

b
ļ

13-1878953

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 27,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 11,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 11,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 10 X Person Payroll Noncash 11,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 11,500. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X Person Payroll 1,647,561. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

2022.03040 NAFSA: ASSOCIATION OF INT 00274311

24

12570511 147227 0027431-0027431.0990

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Employer identification number

Page 2

13-1878953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$	Person Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

25

Schedule E Name of or	3 (Form 990) (2022)		Page 3 Employer identification number
NAFSA	: ASSOCIATION OF INTERNATIONAL		
EDUCAT			13-1878953
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
		\$	
223453 11-15	-22 26		Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 4				
	organization			Employer identification number				
	: ASSOCIATION OF INTERN	ATIONAL		12 1070052				
EDUCA Part III		ons to organizations described in sec	tion 501(c)(7) (8) or (10)	$\frac{13-1878953}{13-1878953}$				
i art m	from any one contributor. Complete columns (a)) through (e) and the following line entr	v. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or 16 space is needed.	ess for the year. (Enter this info	. once.) •				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gift	I					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gift	I					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
	(e) Transfer of gift							
			B 1 11 11 11					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
		(e) Transfer of gift	:					
	Transferee's name, address, a	nd 7ID + 4	Polotionship of tr	anoforor to transforos				
	Transferee's name, address, a		neialionship of tr	ansferor to transferee				
223454 11-15	5-22	27		Schedule B (Form 990) (2022)				
		- ·						

SCHEDULE C	Pc	olitical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section 5	501(c) and section 5	27	2022
Department of the Treasury Internal Revenue Service	-	if the organization is described o to www.irs.gov/Form990 for in			0-EZ.	Open to Public Inspection
-		Form 990, Part IV, line 3, or Found		e 46 (Political Camp	oaign Acti	ivities), then
()() C	r than section 50)1(c)(3)) organizations: Complete F	•	Do not complete Pa	t I-B.	
If the organization answ	wered "Yes," or	Form 990, Part IV, line 4, or Fo nave filed Form 5768 (election und				
		nave NOT filed Form 5768 (electio				-
Tax) (See separate inst	ructions), then	Form 990, Part IV, line 5 (Proxy	[,] Tax) (See separate ir	nstructions) or Forn	ז 990-EZ,	Part V, line 35c (Proxy
 Section 501(c)(4), (5) Name of organization 	-	ions: Complete Part III. ASSOCIATION OF IN	TERNATIONAL.		Employe	er identification number
	EDUCATO	RS				13-1878953
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 5	27 orga	nization.
2 Political campaign	activity expendit	ation's direct and indirect politica ures gn activities				
Part I-B Comple	ete if the ora	anization is exempt unde	r section 501(c)(3	8)		
	-	incurred by the organization unde		-	\$	
		incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in		anization is exempt unde	r contion 501(a)	over continu	501(0)/2	<u>\</u>
-	-					-
		I by the filing organization for sect ization's funds contributed to othe			Þ_	
exempt function ac			-		\$	
3 Total exempt functi	ion expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,			
		1120-POL for this year?				Yes No
5 Enter the names, ac made payments. Fo contributions receiv	ddresses and en or each organiza ved that were pro	nployer identification number (EIN tion listed, enter the amount paid pomptly and directly delivered to a additional space is needed, provid) of all section 527 poli from the filing organiza separate political orga	tical organizations to ation's funds. Also er nization, such as a s	which th nter the ar	mount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(c) (called	-			filing organization funds. If none, ent	on's co ter-0	promptly and directly delivered to a separate political organization. If none, enter -0
	_					
For Paperwork Reducti	ion Act Notice,	ee the Instructions for Form 99	0 or 990-EZ.		 Sch	edule C (Form 990) 2022

232041 11-08-22

LHA

Sche	dule C (Form 990) 2022 EDUCA		13-1	878953 Page 2
Par	t II-A Complete if the organizatio section 501(h)).	n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
A C B C	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply.	group member's name	e, address, EIN,
<u>b</u> 0	Limits on Lobi	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influence pub Total lobbying expenditures to influence a leg Total lobbying expenditures (add lines 1a and		2,991. 42,030. 45,021.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	15,045,666. 15,090,687. 904,534.	
t 	Lobbying nontaxable amount. Enter the amo If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is:	904,534.	
	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.		
-	Grassroots nontaxable amount (enter 25% of	2	226,134.	
	Subtract line 1g from line 1a. If zero or less, e		0.	

i 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?

No No

Yes

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	853,199.	750,753.	904,534.	3,508,486.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					5,262,729.			
c Total lobbying expenditures	9,717.	12,189.	38,434.	45,021.	105,361.			
d Grassroots nontaxable amount	250,000.	213,300.	187,688.	226,134.	877,122.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,315,683.			
f Grassroots lobbying expenditures				2,991.	2,991.			

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (k	o) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

	1 990)			organization answered , 10, 11a, 11b, 11c, 11 Attack to Form 200	d, 11				
	nent of the Treasury Revenue Service		Go to www.irs.gov/For	Attach to Form 990		he latest infor	mation.		Open to Public Inspection
	e of the organization	on	NAFSA: ASSOCIATI					Em	ployer identification number
	· · · · · · · · · · · · · · · · · · ·		EDUCATORS						13-1878953
Par	t I Organiza	atio	ns Maintaining Donor Adv	ised Funds or Oth	ier S	Similar Fund	ls or Ac	coui	nts. Complete if the
	organizatio	n an	swered "Yes" on Form 990, Part IV	/, line 6.					
				(a) Donor a	advise	ed funds	(b) Fur	nds and other accounts
1	Total number at er	nd of	year						
2	Aggregate value of	f cor	ntributions to (during year)						
3	Aggregate value of	f gra	nts from (during year)						
4	Aggregate value at	t enc	l of year						
			form all donors and donor advisor				vised fund	s	
	are the organizatio	n's p	property, subject to the organization	on's exclusive legal con	trol?				
6	Did the organizatio	on in	form all grantees, donors, and dor	or advisors in writing th	nat gr	ant funds can b	be used or	ıly	
	for charitable purp	oses	and not for the benefit of the dor	or or donor advisor, or	for ar	ny other purpos	se conferri	ng	
			penefit?						
Par	t II Conserva	atio	n Easements. Complete if th	e organization answere	d "Ye	es" on Form 990	D, Part IV,	line 7	
1	Purpose(s) of cons	serva	tion easements held by the organ	ization (check all that a	oply).	_			
	Preservation	of la	and for public use (for example, re	creation or education)		Preservation	of a histo	rically	important land area
	Protection o	f nat	ural habitat			Preservation	of a certif	ied hi	storic structure
	Preservation								
2	•		ugh 2d if the organization held a q	ualified conservation co	ontrib	oution in the for	m of a cor	iserva	
	day of the tax year								Held at the End of the Tax Yea
а	Total number of co	onse	rvation easements					2a	
	° °							2b	
			n easements on a certified historio					2c	
			n easements included in (c) acqui	• • •					
			in the National Register					2d	
3	Number of conserv	vatio	n easements modified, transferred	l, released, extinguishe	d, or t	terminated by t	he organiz	zation	during the tax
_	year								
			e property subject to conservation				_		
	•		have a written policy regarding the		·				
			ment of the conservation easemer						
6	Starr and voluntee	r nol	urs devoted to monitoring, inspect	ing, nandling of violatio	ns, a	na enforcing co	Inservation	n ease	ements during the year
7	Amount of ovpopo		ourred in monitoring increating h	andling of violations of	nd or	forcing concor	votion oor	omon	to during the year
7	Amount of expens	es ii	curred in monitoring, inspecting, h	ianuling of violations, a	nu er	norcing conser	valion eas	emen	its during the year
8		vatio	n easement reported on line 2(d) a	bovo satisfy the require	omon	ts of soction 17	70/h)///D)/	i)	
				•				-	Yes No
			ow the organization reports conser						
5			lude, if applicable, the text of the f			•			
			ing for conservation easements.			S III Ianciai State		i uesi	
			ns Maintaining Collection	s of Art. Historical	Tre	asures, or (Other Si	mila	r Assets.
			organization answered "Yes" on F			,			
1a			ted, as permitted under FASB AS			enue statemen	t and hala	nces	heet works
	0		res, or other similar assets held for	•					
			XIII the text of the footnote to its	-					public
b			ted, as permitted under FASB AS					sheet	t works of
	-		, or other similar assets held for pl						
			mounts relating to these items:		, u			2. pu	
	-	-	on Form 990, Part VIII, line 1						\$
			Form 990, Part X						\$
2			ived or held works of art, historica						
			required to be reported under FAS					2.10	
	-		Form 990, Part VIII, line 1	-					\$
			m 990, Part X						\$
b		2.1	· · · · · · · · · · · · · · · · · · ·						
		educ	ction Act Notice, see the Instruct	ions for Form 990.					Schedule D (Form 990) 202

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

Sobo		ASSOCIATION ASSOCIATION	N OF INIERI	ATIONAL		13-18	78953		
	dule D (Form 990) 2022 EDUCATO. t III Organizations Maintaining C		t. Historical Tre	asures. or Othe	er Similai	Assets	Contin	v Pa	ige 🗲
3	Using the organization's acquisition, accessi						Contin	ueu)	
5	collection items (check all that apply):		s, check any of the f	onowing that makes	Significant c				
а	Public exhibition	d		hange program					
b	Scholarly research	e		nange program					
c	Preservation for future generations	e							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's exe	mot ouroo	se in Part	XIII		
5	During the year, did the organization solicit o	•	•	•		scinnart	X III.		
Ŭ	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pai		to in the organizatio			, r arcrv,			
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII					······ ∟		L]
			lowing table.				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	······ <u> </u>]
Par									<u>-</u>
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,022,424.	1,054,182.	1,010,514.	9	81,703.	1,	1,021,322.	
	Contributions								
с	Net investment earnings, gains, and losses	-98,247.	88,242.	75,668.	1	18,811.		-39,	619.
d	Grants or scholarships		120,000.	32,000.		90,000.			
	Other expenditures for facilities		· · · · ·						
	and programs								
f	Administrative expenses								
g	End of year balance	924,177.	1,022,424.	1,054,182.	1,0	10,514.		981,	703.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:			•		
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment 100	%	_						
с	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	-	tion that are held ar	d administered for t	he				
	organization by:	Ũ					Г	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value	e
		basis (investm	nent) basis	(other) d	epreciation				
1a	Land								
b	Buildings								
с	Leasehold improvements		1,73	6,025.	298,30		1,437	, 65	57.
	Equipment		52	7,625.	146,6	52.	380),97	73.
	Other				025,8	76.	263	3,43	35.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X column (R) line 1				2,082	2,06	65.

Schedule D (Form 990) 2022

232052 09-01-22

NAFSA: ASSOCIATION OF INTERNATIONAL FDIICATORS

	D (Form 990) 2022 EDUCATORS		13	8-1878953 Page 3
Part V				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Desc	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Finan	cial derivatives			
(2) Close	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)				
Total. (Col	. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	II Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) much aqual Farma 000, Dart V, and (D) line 10.)			
Part IX	. (b) must equal Form 990, Part X, col. (B) line 13.)			
I UI UI	Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	1d Soo Form 990 Part V line 15	
	-	Description	Tu. See Form 330, Fart X, line 13.	(b) Book value
	IGHT OF USE ASSET-BUILDIN	G LEASE		7,126,490.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) line	15.)		7,126,490.
Part X	Other Liabilities.	,		· · ·
	Complete if the organization answered "Yes" of the organization and t	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability	, ,	, ,	(b) Book value
	ederal income taxes			(-)
	57B DEFERRED COMPENSATION	Τ.Δ.Ν		383,699.
	URRENT PORTION OF LEASE L			205,824.
				10,361,951.
	EASE LIABILITY			10,301,931.
(5)				+
(6)				
(7)				<u> </u>
(8)				<u> </u>
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	25.)		10,951,474.
	ity for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	hat reports the
	ization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2022

232053 09-01-22

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

	edule D (Form 990) 2022 EDUCATORS				1878953	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	1 Total revenue, gains, and other support per audited financial statements					361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-731,803.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-731	
3	Subtract line 2e from line 1			3	16,254,	164.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,341.			
b	b Other (Describe in Part XIII.)					
с				4c		341.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	16,268,	505.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
	Complete if the organization answered Tes of Form 390, Fait IV, life 12a.					
1	Total expenses and losses per audited financial statements			1	15,076,	346.
1 2				1	15,076,	346.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	15,076,	346.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	15,076,	346.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	15,076,	346.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	15,076,	346.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1 2e		0.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d			15,076,	0.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		2e		0.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		2e		0.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a		2e		0.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d 4a 4b	14,341.	2e	15,076,	0. 346. 341.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	14,341.	2e 3	15,076,	0. 346. 341.

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

PART V, LINE 4:

12570511 147227 0027431-0027431.0990

PER THE IRREVOCABLE TRUST AGREEMENT FOR THIS FUND, INCOME EARNED ON THE
PRINCIPAL OF THE FUND IS TO PROVIDE FINANCIAL ASSISTANCE TO OUTSTANDING
BURMESE OR EAST ASIAN STUDENTS ENROLLED OR PLANNING TO ENROLL IN GRADUATE
SCHOOLS IN THE UNITED STATES, OR OUTSTANDING AFRICAN AMERICAN STUDENTS
ENROLLED OR PLANNING TO ENROLL IN A STUDY ABROAD PROGRAM THROUGH AN
ACCREDITED UNIVERSITY OR COLLEGE.

NAFSA BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND,

AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO

THE FINANCIAL STATEMENTS. NAFSA RECOGNIZES INTEREST AND PENALTIES EXPENSE 232054 09-01-22 Schedule D (Form 990) 2022

2022.03040 NAFSA: ASSOCIATION OF INT 00274311

NAFSA: ASSOCIATION OF INTERNATIONALSchedule D (Form 990) 2022EDUCATORS13-1878953 Page 5
Schedule D (Form 990) 2022 EDUCATORS 13-1878953 Page 5 Part XIII Supplemental Information (continued) 13-1878953 Page 5
RELATED TO UNCERTAIN TAX POSITIONS IN GENERAL AND ADMINISTRATIVE EXPENSES
ON THE STATEMENTS OF ACTIVITIES AND ACCOUNTS PAYABLE AND ACCRUED EXPENSES
IN THE STATEMENTS OF FINANCIAL POSITION. NAFSA REPORTED NO PENALTIES AND
INTEREST RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER
31, 2022 AND 2021. TAX YEARS PRIOR TO 2019 ARE NO LONGER SUBJECT TO
EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF
COLUMBIA. INCOME TAX EXPENSE RELATED TO UNRELATED BUSINESS TAXABLE INCOME
WAS APPROXIMATELY \$42,500 AND \$20,900 FOR THE YEARS ENDED DECEMBER 31,
2022 AND 2021, RESPECTIVELY.
Schedule D (Form 990) 2022
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SCHEDULE J		Compensation Information	1	OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99)
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23			20	22	-	
Department of the Treasury Attach to Form 990.			Open to	Publ	ic	
Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction	
Nan	• • • • • • • • • • • • •					mber
		EDUCATORS	13-1	.87895	3	
Ра	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
	_	ation and gross-up payments Health or social club dues or initiation fe				
		spending account Personal services (such as maid, chauffe	ur, chet)			
	lf and af the street					
D		on line 1a are checked, did the organization follow a written policy regarding payment or		4		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	by of the following the organization used to establish the componentian of the organization	•			
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation	committoo			
			Johnmillee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				x
		eive payment from an equity-based compensation arrangement?				X
_		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022

13-1878953

Page 2

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

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

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

	(B) Breakdowr	of W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred
	compensati		reportable				on prior Form 990
		compensation	compensation				
(1) ESTHER BRIMMER, DPHIL (i	386,91		1,980.	15,250.	33,201.	437,348.	0.
EXECUTIVE DIRECTOR & CEO		0. 0.	0.	0.	0.	0.	0.
(2) JANE HOFFMAN (i	228,01	.6. 11,817.	1,188.	12,162.	14,594.	267,777.	0.
CFO, ASSISTANT TREASURER (i		0. 0.	0.	0.	0.	0.	0.
(3) JILL ALLEN MURRAY (i	149,85	14,832.	208.	9,002.	31,807.	205,700.	0.
DEPUTY EXECUTIVE DIR., PUBLIC POLICY (i		0. 0.	0.	0.	0.	0.	0.
(4) DAVID FOSNOCHT (i	144,65	50. 7,852.	858.	8,264.	31,272.	192,896.	0.
DIRECTOR, IMMIGRATION PRACTICE RESOU)	0. 0.	0.	0.	0.	0.	0.
(5) TATIANA MACKLIFF (i	151,52	13,823.	289.	8,402.	13,561.	187,602.	0.
DEP. E.D., LPDS, ASST. SECRETARY)	0. 0.	0.	0.	0.	0.	0.
(6) KRISTEN JOHNSON (i	147,36	13,293.	5,096.	8,309.	11,433.	185,495.	0.
SENIOR DIRECTOR, TECHNOLOGY SOLUTION		0. 0.	0.	0.	0.	0.	0.
(7) DOROTHEA ANTONIO	156,67	2. 7,874.	559.	8,287.	12,082.	185,474.	0.
DEPUTY EXECUTIVE DIR., KNOWLEDGE DEV		0. 0.	0.	0.	0.		0.
(8) JAMES MAHONEY (i	141,05	12,816.	482.	7,778.	12,506.	174,633.	0.
SR. DIR., MARKETING & MEMBERSHIP		0. 0.	0.	0.	0.	0.	0.
(9) JOANN NG HARTMANN (i	136,77	7. 12,600.	251.	7,653.	3,540.	160,821.	0.
SENIOR IMPACT OFFICER		0. 0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(ii							
(i	· · · · · · · · · · · · · · · · · · ·						
(i							
(i	/						
(i							
(i	·						
(ii							
(i	· · · · · · · · · · · · · · · · · · ·						
(i							
(i							
(i							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

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

PART I, LINE 7:

IN 2022, THE FOLLOWING INDIVIDUALS WERE PAID PERFORMANCE BASED BONUSES:

JANE HOFFMAN \$11,817 TATIANA MACKLIFF \$13,823 DOROTHEA ANTONIO \$7,874 KRISTEN JOHNSON \$13,293 JILL ALLEN MURRAY \$14,832 \$12,816 JAMES MAHONEY DAVID FOSNOCHT \$7,852 JOANN NG HARTMANN \$12,600

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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



13-1878953

Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NAFSA IS THE WORLD'S LARGEST AND MOST DIVERSE NONPROFIT ASSOCIATION

DEDICATED TO INTERNATIONAL EDUCATION AND EXCHANGE, WORKING TO ADVANCE

POLICIES AND PRACTICES THAT ENSURE A MORE INTERCONNECTED, PEACEFUL

WORLD TODAY AND FOR GENERATIONS TO COME.

FORM 990, PART I, LINE 6:

ESTIMATE OF NON-DUPLICATIVE VOLUNTEER MEMBER LEADER POSITIONS AND

ACTIVE VOLUNTEER TRAINERS OF THE ORGANIZATION. THIS NUMBER DOES NOT

INCLUDE THE HUNDREDS OF VOLUNTEERS WHO WORK ON OUR BEHALF WITHIN THEIR

LOCAL, STATE, AND INTERNATIONAL COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NAFSA LEADS THE WAY IN ADVOCATING FOR A BETTER WORLD THROUGH

INTERNATIONAL EDUCATION BY SERVING INTERNATIONAL EDUCATORS, THEIR

INSTITUTIONS, AND THE PROFESSION, ADVANCING INTERNATIONAL EDUCATION IN

INSTITUTIONS OF HIGHER EDUCATION, AND PROMOTING INTERNATIONAL EDUCATION

AND THE POLICIES THAT SUSTAIN IT IN THE PUBLIC ARENA. THE ASSOCIATION

HELPS DEFINE THE PROFESSION OF INTERNATIONAL EDUCATION BY ESTABLISHING

PRINCIPLES OF GOOD PRACTICE AND PROVIDING PROFESSIONAL DEVELOPMENT

OPPORTUNITIES. NAFSA ENCOURAGES NETWORKING AMONG PROFESSIONALS BY

CONVENING PHYSICAL AND VIRTUAL CONFERENCES AND COLLABORATIVE DIALOGUES

AND PROMOTES RESEARCH AND KNOWLEDGE CREATION TO STRENGTHEN AND SERVE

THE FIELD. NAFSA SEEKS TO CONDUCT INTERNATIONAL EDUCATION IN SOCIALLY,

ECONOMICALLY, AND ENVIRONMENTALLY SUSTAINABLE WAYS.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2	
Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
PROGRAMMING AND NETWORKING OPPORTUNITIES FOR ATTENDEES, PARTICIPATION		
RETURNED TO ONLY 60% OF PRE-PANDEMIC ATTENDANCE. THE FALL	2022	
REGIONAL EVENTS ALSO RETURNED TO IN-PERSON EVENTS WITH SIM	ILAR RETURN	
RATES.		

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

REGIONAL PROGRAMS - REGIONAL PROGRAMS ARE COMPRISED PRIMARILY OF

MEETING RELATED ACTIVITIES FOR SPECIFIC MEETINGS AND WORKSHOPS AT THE

LOCAL LEVEL AS WELL AS TRAVEL ASSISTANCE FOR THE NEEDS OF NAFSA MEMBERS

WITHIN THEIR RESPECTIVE GEOGRAPHIC AREAS.

EXPENSES \$ 1,084,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,061,617.

PUBLICATIONS - THE ASSOCIATION MAINTAINS A WEBSITE AND PRODUCES VARIOUS

PUBLICATIONS, MAGAZINES, AND NEWSLETTERS. THESE PUBLICATIONS REPRESENT

THE ASSOCIATION'S COMMITMENT TO THE ONGOING ENHANCEMENT OF

INTERNATIONAL EDUCATIONAL EXCHANGE.

EXPENSES \$ 528,414. INCLUDING GRANTS OF \$ 0. REVENUE \$ 853,966.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE AUTHORITY OF THE BOARD OF

DIRECTORS TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, EXCEPT THAT IT

SHALL HAVE NO AUTHORITY AS TO THE FOLLOWING MATTERS: (A) THE FILLING OF

VACANCIES IN THE BOARD OF DIRECTORS; (B) THE FIXING OF COMPENSATION OF THE

DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE; (C) THE AMENDMENT

OR REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS; (D) THE AMENDMENT OR

REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE SO

AMENDABLE OR REPEALABLE; AND (E) THE REMOVAL OF DIRECTORS. ACTIONS TAKEN BY
232212 10-28-22 Schedule O (Form 990) 2022

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Schedule O (Form 990) 20	22	Page 2
Name of the organization	NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953

THE EXECUTIVE COMMITTEE ARE SUBJECT TO RATIFICATION AT THE NEXT MEETING OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS TWO CATEGORIES OF MEMBERS, VOTING MEMBERS AND

NON-VOTING HONORARY MEMBERS. VOTING MEMBERS CONSIST OF INDIVIDUAL MEMBERS, GROUP MEMBERS, INTERNATIONAL MEMBERS, STUDENT MEMBERS, RETIRED PROFESSIONAL MEMBERS, AND NEW MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

VOTING MEMBERS ELECT ALL MEMBERS OF THE GOVERNING BODY IN ACCORDANCE WITH PROCEDURES SPECIFIED IN THE ORGANIZATION'S BYLAWS AND STANDING RULES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ARTICLES OF INCORPORATION VEST THE GOVERNANCE OF THE CORPORATION IN THE BOARD OF DIRECTORS, THOUGH THE ARTICLES OF INCORPORATION CAN BE AMENDED ONLY BY A 2/3RDS VOTE OF THE ASSOCIATION'S MEMBERS AT AN ANNUAL OR SPECIAL MEETING. MATTERS WHICH WOULD REQUIRE SUCH A VOTE WOULD BE A CHANGE IN THE NAME OF THE CORPORATION, ITS PURPOSE, QUALIFICATIONS OF MEMBERS, GENERAL STRUCTURE OF THE ASSOCIATION'S INTERNAL AFFAIRS, OR IN THE LIMITATIONS OF ACTIVITIES OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 IS SENT TO THE ENTIRE BOARD OF DIRECTORS. ANY QUESTIONS

ABOUT THE RETURN ARE TO BE DIRECTED TO THE CHAIR OF THE GOVERNANCE

COMMITTEE OF THE BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE OF THE BOARD

OF DIRECTORS MEETS WITH THE ORGANIZATION'S INDEPENDENT PUBLIC ACCOUNTANTS,

EXECUTIVE DIRECTOR, AND CHIEF FINANCIAL OFFICER TO REVIEW FORM 990 PRIOR TO
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FILING AND THEN REPORTS BACK TO THE FULL BOARD OF DIRECTOR	S AT ITS NEXT	
REGULARLY SCHEDULED MEETING. THE BOARD MEMBERS ARE PROVID	ED AN OUTLINE	
CREATED BY THE SENIOR DIRECTOR OF FINANCE/CONTROLLER THAT	IS USED TO GUIDE	
THEM THROUGH THE REVIEW PROCESS. THE OUTLINE SPECIFIES KE	Y AREAS OF THE	
RETURN THAT ARE DEEMED TO BE OF PARTICULAR IMPORTANCE TO T	HE REVIEW	
PROCESS. THE ORGANIZATION'S INDEPENDENT PUBLIC ACCOUNTANT	PROVIDES	
INFORMATION ON HOW THE FORM 990 IS PREPARED AND HOW IT REL	ATES BACK TO THE	
ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.		

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE STATEMENTS AND

MONITORING COMPLIANCE WITH THIS POLICY. OFFICERS, DIRECTORS, TRUSTEES, AND

KEY EMPLOYEES ARE CURRENTLY REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH

AFFIRMS SUCH PERSON:

A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY;

B) HAS READ AND UNDERSTANDS THE POLICY;

C) HAS AGREED TO COMPLY WITH THE POLICY; AND

D) UNDERSTANDS THAT NAFSA IS A CHARITABLE CORPORATION AND, IN ORDER TO

MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES

WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE NAFSA BOARD OF DIRECTORS ENGAGED QUATT

ASSOCIATES AS A COMPENSATION CONSULTANT TO BENCHMARK CEO DATA AS PART OF

THE CONTRACT RENEWAL PROCESS. THE LENGTH OF THE CEO CONTRACT WAS THREE

YEARS RENEWED IN 2020. THE BOARD OF DIRECTORS, IN CONSULTATION WITH THE

COMPENSATION CONSULTANT, APPROVES ANY INCREASES TO THE CEO SALARY BASED ON

 MERIT AND MARKET CONSIDERATIONS.
 COMPENSATION LEVEL FOR THE CEO DID NOT

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INCREASE IN 2022 DUE TO ASSOCIATION-WIDE SALARY FREEZES.

FORM 990, PART VI, SECTION B, LINE 15B:

NAFSA ENGAGES AN OUTSIDE COMPENSATION CONSULTANT TO COMPLETE A STUDY AND RECOMMENDED METHODOLOGY TO EVALUATE SALARIES ANNUALLY BASED ON BENCHMARK DATA. THIS SERVES AS THE BASIS FOR NAFSA'S OVERALL COMPENSATION SYSTEM. SALARIES FOR OFFICERS ARE ALSO BENCHMARKED WITH ADDITIONAL OUTSIDE COMPENSATION SURVEYS TO ENSURE INTERNAL AND EXTERNAL EQUITY. COMPENSATION FOR OFFICERS IS REVIEWED BY THE SENIOR DIRECTOR, HUMAN RESOURCES AND APPROVED BY THE EXECUTIVE DIRECTOR & CEO. NEW POSITIONS ARE EVALUATED BASED ON MARKET DATA AND ESTABLISHED PAY RANGES TO ENSURE INTERNAL AND EXTERNAL EQUITY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MO,MS,NC,ND,NH,NJ,NM,NY,OK,OR,PA RI,SC,TN,UT,VA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE THROUGH ITS WEBSITE. THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO ITS MEMBERS VIA A HANDOUT AT THE ANNUAL BUSINESS MEETING AND AN EMAIL WITH THE LINK TO THIS HANDOUT ON THE ORGANIZATION'S WEBSITE IS SENT YEARLY TO ALL CURRENT MEMBERS OF RECORD. THREE YEARS OF AUDITED FINANCIALS AND TAX RETURNS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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