** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Tressury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	or the	2017 calendar year, or tax year beginning and	enaing		
В	Check if ipplicable	C Name of organization NAFSA: ASSOCIATION OF INTERNATIONAL		D Employer identifi	cation number
	Addres	BDHG 3 MOD G			
	Name	Doing business as		13-1	878953
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/		DVG/ECS	(202	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,417,445.
	Amend	WASHINGTON, DC 20005		H(a) Is this a group re	
	Application	F Name and address of principal onicer: 155 TTTER DICTION		for subordinates	? Yes X No
_	pendin	1307 NEW YORK AVENUE, STR FL, WASHINGTO		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1	list. (see instructions)
		e: > WWW.NAFSA.ORG		H(c) Group exemption	
	orm of	organization; X Corporation Trust Association Other ►	L Year	of formation; 1948	State of legal domicile: DC
I F		Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O.	
80	'	briefly describe the organization's mission of most significant activities.	<u> </u>		
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
ő		Number of independent voting members of the governing body (Part VI, line 1b)			20
•ප් ග	5	Total number of individuals employed in calendar year 2017 (Part V. line 2a)		5	121
itie	6	Total number of volunteers (estimate if necessary)		6	300
cţi	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	521,225.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	41,440.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		1,355,935.	1,353,871.
Revenue		Program service revenue (Part VIII, line 2g)		19,793,670.	19,830,925.
eve		Investment income (Part VIII, column (A), lines 3 (and 7d)		683,578.	564,926.
Œ		Other revenue (Part VIII, column (A), lines 5, 6 (280, 9c, 10c, and 11e)		89,703.	63,213.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	mann?	21,922,886.	21,812,935.
	13	Grants and similar amounts paid (Part IX Tolumn (A), lines 1-3)		29,547.	292,960.
	14	Benefits paid to or for members (Per D) column (A), line 4)		0.	0.
ម្	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,724,526.	9,716,873.
Expenses	16a I	Professional fundraising fees (Fax IX, column (A), line 11e)		0.	0.
Ž.	b	Total fundraising expensio (Part IX, column (D), line 25) 462,21		11 225 000	11 454 050
ш	l ''' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,335,892.	11,474,279.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,089,965.	21,484,112.
		Revenue less expenses. Subtract line 18 from line 12		832,921.	328,823.
S Or				ginning of Current Year	End of Year 23,770,419.
Assets	20	Total assets (Part X, line 16)		21,595,934. 6,429,007.	7,165,870.
Net A		Total liabilities (Part X, line 26)		15,166,927.	16,604,549.
1	22 I	Net assets or fund balances. Subtract line 21 from line 20		19,100,527.	10,002,022.
1000		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts and to the hest of my	knowledge and helief it is
		Land complete. Declaration of preparer (other than officer) is based on all information of whi			mornougo ana conor, m is
u uc,	COLLECT	L and complete. Decision of property (only than direct) to best of an information of the	ton proparor	indo dity into triougo.	
Sign	.	Signature of officer	//	Date Oak	42
Her		ESTHER BRIMMER, CEO	here	min-Ma	14/018
1101	Ĭ	Type or print name and title			
		Print/Type preparer's name Preparer's signature	7/1 0	ate Check	PTIN
Paid		DANIEL O'SHEA DANIEL O'SHEA	0	4/26/18 if self-employ	P00957510
Prep	- 1	Firm's name COHNREZNICK LLP	1000	Firm's EIN	22-1478099
Use		Firm's address > 7501 WISCONSIN AVENUE, SUITE 400	E		V05.091 1
		BETHESDA, MD 20814		Phone no. 3 0	1-652-9100
May	the IR	S discuss this return with the preparer shown above? (see instructions)	ILN:		X Yes No

	n 990 (2017) EDUCATURS 13-1878953 Page
PE	rt 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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.
4a	(Code:) (Expenses 56,180,923. including grants of \$ 42,960.) (Revenue \$ 4,997,224. MEMBER PROGRAMS AND SERVICES - REPRESENTS EXPENSES RELATED TO THE
	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.
	INOGRAFMING TO THE PIBLE:
4b	(Code:) (Expenses \$ 6,130,436. including grants of \$ 0.) (Revenue \$ 11,787,020.
70	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.
	- 4 -
4c	(Code:) (Expenses 1,625,043. including grants of \$ 250,000.) (Revenue \$
	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
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,741,485. including grants of \$) (Revenue \$ 3,046,681.)
40	Total program service expenses 16,677,887.
	Form 990 (2017

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ŀ
	if "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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			
5	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	_
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5]	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		A
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	- 1		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 167 If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
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
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		- 1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ΙI	l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	ا ۔۔ ا		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\rightarrow	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46	X	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	42	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes, * complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990 (2	2017)

Form 990 (2017) EDUCATORS

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		24d		
25a				
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // *Yes.*	1 1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		ĺ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	20		
-	contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32	i	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	\dashv	
-	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	33		45
•	Part V, line 1	34		X
35a		35a	\dashv	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		-
3	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	_	-
-		20		X
37	If "Yes," complete Schedule R, Part V, line 2	36	-	
-,	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 in Schedule O for Part VI, lines 11b and 19?	3/		42
-0	Note. All Form 990 filers are required to complete Schedule O	20	x	
	Testign, and only one are required to complete dereguie o		200 "	

NAFSA: ASSOCIATION OF INTERNATIONAL **EDUCATORS** 13-1878953 Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 83 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2**b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a 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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 71 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7**a** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.

Form 990 (2017)

14a

X

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2017) EDUCATORS

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

	to line 64, bb, 01 100 below, describe the circumstances, processes, or changes in schedule 0. See instructions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
7	Activity activiting and and monagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20		103	110
	If there are material differences in voting rights among members of the governing body, or if the governing	1		1.5
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		124	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 20	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:	thinks.		(m)
а	The governing body?	8a	Х	
ь	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			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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,			
	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	\mathbf{X}_{\perp}	
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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		100	
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS,			MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 501) available (Section 501).	aitable		
	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f	inanci	al	
	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:			
	JANE HOFFMAN, CFO - 202-737-3699			
	1307 NEW YORK AVENUE NW, 8TH FLOOR, WASHINGTON, DC 20005			
32006	11-28-17 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990 (20171

EDUCATORS

13-1878953 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(do	not c	Pas heck	C) itior more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELAINE MEYER-LEE, EDD	1.00					П				
PRESIDENT AND CHAIR	1 00	X	_	X				0.	0.	0.
(2) BONNIE BISSONETTE	1.00									
VICE PRESIDENT	1 00	X		X		_	_	0.	0.	0.
(3) RAVI SHANKAR MA MS	1.00			. ,					0	
VICE PRESIDENT (4) YENBO WU, PHD	1.00	X		X		\vdash		0.	0.	0.
VICE PRESIDENT	1.00	x		х				0.	0.	0.
(5) SIMON ADAMS, PHD	1.00	^	Н	^	┢	Н	H	0.	0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(6) MICHAEL ADEWUMI PH.D.	1.00	Ĥ		Н	\vdash			0.		- 0.
BOARD MEMBER	1.00	x						0.	0.	0.
(7) BRITTA BARON	1.00	-								
SECRETARY		X		х				0.	0.	0.
(8) LANITRA BERGER, PHD	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) DIANA B. CARLIN, PHD	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) SUSANA CARRILLO	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) STEPHEN M. FERST, EDD	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) ROBERT A. FROST	1.00									
BOARD MEMBER		X	Ц	_	Щ			0.	0.	0.
(13) JOEL A. GALLEGOS MA	1.00									
BOARD MEMBER		Х	_					0.	0.	0.
(14) JOLENE KOESTER, PHD	1.00									
BOARD MEMBER		X	_			\square		0.	0.	0.
(15) JESSE L. LUTABINGWA, PHD	1.00	,								
BOARD MEMBER	1 00	X	\dashv	_				0.	0.	0.
(16) BARRY J MORRIS, PHD	1.00	x								
BOARD MEMBER	1 00	4	-	\dashv		\dashv	_	0.	0.	0.
(17) JEFFREY M. RIEDINGER, PHD BOARD MEMBER	1.00	x						0.	0.	0.
DOTALD PRINTER		Λ	_					U .	U.	U .

732007 11-28-17

Page 7

EDUCATORS

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	<u> 1 Hi</u>	ghe:	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	l ide	not c	Pos			000	Reportable	Reportable	•	Esti	mated	ı
	hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	on	amo	o tnu	f
	week	-	icer ar	nd a d	recto	y/trus	tee)	from	from related			ther	
	(list any hours for	trustee or derector				ı	l	the	organization		comp		
	related	8	2	ľ		ie G		organization	(W-2/1099-MI	SC)		m the	
	organizations	nstee	T SE		21	T Series		(W-2/1099-MISC)				nizatio relate	
	below	量	thoral	_	tpłoj	15 a	_				organ		_
	line)	Individual 1	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former				U.g.a.i		
(18) DEBRA STEWART	1.00	<u> </u>	-	۲	-¥-	 "	<u> </u>						
TREASURER		\mathbf{x}		x.				0.		0.			0.
(19) SARA THURSTON, PHD	1.00	-		-		 							
BOARD MEMBER		\mathbf{x}				l	ļ	0.		0.			0.
(20) LESLEY WILSON	1.00	 			Т								
BOARD MEMBER		x						0.		0.			Ο.
(21) ESTHER BRIMMER	35.00				Н	\vdash				<u> </u>			-
EXECUTIVE DIRECTOR & CEO				x				360,677.		0.	43	, 38	2.
(22) JANE HOFFMAN	35.00			-	\vdash	\vdash		300,07.1				, , ,	~
CFO ASSISTANT TREASURER	33100			$ \mathbf{x} $				193,676.		0.	31	,15	٦.
(23) ALAN WILLIAMS	35.00							155,070.				,	<u> </u>
COO, DEPUTY EXECUTIVE DIR, COMM. ASS	33.00			x				193,346.		0.	22	, 26	5
(24) JILL WELCH	35.00	-		-		\vdash		155,5401				, 40	<u> </u>
DEPUTY EXECUTIVE DIRECTOR, PUBLIC PO	33.00					x		156,765.		0.	1.4	, 26	a
(25) JENNIFER HEINRITZ	35.00		Н	Н		Λ		130,703.			7.3	, 20	<i>y</i> .
CONTROLLER	33.00					x		145,503.		0.	25	, 60	2
(26) KEVIN HOVLAND	21.00	⊢	Н	Н		<u> </u>		143,303.		٠٠٠		, 00	3.
SENIOR DIRECTOR ACADEMIC PROGRAMS	21.00					x		134,662.		0.	0	, 89	2
		_						1,184,629.		0.	146		
1b Sub-total								441,343.		0.		, 43	
c Total from continuation sheets to Part VI								1,625,972.		0.	221		
d Total (add lines 1b and 1c)									200 - (44T	, 00	٥.
Total number of individuals (including but no	ot limited to the	ose	IISTE	o ab	ove)) wn	o rec	ceived more than \$100,0	JUU of reportable	ŧ			20
compensation from the organization		_	-		-	-	-				TV		2U No
O Did the complexity that you a											<u>_</u>	es (AD
3 Did the organization list any former officer,				-		- 0		· ·		- 1			
line 1a? If "Yes," complete Schedule J for se											3 2	X	-
4 For any individual listed on line 1a, is the su									_	ŀ			
and related organizations greater than \$150										****	4 2	X	
5 Did any person listed on line 1a receive or a									ual for services	- 1			
rendered to the organization? If "Yes " com	olete Schedule	J.fr	or su	ch o	erso	n					5	1	X
Section B. Independent Contractors				_		_	_						_
Complete this table for your five highest cor										ensat	ion from		
the organization. Report compensation for t	he calendar ye	аг е	ndin	g wi	th o	r wit	hin 1		ar.			_	
(A)							-1	(B)		_	(C)	.41	
Name and business							4	Description of se			ompensa	BUQII	
FREEMAN AUDIO VISUAL SOLU								CONFERENCE A/	ν,			- 4	
PO BOX 650519, DALLAS, TX						_	P	ECORATING	(3)	1	<u>, 313 ,</u>	, 34	<u>.</u>
TRANSPORTATION MANAGEMENT						ż						-	-
HOUSE ROAD, #200, SANDY S	PRING, 1	MD	20	186	O Ü		_	ONFERENCE TR	ANSPORT		353,	, /5:	L.
EXPERIENT INC.		- 4						CONFERENCE					
PO BOX 74008578, CHICAGO,								REGISTRATION	SYSTEMS		338,	700	٠ د
weenth bouttorining bombt	4 H 4 CO	1001	LT.					V MILEUD DRIVE					

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

FIGUEROA STREET, LOS ANGELES, CA 90071

LEVY RESTAURANTS, 980 NORTH MICHIGAN

\$100,000 of compensation from the organization

AVENUE, CHICAGO, IL 60611

Form 990 (2017)

336,725.

312,265.

22

SPACE/CATERING

CONFERENCE CATERING

EDUCATORS 13-1

(A) Name and title 27) SHEILA SCHULTE EP ESECUTIVE DIR, LEADERSHIP, PROVE E8) DAVID FOSNOCHT ERECTOR, IMMIGRATION PRACTICE SERVI E9) MARLENE JOHNSON DRMER CEO	(B) Average hours per week (list any hours for related organizations below line) 35.00	ites or director		Pos	C) sition that	арр	ly)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensatio
EP ESECUTIVE DIR, LEADERSHIP, PROVE 28) DAVID FOSNOCHT RECTOR, IMMIGRATION PRACTICE SERVI 29) MARLENE JOHNSON	week (list any hours for related organizations below line)	Individual trustee or director	astitutional trustee			d employee		the	organizations	compensatio
EP ESECUTIVE DIR, LEADERSHIP, PROVE 28) DAVID FOSNOCHT RECTOR, IMMIGRATION PRACTICE SERVI 29) MARLENE JOHNSON	35.00			Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization
28) DAVID FOSNOCHT RECTOR, IMMIGRATION PRACTICE SERVI 29) MARLENE JOHNSON						 		400		
RECTOR, IMMIGRATION PRACTICE SERVI	35 00	⊢				X	Н	133,535.	0.	28,74
9) MARLENE JOHNSON	35.00	ł				x		130,364.	0.	24 10
	20.00						Н	130,304.	0.	24,10
	2000	i					x	177,444.	0.	21,58
								,		
								_		
		H					\exists			
	55		\dashv		Н		\vdash			
			Н		H		\Box			
			٦				\exists		_	
			\dashv	-						
	35		\dashv		\dashv	\dashv	\dashv			
		_	4	\dashv			_		-	
	1									
	_ 1		7	\dashv	2	$ \top $	7			
		\dashv	\dashv	\dashv	\dashv	\dashv	\dashv			
			\perp				4			

EDUCATORS

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Federated campaigns Grants b Membership dues 1b c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,353,871 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,353,871. h Total. Add lines 1a-1f **Business Code** 2 a CONFERENCE 900099 12,010,160. 11,913,880, 96,280, Program Service b MEMBER DUES 900099 3,978,016. 3,978,016. C REGIONAL ACTIVITY 900099 1,642,846. 1,642,846. d PUBLICATIONS 511190 1,344,037 919,092. 424,945. 900099 WORKSHOPS 855,866. 855,866. f All other program service revenue 19,830,925. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 344,758. 344,758. other similar amounts) Income from investment of tax-exempt bond proceeds 12,778. 12,778. Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,824,678 assets other than inventory b Less: cost or other basis 1,604,510. and sales expenses 220,168. c Gain or (loss) 220,168. 220,168. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 8,073. Part IV, line 19 b Less: direct expenses 0. 8,073. 8,073. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 42,362. 42,362. d All other revenue 42,362. e Total. Add lines 11a-11d 21,812,935. 19,309,700. 521,225. 628,139, Total revenue. See instructions.

Form 990 (2017)

EDUCATORS

13-1878953 Page 10

Part IX | Statement of Functional Expenses Section 501(cl/3) and 501(cl/4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses generāl expenses Grants and other assistance to domestic organizations 250,000. 250,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 42,960. 42,960. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 844,499. 282,404. 538,658. 23,437. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7,104,677. 5,789,643. 1,066,055. 248,979. Pension plan accruals and contributions (Include 89,305. 595,176. 485,013 20,858. section 401(k) and 403(b) employer contributions) 480,130. Other employee benefits 603,066. 101,582. 21,354. 569,455. 437,938. 111,937. 19,580. Payroll taxes 10 Fees for services (non-employees): a Management 20,766. 7.728. 6,494. 6,544. Legal 217,527. 217,527. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 88,411. Investment management fees 88,411. g Other, (If line 11g amount exceeds 10% of line 25, 400,519. 501,868. 101,247. 102. column (A) amount, list line 11g expenses on Sch O.) 88,478. 792,727. 704.249. 12 Advertising and promotion 1,215,343. 625,803. 580,072. 9,468. 13 Office expenses 1,194,655. 872,303. 322,252. 14 Information technology 100. 15 Royalties 673,102. 673,102. 16 Occupancy 964,300. 842,321. 112,892. 9,087. 17

Form 990 (2017)

12.212.

2,016.

462,215.

19

20

21

22

23

Insurance

c TAXES

e All other expenses

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FULFILLMENT EXPENSES

OTHER EXPENSES

4,999,016.

560,002.

115,941. 33,713.

11,555.

21,484,112.

85,052.

301.

4,933,959.

354,931.

115,941.

16,677,887.

15,546.

36,451.

48.

52,845.

205,071.

48,601.

16,151.

11,555.

4,344,010.

253.

EDUCATORS 13-1878953 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 2,698,934. 3,077,398. Cash - non-interest-bearing 1 3,003,683. 3,316,518. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 57,941. 65,384. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr), Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 672,940. 718,109. Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 3,605,995. basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 2,761,686. 900.983. 10b 10c 844,309. 13,587,955. 15,149,831. 11 11 Investments - publicly traded securities 579,301. Investments - other securities. See Part IV, line 11 653,929. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets, See Part IV, line 11 19,569. 19,569. 15 15 21.595.934. 23,770,419. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 481,950. 907,994. Accounts payable and accrued expenses 17 17 18 Grants payable 18 5,631,050. 5,843,876. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 316,007. 414,000. Schedule D 25 6,429,007. 7,165,870. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 14,218,035. 27 Unrestricted net assets 27 15,576,597. 28 229,792. 308,852. Temporarily restricted net assets 28 719,100. 719,100. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ŏ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30

> 23,770,419. Form 990 (2017)

> 16,604,549.

31

32

33

34

15,166,927.

21,595,934.

31

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Employer identification number 13-1878953

Pa	irt I	Reason for Public	Charity Status	(All organizations must d	omplete th	is part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12,	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect						
3	\Box	A hospital or a cooperative		•			lii\.	
4	\sqcap	A medical research organiz	_				•	r the hospital's name
•		city, and state:				0000	on tropogramma cate	tile liespital s liame,
5		An organization operated for	or the benefit of a co	Illege or university owne	d or operate	ad by a or	weenmental unit describ	ad in
9	_	section 170(b)(1)(A)(iv). ((mege or university owne	u oi opeiati	eu by a go	overnmental unit describ	en III
6	H	A federal, state, or local go						
-	ш	An organization that norma		intial part of its support	rom a gove	rnmental	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C						
8	\vdash	A community trust describe						
9	Ш	An agricultural research org	-			•	_	-
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the r	name, city	, and state of the colleg-	9 Or
		university:						
10	X	An organization that norma						
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busines	ses acqui	red by the organization	after June 30, 1975.
	_	See section 509(a)(2). (Co	*					
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform th	ne functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	or section 5	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and comp	olete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority of	f the direc	ctors or trustees of the s	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
Ь		Type II. A supporting org	anization supervised	l or controlled in connec	tion with its	supporte	ed organization(s), by har	ving
		control or management o	f the supporting orga	anization vested in the s	ame persor	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
¢		Type III functionally inte	grated. A supportin	g organization operated	in connecti	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, Sec	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in con	nection w	vith its supported organia	zation(s)
		that is not functionally int						
		requirement (see instructi						
e		Check this box if the orga						
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	r the number of supported o	**		0 0			
a	Prov	ide the following information	about the supporte	d organization(s).				
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organ in your governin	ization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (age instructions)				
			_					
					l 1			
		K I	111	P. III				
F-4-								

Schedule A (Form 990 or 990-EZ) 2017 EDUCATORS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	e organization
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")		-				
2	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to						
	or expended on its behalf	<u> </u>		-			
3	The value of services or facilities			Ī		1	21)
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	—		 			
4 5	The portion of total contributions						
J	by each person (other than a				1 1 60	JIE 8 1181	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				THE WAY THE		8 -
6	Public support. Subtract line 5 from line 4.	Company of the contract of the					
	ction B. Total Support			K)			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	ľ					
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					75	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		l				
12		19795				12	
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and store tion C. Computation of Publication		centage	(Supplied to the control of the cont			
	Public support percentage for 2017 (li			column (fil)		14	94
	Public support percentage from 2016					15	% %
	33 1/3% support test - 2017. If the o						57.56
100	stop here. The organization qualifies	•		*			
b	33 1/3% support test - 2016. If the o						
_	and stop here. The organization quali	•		500			
17a	10% -facts-and-circumstances test						
•	and if the organization meets the *fact	_			55. 22.		
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						▶□
40			6	401 47 47			: =

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 fisted below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Fart II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	5011965.	5272268.	5667314.	5531180.	5331887.	26814614.
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	11534199.	14091074.	16388122.	14839256.	15852909.	72705560.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	(9	50			Œ	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6		16546164.	19363342.	22055436.	20370436	21184796	99520174.
	Amounts included on lines 1, 2, and						773201711
	3 received from disqualified persons						0.
Ь	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.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						99520174.
Sec	ction B. Total Support			-			
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		16546164.	19363342.	22055436.	<u> 20370436.</u>	21184796.	99520174.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	105 000	262 206	340.015	000 050	255 526	4550440
	and income from similar sources	195,822.	363,306.	342,817.	298,959.	357,536.	1558440.
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	69,074.	43,479.	33 496	76,122.	25 224	257 205
_		264,896.		376 212	375,081.	307,224.	1015025
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	204,090.	400,703.	370,313.	375,081.	392,760.	1013033.
12	Other income. Do not include gain or loss from the sale of capital	145 350	62 500	20.525		40.000	
40	assets (Explain in Part VI.)	145,378.	63,520.	30,636.	89,703.	42,362.	371,599.
	200 S 20	16956438.					
	First five years. If the Form 990 is for check this box and stop here	the organization's	iirst, second, unird	, tourtn, or tiπn tax	year as a section	501(c)(3) organiza	tion,
	tion C. Computation of Public	Support Pero	centage				
	Public support percentage for 2017 (lin			luma (6)		15	97.85 %
	Public support percentage from 2016			(i)		16	97.75 %
	tion D. Computation of Inves			***************************************	THE PROPERTY OF THE PROPERTY O	10 [3.11.0 %
	Investment income percentage for 20	-		13, column (f))		17	1.79 %
	Investment income percentage from 2		Sa. A. 10. 10		21.0.0000000000000000000000000000000000	18	1.79 %
19a	33 1/3% support tests - 2017. If the	organization did no				1/3%, and line 17	
	more than 33 1/3%, check this box an						►X
Ь	33 1/3% support tests - 2016. If the	organization did no	t check a box on l	ine 14 or line 19a,	and line 16 is more	e than 33 1/3%, an	
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	od not check a b	ox on line 14, 19a,	or 19b, check this	box and see instr	uctions	000 525 004

1,,

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in 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 (b) and (c) 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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.)

	Tes	NO
1	-	
		2000
2		
3a		
3b		
3c		
4a		
44		-
4b		
4c		
5a		
_5b		
5c		11111
6		
7		
7		
7 8		
7		
7 8		
7 8 9a 9b		
7 8 9a		
7 8 9a 9b		
7 8 9a 9b		

Schedule A (Form 990 or 990-EZ) 2017 EDUCATORS			13-1878953 Page 6
Part V Type ill Non-Functionally Integrated 509(a)(3) Su	pporting Organi		
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on N	lov. 20, 1970 (explain in	Part VI.) See instructions. Al
other Type III non-functionally integrated supporting organizations			
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	0	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		Dec Cel
e Discount claimed for blockage or other	100		
factors (explain in detail in Part VI):	1000		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater arr	nount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-fu	inctionally integrated	Type III supporting orga	anization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 EDUCATORS 13-1878953 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

cnedule A	(Form 990 or 990-E2) 2017 EDUCATORS 13-18 / 8953 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	2
-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

NAFSA: ASSOCIATION OF INTERNATIONAL

OMB No. 1545-0047

Employer identification number

2017

EDUCATORS 13-1878953 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 or 990-EZ), Part II, line 13, 15a, or 15b, 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). 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, 990-EZ, or 990-PF).

Name of organization

NAFSA: ASSOCIATION OF INTERNATIONAL

EDUCATORS

13-1878953

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution			
1		s11,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		s11,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		s11,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		s <u>11,500.</u>	Person X Payroli			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		s11,500.	Person X Payroli			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$ <u>27,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization
NAFSA: ASSOCIATION OF INTERNATIONAL

Employer identification number

EDUCAT	13-1878953		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	- Lie	\$11,50	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
8		\$11,50	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
9		\$ <u>11,50</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
10		s11,50	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
11		s11,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		s11,500	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization
NAFSA: ASSOCIATION OF INTERNATI

Employer identification number

NAFSA:	ASSOCIATION	OF	INTERNATIONAL
EDITO A TO	שמר		

13-1878953

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		s <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
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NAFSA: ASSOCIATION OF INTERNATIONAL

EDUCATORS

13-1878953

CORS		3-1878953
Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	E
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Noncash Property (see instructions). Use duplicate copies of P (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.)

Name of organization **Employer identification number** NAFSA: ASSOCIATION OF INTERNATIONAL **EDUCATORS** 13-1878953 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. [Enter this into once.] Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	or (6) organizations: Complete Part III.				
Name of organization	NAFSA: ASSOCIATION (OF INTERN	ATIONA	L Em	oloyer identification number
	EDUCATORS				13-1878953
Part I-A Complet	e if the organization is exemp	ot under sect	on 501(c)	or is a section 527 o	rganization.
2 Political campaign ac	of the organization's direct and indirectivity expenditures olitical campaign activities				\$
Part I-B Complet	e if the organization is exemp	t under sect	on 501(c)	(3).	
	iny excise tax incurred by the organizat				\$
2 Enter the amount of a	iny excise tax incurred by organization	managers under	section 495	5	\$
3 If the organization inc	urred a section 4955 tax, did it file Forr	m 4720 for this ye	ar?		Yes No
	le?				
h If "Yes " describe in F	Part IV				
	e if the organization is exemp				c)(3).
1 Enter the amount dire	ctly expended by the filing organization	n for section 527	exempt fund	ction activities	S
	he filing organization's funds contribute				
exempt function activ	ities				<u></u>
•	expenditures. Add lines 1 and 2. Enter				
line 17b				***************************************	·
	tion file Form 1120-POL for this year?				
made payments. For o contributions received	resses and employer identification num each organization listed, enter the amoi I that were promptly and directly delive ittee (PAC). If additional space is neede	unt paid from the red to a separate	filing organi political org	ization's funds. Also enter th janization, such as a separa	e amount of political
(a) Name	(b) Address		(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		-			
		=		•	
		1			
			15		

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017		13-1	878953 Page 2						
Part II-A Complete if the org	ganization is exe	empt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under				
section 501(h)).									
	=	ffiliated group (and list i	n Part IV each affiliated	group member's name	e, address, EIN,				
. —	expenses, and share of excess lobbying expenditures).								
B Check if the filing organiz	ation checked box A	and "limited control" pro	ovisions apply.						
	its on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.	1	(a) Filing organization's totals	(b) Affiliated group totals				
			·	TOTALS					
1a Total lobbying expenditures to infl			************************	3,145.					
 Total lobbying expenditures to infl Total lobbying expenditures (add l 	_			3,145.					
d Other exempt purpose expenditures				21,480,967.					
e Total exempt purpose expenditure		d)		21,484,112.					
f Lobbying nontaxable amount. Ent	1,000,000.								
If the amount on line 1e, column (a)	1,000,000								
Not over \$500,000		bbying nontaxable am If the amount on line 1e.							
Over \$500,000 but not over \$1,00									
Over \$1,000,000 but not over \$1,5									
Over \$1,500,000 but not over \$17									
Over \$17,000,000									
g Grassroots nontaxable amount (er	250,000.								
h Subtract line 1g from line 1a. If zero or less, enter -0-				0.					
i Subtract line 1f from line 1c. If zero	0.								
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organiza	ation file Form 4720						
reporting section 4911 tax for this					Yes No				
	4-Year A	veraging Period Under	section 501(h)						
(Some organizations to		501(h) election do not l rate instructions for lir	•	of the five columns be	low.				
	Lobbying Exp	enditures During 4-Yea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount									
(150% of line 2a, column(e))					6,000,000.				
	44 044	36.040	C4 0C4	2 4 4 5	444 454				
c Total lobbying expenditures	11,841	36,212.	64,961.	3,145.	116,159.				
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount									
(150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures					*				

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

the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).			ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.		ction	
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
Tart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.		ction	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye			
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye 		Yes	No
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye 	0.03377		
Bid the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes." 1 Dues, assessments and similar amounts from members			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).		1	
a Current year		-	
b Carryover from last year			
c Total			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 ·		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
		J	
expenditure next year?	4		
expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information	4 5		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

NAFSA: ASSOCIATION OF INTERNATIONAL

OMB No. 1545-0047 Open to Public Inspection

Department of the Treesury Internal Revenue Service Name of the organization

EDUCATORS

Employer identification number 13-1878953

Pε	rt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		-
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		T-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised t	iunds
	are the organization's property, subject to the organization's exclusi	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organizat	ion answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			2b
C	Number of conservation easements on a certified historic structure in		2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the tax
	year -		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic m	- 1/2 - All	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ig of violations, and enforcing conserva	tion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year
	▶ \$		(D) (D
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease	monto la lie sociazio and cuancia stat	Yes No
9	include, if applicable, the text of the footnote to the organization's fir		
	conservation easements.	ianciai statements that describes the t	organization's accounting for
Pa	t III Organizations Maintaining Collections of Art, I	listorical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		and halance sheet works of art
	historical treasures, or other similar assets held for public exhibition,		
	the text of the footnote to its financial statements that describes the		provide the second of the seco
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958),		balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, education		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures,		
	the following amounts required to be reported under SFAS 116 (ASC	The state of the s	
a	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions for Fo		Schedule D (Form 990) 2017

	edule D (Form 990) 2017 EDUCATO				1	3-1878	<u>953</u>	Page 2
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Oth	er Similar /	Assets 6	ontinue	rd)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that are a	significant use	of its coller	ction ite	ms
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							, i
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purpose	in Part XIII.		
5	During the year, did the organization solicit of			_				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?		🔲 Ye	as [□ No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes" o	on Form 990, F	art IV, line 9	a, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	s or other assets no	t included			
	on Form 990, Part X?					∵ ∏ Ye	es [No
b	If "Yes," explain the arrangement in Part XIII					200		
	8° -		-			Am	ount	
¢	Beginning balance	60-14 05 1790-150 as			1c			8 E
d								
e	Distributions during the year					_		
f	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for escrow or cu	stodial account liab	oility?	Ye	s	No
	If "Yes," explain the arrangement in Part XIII.					100125-50	ř	= "
Pai								
		(a) Current year	(b) Prior year	(c) Two years back		rs back (e)	Four vea	ars back
1a	Beginning of year balance	922,267.	866,304.	878,375.		,184.		1,353.
b	Contributions				1			
c	Net investment earnings, gains, and losses	99,055.	55,963.	-12,071.	40	,191.	9	6,831.
d	Grants or scholarships	E22 E			1			
e	Other expenditures for facilities				†			
	and programs							
f	Administrative expenses							
	End of year balance	1,021,322.	922,267.	866,304.	878	,375.	83	8,184.
2	Provide the estimated percentage of the curr					,		+1:
_	Board designated or quasi-endowment	one your one belance	%	, 11010 00.				
	Permanent endowment ▶ 70.41	%	-70					
	Temporarily restricted endowment ▶ 2:							
•	The percentages on lines 2a, 2b, and 2c should be a sh							
Зa	Are there endowment funds not in the posses	•	ion that are held an	rd administered for t	he organizatio	NO.		
ou	by:	ssion of the organizat	ibii tilat ale lielo ali		ine organizatio	***	Ye	s No
	-					<u>a.</u>		X
							a(i)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as sequire	d on Schodulo D2				ı(ii)	- A
4	Describe in Part XIII the intended uses of the	constitution's require	a on Schedule nr				b	_
Par	t VI Land, Buildings, and Equipm		ment junus.					
1 01	Complete if the organization answered		D-+ N/ N 11- C	E 000 D-+ V	Eng 40			
	Description of property	(a) Cost or other basis (investment)	, ,	1-7	Accumulated epreciation	(d) E	3ook va	lue
4	Lond		Dasis (Out-01/ Ut	phierialion			
_	Land					-		
b	Buildings	11	1 40	4 063 1	201 112	-	02 (751
	Leasehold improvements				291,112		193,	
	Equipment		······	0,989.	251,909			080.
	Other				218,665	_		478.
Total.	. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part X	column (B) line 10)c)		۶ ا د	344,3	309.

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value	
(1)	Federal income taxes			
(2)	457B DEFERRED COMPENSATION PLA	AN	414,000.	
(3)				
(4)			73.	
(5)				
(6)		W I		
(7)				
(8)				
(9)				
Total.	Column (b) must equal Form 990. Part X. col. (B) line 25.)		414,000.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

PART X, LINE 2:

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

RELATED TO UNCERTAIN TAX POSITIONS IN GENERAL AND ADMINISTRATIVE EXPENSES

732054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAFSA: ASSOCIATION OF INTERNATIONAL

Employer identification number

EDUCATORS				13-187895	3			
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on			
Form 990, Part IV				<u> </u>				
1 For grantmakers. Does	r grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,							
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes								
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the			
3 Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is n	eeded.)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
SUB-SAHARAN AFRICA			TRAVEL GRANTS		42,960.			
			LIMYDD GRAVID		42,300.			
					59.8			
		211						
					11			
				107				
	0.							
		W	19		12			
3			81					
				100				
3	_							
3 a Sub-total	0	0	W		42,960.			
b Total from continuation					=3,244			
sheets to Part I	0	0			0.			
and 3h)	0.	0			42 960.			

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

Schedule F (Form 990) 2017

13-1878953

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part il can be duplicated if additional space is needed.

(g) Amount of (h) Description (i) Method of of noncash of noncash assistance assistance appraisal, other)					
(f) Manner of cash disbursement					
(e) Amount of cash grant	Ø	-	5 =		
(d) Purpose of grant					
(c) Region					
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

Schedule F (Form 990) 2017

732072 10-06-17

Page 3

13-1878953

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(g) Description of valuation valuation (book, FMV, annaisal other)							
(f) Amount of noncash assistance	0						
(e) Manner of cash disbursement	THER						
(d) Amount of cash grant	42,960. DTHER						
c) Number of recipients	12					11	
Iditional space is needed. (b) Region	SUB-SAHARAN APRICA			=	-		
(a) Type of grant or assistance (b) Region (b) Region	TRAVEL GRANTS						

Schedule F (Form 990) 2017

	ule F (Form 990) 2017	T2-T8/8323	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
	,		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
•	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
		Yes	X No
	(see Instructions for Form 8621)	103	[
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	, , , , , , , , , , , , , , , , , , , ,		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

732075 10-06-17

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Inspection

Open to Public

Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Schedule I (Form 990) (2017) **≗** Employer identification number 13-1878953 (h) Purpose of grant or assistance TO SUPPORT HIGHER X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any EDUCATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 250,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NAFSA: ASSOCIATION OF INTERNATIONAL (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 52-1363172 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? EDUCATORS 1 (a) Name and address of organization or government PARTNERS OF THE AMERICAS 1424 K ST, NW, SUITE 700 WASHINGTON, DC 20005 Name of the organization Part Part II HA

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

13-1878953

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			5 **** 5 **** 5 ***		¥.
		5 5			,ā.
			5 5		
	3-		U		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:	quired in Part I, lir	ie 2; Part III, column	(b); and any other ad	ditional information.	
DES NAFSA WRIT	REPORTS	VERY	FOUR MONTHS DE	DETAILING THE	
USE OF THE GRANT, THE STATUS OF TH RECONCILIATION.	THE PROJECT,	AND A	FINANCIAL	:	
		i	FF 59		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. NAFSA: ASSOCIATION OF INTERNATIONAL

EDUCATORS

Employer identification number 13-1878953

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	100		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal us	se		
	Travel for companions Payments for business use of personal residen	ce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	47	100	
	Discretionary spending account Personal services (such as, maid, chauffeur, ch	ef)		
h	If any of the haves as line to are checked, did the exempleation follows written solicy asserting asserting		7 11	
U	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-	li l	
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		
~	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1000		
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	100		4
	establish compensation of the CEO/Executive Director, but explain in Part III.	150		
	Compensation committee Written employment contract		Но	
	X Independent compensation consultant X Compensation survey or study	_		
	Form 990 of other organizations X Approval by the board or compensation commit	ttee	20 8	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			100
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
я	The organization?	6a		Х
ь	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			A
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 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 the		21	
_	initial contract exception described in Regulations section 53 4059 4(a)(2)2 If "Yes " describe in Red III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		2 100	45
		9		
LHA		Schedule J (For	n 990)	2017

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

EDUCATORS

13-1878953

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). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 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) Breakdown of	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) BSTHER BRINNER	8	359 903		177	2 1 0 1 0 1	707	020 707	c
E	3	20102		-		М.	*0.50 / #0.5	0
8	4	189 418	000	0.0	17 643	- 1	- 1	0.
	3	7007	3	.007	70	13,510.	224,829.	0
	9	,	n	Û.	- 1	0		0.
ALAN WILLIAMS	≘	193,088.	0	258.	17,612.	4,653.	215,611.	0
1			0.	0	0	0	0	0
(4) JILL WELCH	Ξ	156,675.	. 0	.06	14,101.	168.	171,034.	0
DEPUTY EXECUTIVE DIRECTOR, PUBLIC PO	_	0	0	0	0	0	0	0
(5) JENNIFER HEINRITZ	(3)	140,36	5,000.	138.	13,644.	11,959.		0
CONTROLLER	8		0	0.	0	0	0	0
(6) SHEILA SCHULTE	8	133,44	0	90.	12,308.	16,439.	162,282.	0
DEP ESECUTIVE DIR, LEADERSHIP, PROVE	8	0	0	.0	0	0	0	0
(7) DAVID FOSNOCHT	(3)	130,106.	0	258.	12,117.	11,990.		0
DIRECTOR, IMMIGRATION PRACTICE SERVI	\rightarrow		0.	0.	0	0	0	0
(8) MARLENE JOHNSON	8	176,455.	0	989.	15,993.	5,592.		0
FORMER CEO	8	0	0	0.	0.	0	0	0
	8							
	8				200			
	8				1			
	8		1					
	8							
				J.				
	Ξ							
	9							
	8							
	₿							
	€			-				
	8							
	8	1						
		=						
	8							
	9							

Schedule J (Form 990) 2017

Page 3

13-1878953

Part III Supplemental Information Schedule J (Form 990) 2017

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.

KEVIN HOVLAND RECEIVED SEVERANCE PAYMENTS TOTALING \$37,975 TN 2017.
PART I, LINE 7:
IN 2017, BOTH JANE HOFFMAN AND JENNIFER HEINRITZ WERE PAID A
PERFORMANCE-RELATED BONUS OF \$5,000.
Schadula J. Horm DDI)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NAFSA: ASSOCIATION OF INTERNATIONAL

EDUCATORS

Employer identification number 13-1878953

FORM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION
NAFSA IS THE LARGEST ASSOCIATION OF PROFESSIONALS COMMITTED EXCLUSIVELY
TO ADVANCING INTERNATIONAL HIGHER EDUCATION.
FORM 990, PART I, LINE 6 NUMBER OF VOLUNTEERS
ESTIMATE OF NON-DUPLICATIVE VOLUNTEER MEMBER LEADER POSITIONS 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 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 \$ 1,458,065. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,642,846.
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 \$ 1,283,420. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,403,835.
FORM 990, PART III, LINE 1 DESCRIPTION OF ORGANIZATION MISSION
THE ASSOCIATION SERVES INTERNATIONAL EDUCATORS AND THEIR INSTITUTIONS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL Employer identification number **EDUCATORS** 13-1878953 AND ORGANIZATIONS BY ESTABLISHING PRINCIPLES OF GOOD PRACTICE, PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES, PROVIDING NETWORKING OPPORTUNITIES, AND ADVOCATING FOR INTERNATIONAL EDUCATION. FORM 990, PART VI, SECTION A, LINE 1: 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 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 REGULAR MEMBERS, ASSOCIATE MEMBERS, AND LIFE 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
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 13-1878953

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 & CEO, AND CHIEF FINANCIAL OFFICER TO REVIEW FORM 990

PRIOR TO FILING AND THEN REPORTS BACK TO THE FULL BOARD OF DIRECTORS AT ITS

NEXT REGULARLY SCHEDULED MEETING. THE BOARD MEMBERS ARE PROVIDED AN

OUTLINE CREATED BY THE SENIOR DIRECTOR OF FINANCE/CONTROLLER THAT IS USED

TO GUIDE THEM THROUGH THE REVIEW PROCESS. THE OUTLINE SPECIFIES KEY AREAS

OF THE RETURN THAT ARE DEEMED TO BE OF PARTICULAR IMPORTANCE TO THE REVIEW

PROCESS. THE ORGANIZATION'S INDEPENDENT PUBLIC ACCOUNTANT PROVIDES

INFORMATION ON HOW THE FORM 990 IS PREPARED AND HOW IT RELATES 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;

732212 09-07-17

Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Employer identification number 13-1878953

- 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 15A:

COMPENSATION BENCHMARK DATA WHEN DETERMINING THE APPROPRIATE SALARY FOR THE HIRE OF THE CURRENT CEO/ED ON DECEMBER 29, 2016. IN KEEPING WITH PAST PRACTICE, THE EXECUTIVE COMMITTEE CONSIDERED THE SAME RANGE OF INCREASE FOR MERIT CONSIDERATION AS HAD BEEN USED FOR OTHER NAFSA EMPLOYEES. IN 2017, STAFF WERE ELIGIBLE TO RECEIVE BETWEEN 2% AND 4% MERIT INCREASES, BASED ON PERFORMANCE. USING THIS GUIDELINE, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AUTHORIZED A 3.5% MERIT INCREASE FOR THE CEO/EXECUTIVE DIRECTOR.

PART VI, SECTION B, LINE 15B:

NAFSA ENGAGED AN OUTSIDE COMPENSATION CONSULTANT, CLEAR MANAGEMENT, TO

COMPLETE A COMPENSATION STUDY IN MAY 2017, BASED ON JANUARY 1, 2018,

BENCHMARK DATA. THE RESULTS OF THE STUDY WERE PROVIDED TO THE CEO/ED AND

SENIOR DIRECTOR, HUMAN RESOURCES. THIS STUDY SERVES AS THE BASIS FOR

NAFSA'S COMPENSATION SYSTEM. THE STUDY ESTABLISHED APPROPRIATE PAY RANGES

AND THE RECOMMENDED METHODOLOGY FOR GUIDING SALARY RECOMMENDATIONS FOR

MANAGEMENT AND OTHER STAFF EMPLOYEES. THE CEO/ED RETAINS AUTHORITY FOR

OVERSIGHT OF NAFSA EMPLOYEE SALARY DECISIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization NAFSA: ASSOCIATION OF	TAMEDAN MTONAT	Page 2
EDUCATORS	INTERNATIONAL	Employer identification number 13-1878953
UT, VA, WV, WI		
	1	
FORM 990, PART VI, SECTION C, LINE	19:	
THE ORGANIZATION MAKES ITS GOVERNING	G DOCUMENTS AND CONFLIC	TS OF INTEREST
POLICY AVAILABLE THROUGH ITS WEBSIT	E. THE ORGANIZATION MA	KES ITS AUDITED
FINANCIAL STATEMENTS AVAILABLE TO I	rs members via a handou	T AT THE ANNUAL
BUSINESS MEETING AND THROUGH AN EMA	IL WITH THE LINK TO THI	S HANDOUT ON THE
ORGANIZATION'S WEBSITE IS SENT YEAR	LY TO ALL CURRENT MEMBE	RS OF RECORD.
THE AUDITED FINANCIALS ARE ALSO AVAI	LABLE ON THE ORGANIZAT	ION'S WEBSITE.
i i		
FORM 990, PART XI, LINE 9, CHANGES	IN NET ASSETS:	
PRIOR YEAR REGIONAL CONTRIBUTIONS NO	OT RECORDED IN THE	
AUDITED FINANCIAL		-66,746.
	<u>N</u>	
	COST PROPERTY COST	2003
	Andrews	
		1000
2		- many