Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Form 990 (2018)

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number NAFSA: ASSOCIATION OF INTERNATIONAL Address change EDUCATORS Name Doing business as 13-1878953 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1307 NEW YORK AVENUE NW, 8TH FL (202)737-3699 termi ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 27,325,531. Amended WASHINGTON, DC 20005 H(a) is this a group return F Name and address of principal officer: ESTHER BRIMMER for subordinates? Yes X No ending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► WWW.NAFSA.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1948 M State of legal domicile: DC Trust Association Other -Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed to calendaryen 20
 Total number of volunteers (estimate in necessary) 115 5 6 525 7 a Total unrelated business revenue from Part VIII, column (C), line 12 475,544. 7a b Net unrelated business taxable income from Form 990-T, line 38 86,234. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,353,871. 1,330,884. 9 Program service revenue (Part VIII, line 2g) 19,830,925. 19,520,699. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 564,926. 628,289. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 63,213. 44,666. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,812,935. 21,524,538. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 292,960. 26,242. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,716,873. 9,507,572. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,474,279. 11,340,807. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,484,112. 20,874,621. 19 Revenue less expenses. Subtract line 18 from line 12 328,823. 649,917. 6 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 23,770,419. 23,228,239. 21 Total liabilities (Part X, line 26) 7,165,870. 7,241,936. Net assets or fund balances. Subtract line 21 from line 20 16,604,549. 15,986,303. Part II | Signature Block Under penalties of perjury, I decigre that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here ESTHER BRIMMER. Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid DANIEL O'SHEA DANIEL O'SHEÀ P00957510 Firm's name COHNREZNICK LLP Preparer 22-1478099 Firm's EIN Use Only Firm's address 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814 Phone no. 301-652-9100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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157	art 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
	revenue, if any, for each program service reported.
4a	
	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
	EDD MUE BYGUNNER OF 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.
4b	(Code:) (Expenses \$ 5,976,063. including grants of \$) (Revenue \$ 4,918,316.)
	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.
	THOUGHTHING TO THE FIELD.
4c	(Code:) (Expenses \$1, 396, 273. including gents of \$) (Revenue \$) (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
	MEMBER CULT OF COURSES AND INFORMING
	MEMBERSHIP OF GOVERNMENT ACTIONS AFFECTING EDUCATIONAL EXCHANGE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,665,528 a including grants of \$) (Revenue \$ 2,803,227 a)
4e	Total program service expenses 16,083,455.
	Form 990 (2018)

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Part IV | Checklist of Required Schedules

EDUCATORS

13-1878953

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 ... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 / "Yes," complete Schedule D, Part IX X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D. Parts XI and XII X 12a 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 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 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 X

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Part IV | Checklist of Required Schedules (continued) Yes No 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 X 22 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 X 23 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b 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." X 26 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 X of any of these persons? If "Yes," complete Schedule L. Part III 27 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes." complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O 38 X 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 No 63 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 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? Form 990 (2018) 832004 12-31-18

NAFSA: ASSOCIATION OF INTERNATIONAL 13-1878953 **EDUCATORS** Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 115 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? За X 3Ь b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? 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? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6Ь were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 82827 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 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. 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 X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14h b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

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If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

Form 990 (2018)

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EDUCATORS 13-1878953 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section 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? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018)

JANE HOFFMAN, CFO - 202-737-3699 1307 NEW YORK AVENUE NW. 8TH FLOOR.

WASHINGTON.

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Part VII C	Compensation of Officers, Directors, Trustees, Key Emp	oyees, Highest Compensated	
E	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
			999

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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/truslee)					naı	(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	кеу етрюуеа	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	Γ						_			
PRESIDENT AND CHAIR		X	Ш	X				0.	0.	0	
(2) BONNIE BISSONETTE, EDD	1.00								_		
VICE PRESIDENT	1 00	X		X	_			0.	0.	0.	
(3) JEFFREY M. RIEDINGER, PHD	1.00										
VICE PRESIDENT	1 00	X		X				0.	0.	0	
(4) RAVI SHANKAR, MA MS	1.00	x		x				0.	0	0	
VICE PRESIDENT (5) SARA THURSTON, PHD	1.00	₽	Н	^		Н		0.	0.	0	
SECRETARY	1.00	x		x				0.	0.	0	
(6) BARRY J. MORRIS, PHD	1.00	Α.	Н			Н		0.	0.		
TREASURER	1.00	x		x				0.	0.	0.	
(7) SIMON ADAMS, PHD	1.00	-									
BOARD MEMBER		x						0.	0.	0 .	
(8) MICHAEL ADEWUMI, PHD	1.00										
BOARD MEMBER		X						0.	0.	0	
(9) BRITTA BARON	1.00										
BOARD MEMBER		X						0.	0.	0.	
(10) LANITRA BERGER, PHD	1.00										
BOARD MEMBER		X		_		Щ		0.	0.	0.	
(11) DIANA B. CARLIN, PHD	1.00										
BOARD MEMBER	4 00	X		_			_	0.	0.	0.	
(12) SUSANA CARRILLO	1.00										
BOARD MEMBER	1 00	X		\dashv	\blacksquare	\square	_	0.	0.	0.	
(13) NELSON W. CUNNINGHAM BOARD MEMBER	1.00	x						0.	,	0	
(14) JAMES DORSETT, PHD	1.00	≏		\dashv	\dashv	\dashv	-		0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(15) STEPHEN M. FERST, EDD	1.00	^-						0.	- 0.	0.	
BOARD MEMBER	2.00	x						0.	0.	0.	
(16) ROBERT A. FROST	1.00			\dashv				3.	· ·		
BOARD MEMBER		x						0.	0.	0.	
(17) JOEL A. GALLEGOS, MA	1.00			\dashv							
BOARD MEMBER		x						0.	0.	0.	

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Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	Compensated Employee:	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than :	one	Reportable	Reportable	- 1		stimat	
	hours per week					is both		compensation	compensatio		ar	mount	
	(list any	—					1	from the	from related organizations			other	
	hours for	individual trustee or director							(W-2/1099-MIS			ipensa rom th	
	related	10 8	23			Safe		(W-2/1099-MISC)	(** 27 1000 11110	~ [janiza	
	organizations	trust	Institutional trustee	ĺ	載			(_	d relat	
	below	dest	nons	<u></u>	200	aye est	팔				org	anizati	ions
	line)	İndivi	Instr	Officer	Key employee	Highest compensated employee	Form			\Box			
(18) JESSE L. LUTABINGWA, PHD	1.00												
BOARD MEMBER	1 00	X			H		H	0.		0.			
(19) CECIL POPE STATON, JR., DPHIL	1.00	ļ.,								.			
BOARD MEMBER	1 00	X		\vdash	H	⊢	H	0.		0.			0
(20) DEBRA STEWART	1.00	-											
SOARD MEMBER	25 00	X		\vdash	 		-	0.		0.			0
(21) ESTHER BRIMMER, DPHIL	35.00	-					ı	255 205		ا ۸			2.4
EXECUTIVE DIRECTOR & CEO	25 00	┡		X	H		\vdash	377,307.		0.		9,4	<u> 34</u>
(22) ALAN WILLIAMS	35.00					-		010 451			_	4 0	- 4
COO, ASSISTANT SECRETARY	25 22			X	Ш		L	212,451.		0.		4,9	54
(23) JANE HOFFMAN	35.00							200 055		ا ۾	_		- A
CFO, ASSISTANT TREASURER	35.00	\vdash	Н	X			H	200,867.		0.		0,1	<u> 14</u>
(24) JILL WELCH	35.00	-						170 100		ا ۸	4	_ 1	4.0
DEPUTY EXECUTIVE DIR., PUBLIC POLICY	25 00		Н	Н		X	_	170,102.		0.	<u> </u>	6,1	42
(25) JENNIFER HEINRITZ	35.00							140 005					2.4
CONTROLLER	25 00		Н		_	X	_	142,807.		0.		5,7	<u> 34</u>
(26) DOROTHEA ANTONIO	35.00					,,		120 270		.	2	2 1	24
DEPUTY EXECUTIVE DIR. KNOWLEDGE DEV.			Ш	Ш		X	Ļ	138,372.		0.	10	<u>2,1</u>	3 <u>+</u>
1b Sub-total								1,241,906.		_		8,5	
c Total from continuation sheets to Part VII								294,996.		0.		1,9	
d Total (add lines 1b and 1c)	17 44 47 47 47							1,536,902.			21	0,5	00
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	00 of reportable				2
compensation from the organization		_			_		_				\neg	Yes	2 No
										É		162	140
3 Did the organization list any former officer,										- 1			~
line 1a? If "Yes," complete Schedule J for st										-	3		X
4 For any individual listed on line 1a, is the su										- 1		v	-
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a								_	ial for services				~
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	Jfo	or su	ch c	erso	on .					5		X
Complete this table for your five highest cor	nnoncoted ind	000	ndon	+	ntra	otor	c th	est received mare than \$1	00 000 of comp	oneoti.	an for	-	_
the organization. Report compensation for t										EHSALI	DITTIC	,,,,	
(A)	rie calciluar ye	an c	Hali	d MI	uic	ı vvit	16111	(B)	31,		(C	*1	_
Name and business	address							Description of se	rvices	Cc		nsatio	n
FREEMAN								CONFERENCE A/	V &				
PO BOX 650036, DALLAS, TX	75265-	00	36					DECORATING			89	4,4	68
MARRIOTT BUSINESS SERVICE		-					$\overline{}$	CONFERENCES &					
O BOX 403003, ATLANTA, G		-31	nn:	3			- 1	MEETINGS AV,			72	7,1	96
HBW CONSTRUCTION, 1055 FI					TT	PR		CONSTRUCTION				. ,	
200, ROCKVILLE, MD 20850	LUI DIR	. لند سه	- ,	50		- 14	- 1	OFFICE SPACE	U41		621	5,58	R 2
EXPERIENT INC., 2500 ENTE	DDDTCD	DAI	D KI	ZZZ	,		$\overline{}$	CONFERENCE			04.	,,,,,	
EAST, TWINSBURG, OH 44087	KEKLOD .	τN	ceri	447.				REGISTRATION	CVCTPMC		400	9,59	A C
ARAMARK				-			f	WATOTIVITON	PIGIENS		332	,,,,	/ 4
											4.5		

832008 12-31-18

1101 ARCH STREET, PHILADELPHIA, PA 19107

\$100,000 of compensation from the organization

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

SEE PART VII, SECTION A CONTINUATION SHEETS

23

CONFERENCE CATERING

452,413.

Form 990 (2018)

NAFSA: ASSOCIATION OF INTERNATIONAL

NAFSA: AS EDUCATORS		4O.	1 C)F.	TV	TE	KN	IATIONAL	13-187	9053
Part VII Section A. Officers, Directors, Tru		nnla			nd F	liah	act i	Companyated Employ		0333
(A)	(B)	pic	yee		<u>(10 F</u>	aytt	u-St '	(D)	(E)	(F)
Name and title	Average	ſ			o, sition	,		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				doyee		the	organizations	compensation from the
	(list any hours for	direct				de E		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	tee or	ustee			ř		(and related
	organizations	ol trus	nal tr		loyee	E				organizations
	below	Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	트	Ē	8	*	通	2			
(27) VALERIE ROYAL	35.00					3.7		127 000	_	22 210
SR. DIR., CONF. & MEETING PLANNING (28) MARIAMA BONEY	35.00	_	-	-	-	X		137,988.	0.	22,310.
SENIOR DIRECTOR, VLDRA	33.00					х		157,008.	0.	19,681.
SENTON DIRECTOR, VADAN						Λ		137,000.	0.	19,001.
				_	 	-				
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			11							
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		1								
	1									
							4			
								204 006		41 001
Total to Part VII, Section A, line 1c								294,996.		41,991.

NAFSA: ASSOCIATION OF INTERNATIONAL

13-1878953 Form 990 (2018) EDUCATORS Page 9 Part VIII 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 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue butions, Gifts, Grants ther Similar Amounts. 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f Alf other contributions, gifts, grants, and 1,330,884. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 1,330,884. Total. Add lines 1a-1f Business Code 2 a CONFERENCE 900099 11,863,112. 11,759,508. 103,604. Program Service b MEMBER DUES 900099 3,844,175. 3,844,175. c REGIONAL ACTIVITY 900099 1,488,706. 1,488,706. **PUBLICATIONS** 511190 1,435,251. 1,063,311, 371,940. 889,455. WORKSHOPS 900099 889,455. f All other program service revenue 19,520,699. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 367,815. 367,815. Income from investment of tax-exempt bond proceeds 5,860. 5,860. 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 6,061,467, assets other than inventory b Less: cost or other basis 5,800,993, and sales expenses 260,474. c Gain or (loss) d Net gain or (loss) 260,474. 260,474. 8 a Gross income from fundraising events (not Other Revenue including \$ of 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 Part IV, line 19 6,689. 0. b Less: direct expenses 6,689 6,689. 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 32,117 32,117. b d All other revenue 32,117, e Total. Add lines 11a-11d

832009 12-31-18

Total revenue. See instructions

475,544.

21,524,538.

19,045,155.

NAFSA: ASSOCIATION OF INTERNATIONAL

Form 990 (2018) EDUCATORS
Part IX | Statement of Functional Expenses

UCATORS 13-1878953 Page 10

	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			į.	
_	and domestic governments. See Part IV, line 21				manufic Addition
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign		ľ	The season of th	
	individuals. See Part IV, lines 15 and 16	26,242.	26,242.		
4	Benefits paid to or for members	20,212.	20,2131		
5	Compensation of current officers, directors,				
-	trustees, and key employees	895,127.	312,453.	558,862.	23,812
6	Compensation not included above, to disqualified		500,000	555,555	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages	6,891,992.	5,794,635.	870,690.	226,667
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	589,006.	495,224.	74,411.	19,371
9	Other employee benefits	577,684.	482,918.	74,903.	19,863
10	Payroll taxes	553,763.	437,602.	98,287.	17,874
11	Fees for services (non-employees):				
8	Management				
Ь	Legal	26,324.	11,193.	8,268.	6,863.
	Accounting	205,982.		205,982.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	00.000		00.000	
f	Investment management fees	80,883.		80,883.	
9	Other. (If line 11g amount exceeds 10% of line 25,	601 047	465 066	126 266	0.715
	column (A) amount, list line 11g expenses on Sch O.)	601,047.	465,966.	126,366.	8,715. 10,910.
12	Advertising and promotion	614,662.	603,752. 502,346.	611,620.	
13	Office expenses	1,412,435.	957,346.	454,989.	8,885. 100.
14	Information technology	1,412,433.	937,340.	434,303.	100.
15	Royalties	703,398.	785.	702,613.	
16 17	Occupancy Traval	944,162.	769,910.	171,762.	2,490.
17 18	Payments of travel or entertainment expenses	244,104.	700,010.	1/1,/02+	2,450.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,875,910.	4,789,020.	83,375.	3,515.
20	Interest		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00,0.0.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	476,790.	242,801.	233,989.	
23	Insurance	81,093.	31,065.	50,028.	
24	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 0.)				
а	FULFILLMENT EXPENSES	131,988.	131,869.	94.	25.
b	OTHER EXPENSES	34,788.	28,328.	6,286.	174.
c	TAXES	28,494.		28,494.	
ď					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,874,621.	16,083,455.	4,441,902.	349,264.
26	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)				

NAFSA: ASSOCIATION OF INTERNATIONAL

orm 990 (2018)

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 DELIV	
	Check is Conedule O Contains a response or note to any line in this har A	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,077,398.	1	3,093,427
2	Savings and temporary cash investments	3,316,518.	2	4,018,768
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	65,384.	4	52,271
5	Loans and other receivables from current and former officers, directors,			
•	trustees, key employees, and highest compensated employees. Complete		- 1	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			8 0 - 1
*	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	
7	Notes and loans receivable, net		7	
ž a	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	718,109.	9	637,431
	Land, buildings, and equipment; cost or other			
100	basis. Complete Part VI of Schedule D 10a 3,211,472.			
	Less: accumulated depreciation 10b 1,312,570.	844,309.	10c	1,898,902
111	Investments - publicly traded securities	15,149,831.	11	13,041,755
12	Investments - other securities. See Part IV, line 11	579,301.	12	466,116
13	Investments - program-related. See Part IV, line 11	377,3010	13	100,110
	Intangible assets		14	
15	Other assets. See Part IV, line 11	19,569.	15	19,569
16	Total assets. Add lines 1 through 15 (must equal line 34)	23,770,419.	16	23,228,239
17	Accounts payable and accrued expenses	907,994.	17	903,607
		201,222.	18	203,007
19	Grants payable	5,843,876.	19	5,944,949
	Deferred revenue	3,043,010.		3,344,343
20	Tax-exempt bond liabilities		20	
00	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.	CONTRACTOR CONTRACTOR		
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	414,000.		393,380
	Schedule D	7,165,870.	25	7,241,936
	Total liabilities. Add lines 17 through 25	7,103,070.	26	1,241,930
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
	complete lines 27 through 29, and lines 33 and 34.	15 576 507		14 000 475
27	Unrestricted net assets	15,576,597.	27	14,998,475
28	Temporarily restricted net assets	308,852.	28	007 000
29	Permanently restricted net assets	719,100.	29	987,828
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds	16 604 510	32	45 006 000
33	Total net assets or fund balances	16,604,549.	33	15,986,303
34	Total liabilities and net assets/fund balances	23,770,419.	34	23,228,239

Form 990 (2018)

NAFSA: ASSOCIATION OF INTERNATIONAL

n 990 (2018) EDUCATORS	13=.	L878953	Pa	ge 12	
rt XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI			33.2		
			. –		
	1				
	2				
	3				
	4				
Net unrealized gains (losses) on investments	5	<1,268	<u>,16</u>	<u>3.></u>	
Donated services and use of facilities	6				
Investment expenses	7				
Prior period adjustments	8				
Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
column (B))	10	15,98	6,3	03.	
rt XIII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
			Yes	No	
Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis					
Were the organization's financial statements audited by an independent accountant?		2b	X		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	2000000			
consolidated basis, or both:			× 1		
X Separate basis Consolidated basis Both consolidated and separate basis		l i			
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
review, or compilation of its financial statements and selection of an independent accountant?					
review, or compilation of its financial statements and selection of an independent accountant?		2c			
If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	dule O.	6.11			
If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singapore	dule O.	3a		х	
If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O. gle Audit	8.0		х	
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Tr XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 21,52 Total expenses (must equal Part IX, column (A), line 25) 2 20,87. Revenue less expenses. Subtract line 2 from line 1 3 64. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 16,60. Net unrealized gains (losses) on investments 5 <1,268. Donated services and use of facilities 6 Investment expenses 77 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,986 Tt XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other 11 of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 12 as separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. 14 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. 15 Consolidated basis Both consolidated and separate basis. 16 Consolidated basis Both consolidated and separate basis. 17 Consolidated basis Both consolidated and separate basis. 18 Consolidated basis Both consolidated and separate basis. 19 Consolidated basis Both consolidated and separate basis. 19 Consolidated basis Both consolidated and separate basis. 19 Consolidated basis Both consolidated and	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3 649,9 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 16,604,5 Net unrealized gains (losses) on investments 5 <1,268,16 Donated services and use of facilities 6 Investment expenses Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Thancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization sinancial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis.	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

NAFSA: ASSOCIATION OF INTERNATIONAL

2018

Open to Public Inspection

Nan	ne of t	the organization	NAFSA: ASSOC	IATION OF INTE	RNATI	ONAL		Employe	r identification number					
			EDUCATORS					1	L3-1878953					
Pa	irt I	Reason for F	Public Charity Statu	S (All organizations must o	omplete ti	nis part.) S	ee instructions	5.						
The	organ			is: (For lines 1 through 12,					· · · · · · · · · · · · · · · · · · ·					
1		•		ation of churches describe	•									
2	\vdash			ii). (Attach Schedule E (For			TACATA							
	H			• '		* /	:::\							
3	H	•		organization described in s			•	Mill Enter	- the heavitalle seems					
4			n organization operated in	conjunction with a hospita	i describe	JIII Secti	Адгдајот г по	Kini). Eurei	r the nospital s name,					
_		city, and state:						24 1 11	1.					
5	ш			college or university owne	d or opera	ted by a g	overnmental u	nit describ	ed in					
			(A)(iv). (Complete Part II.)											
6			_	emmental unit described in			•• •							
7	Ш	An organization th	at normally receives a sub	stantial part of its support	rom a gov	emmental	unit or from th	ne general	public described in					
	section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.)												
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a n	on-land-grant college of a	griculture (see instructions).	Enter the	name, city	, and state of	the college	e or					
		university:												
10	X	An organization the	at normally receives: (1) m	ore than 33 1/3% of its sup	port from	contributio	ons, membersh	nip fees, ar	nd gross receipts from					
		activities related to	its exempt functions - sul	bject to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	from gross investment					
		income and unrela	ted business taxable inco	me (less section 511 tax) fr	om busine	sses acqu	ired by the ord	anization	after June 30, 1975.					
			(Complete Part III.)											
11		•		lusively to test for public sa	fetv. See	section 5	09(a)(4).							
12	一	_	•	lusively for the benefit of, to	•			rry out the	nurposes of one or					
	_			ribed in section 509(a)(1)										
				e of supporting organizatio		, .			Oncor are box w					
-		1		d, supervised, or controlled				733	ainina					
а		**	* *	regularly appoint or elect a										
					i majonty i	ar mid allei	tors or trustee	25 OF 1116 SI	opporting					
١.		1	u must complete Part IV,		atama andala da			- (-) -						
b	٠			sed or controlled in connec					_					
				organization vested in the s	ame perso	ons that co	ntrol or manag	je tne supj	ported					
		1	You must complete Part											
C				rting organization operated				y integrate	ed with,					
		3		ons). You must complete										
d		Type III non-fun	ctionally integrated. A su	upporting organization oper	ated in co	nnection v	vith its suppor	ted organi:	zation(s)					
		that is not function	onally integrated. The orga	anization generally must sat	isfy a dist	ribution re	quirement and	an attentiv	veness					
		requirement (see	instructions). You must o	complete Part IV, Sections	A and D	and Part	v.							
e		Check this box if	the organization received	a written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III						
		functionally integ	rated, or Type III non-func	tionally integrated supporti	ng organiz	ation.								
f	Ente	r the number of sup	ported organizations	***************************************										
g			formation about the suppo					E-C-751 (E-5 Av.)						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of		(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)					
		31												

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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(Complete only if you checked	•		50	` *	art II. If the organia	zation fails to
qualify under the tests listed to Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and					10,	
membership fees received. (Do not		i		-		i
include any "unusual grants.")	5272268.	5667314.	5531180.	5331887.	5175059.	26977708
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	14091074.	16388122.	14839256.	15852909.	15676524.	76847885
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	19363342.	22055436.	20370436.	21184796.	20851583.	103825593
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						103825593
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		22055436.	20370436.	21184796	20851583.	103825593
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	363 306	342,817.	298 959.	357 536	373 675	1736293.
b Unrelated business taxable income (less section 511 taxes) from businesses	303,300.	342,017.	230,333	337,3301	373,073	1730293
	43,479.	33,496.	76,122.	35,224.	68,125.	256,446.
c Add lines 10a and 10b	406,785.	376,313.	375,081.	392,760.		1992739.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital	63,520.	30,636.	89,703.	42,362.	22 117	258,338.
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)		22462385.				
14 First five years. If the Form 990 is for						
check this box and stop here			0	•		
Section C. Computation of Publi			-lu (0)		de l	97.88 %
15 Public support percentage for 2018 (i16 Public support percentage from 2017				C C C C C C C C C C C C C C C C C C C	16	00.00
Section D. Computation of Inves					10	97.85 %
17 Investment income percentage for 20			e 13. column (fi)		17	1.88 %
18 Investment income percentage from					18	1.79 %
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box an	id stop here. The	organization qualif	ies as a publicly su	pported organizat	ion	►X
b 33 1/3% support tests - 2017. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	, or 19b, check thi			
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Schedule A (Form 990 or 990-EZ) 2018 EDUCATORS

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Von No

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

		Yes	No
	-		
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	3b		
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	3c		DOTTE:
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	4a		
	4b	Paramet.	
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l'ilus		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c	 	-
	tion B. Type I Supporting Organizations	1 116		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		- 5	
	controlled the organization's activities. If the organization had more than one supported organization,			118
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1000
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			E
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	The second to the second selection of the second selection of the second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	Non 27711 Type III Copporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	11=25	-62	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		(0,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0.000 [1]		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government ent. Activities Test. Answer (a) and (b) below.	ity (see instructions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	IAO
4	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	441	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 📙	Check here if the organization satisfied the Integral Part Test as a qualify	_		Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E.	
Section A -	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
4 Add I	ines 1 through 3	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or	-		
collec	ction of gross income or for management, conservation, or			
maint	tenance of property held for production of income (see instructions)	6		
7 Other	r expenses (see instructions)	7		
8 Adjus	sted 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 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ige monthly cash balances	16		
c Fair n	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other			
factor	rs (explain in detail in Part VI):			
2 Acqui	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d	3		
4 Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see in	structions)	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by .035	6		
7 Recov	veries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, Column A)	1		
	85% of line 1	2		
3 Minim	num asset amount for prior year (from Section B, line 8, Column A)	3		
	greater of line 2 or line 3	4	2-101	
	ne tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to	1		
	gency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see

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	edule A (Form 990 or 990 EZ) 2018 EDUCATORS rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		13-1878953 Page 7
Sect	ion D - Distributions		, , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp		· ·	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		**	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI). See instructions.	to organization to responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line o amount	(i)	(ii)	(iii)
Sact	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sect	ion C - Distribution Andcations (See instructions)	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
-	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	<u> </u>			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
-	From 2017			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
				92
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	parameter and the second		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
<u>d</u>	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, 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 IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, 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 IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b, 2b, 2b, 3a, and 3b, 2b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3	a or 17b: Part III. line 12:	
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	itional information.	
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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.

2018
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

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organiza 				
Name of organization NAFSA:	ASSOCIATION OF	INTERNATIONA	L Em	ployer identification number
EDUCATO				13-1878953
Part I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	ures		s in Part IV,	\$
Part I-B Complete if the ord	janization is exempt un	der section 501(c))(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				
h If "Yes " describe in Part IV				
Part I-C Complete if the org	janization is exempt un	der section 501(c)	, except section 501(c)(3).
1 Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to	other organizations for s	section 527	
exempt function activities			>	\$
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and en	nployer identification number (l	EIN) of all section 527 pe	olitical organizations to which	th the filing organization
made payments. For each organiza	· · ·			•
contributions received that were pro	, ,			te segregated fund or a
political action committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				_
91				

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

Schedule C (Form 990 or 990-EZ) 2018

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832041 11-08-18

NAFSA: ASSOCIATION OF INTERNATIONAL

Schedule C (Form 990 or 990-EZ) 2018	EDUCATORS			13-1	878953 Page 2
Part II-A Complete if the or	ganization is exe	mpt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
	=	iliated group (and list in	n Part IV each affiliated	group member's name	e, address, EIN,
	are of excess lobbying				
B Check if the filing organiz	zation checked box A a	nd "limited control" pro	ovisions apply.		I
Lin	nits on Lobbying Expe	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expe	nditures" means amo	unts paid or incurred.)	totals	totals
1a Total lobbying expenditures to in	fluence nublic opinion	(arass roots lobbying)			
b Total lobbying expenditures to in	, ,			20,934.	
c Total lobbying expenditures (add	20,934.				
d Other exempt purpose expenditu				20,853,687.	
e Total exempt purpose expenditur				20,874,621.	
f Lobbying nontaxable amount. En				1,000,000.	
If the amount on line 1e, column (a)		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e.		DOM:	
Over \$500,000 but not over \$1,00	00,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17					
Over \$17,000,000	\$1,000	,000.		- C - C	SHE
				050 500	
g Grassroots nontaxable amount (e	135			250,000.	
h Subtract line 1g from line 1a. If ze	100			0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than 2		line 11, did the organiza	ation life Form 4/20	Г	¬.,
reporting section 4911 tax for this	616 FAT 5770 A C 1770	eraging Period Under	Castian ED1/L)		Yes No
(Some organizations				of the five columns be	low.
(55.115.615.115.115.115.115.115.115.115.1		ate instructions for lin			
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
(or riscal year beginning in)					
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.
	26.040	54.050			
c Total lobbying expenditures	36,212.	64,961.	3,145.	20,934.	125,252.
	250 000	250 000	250 000	250 000	1 000 000
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.
(15078 OF 1119 20, CORNER (8))					1,300,000.
f Grassroots lobbying expenditures					
- winderstand town fillig experienced	1				

Schedule C (Form 990 or 990-EZ) 2018

NAFSA: ASSOCIATION OF INTERNATIONAL

13-1878953 Page 3

Schedule C (Form 990 or 990-EZ) 2018 EDUCATORS 13-18789

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of 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?	Yes	T	1	
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)?		No	Am	ount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
				0.10
d Mailings to members, legislators, or the public?			i	
e Publications, or published or broadcast statements?			İ	
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		Lisa III		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ACHIDON		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)((5), or sec	tion	
		_	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section				<u> </u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," OF	(h) Dort		
answered "Yes."			III-A, line	e 3, is
answered "Yes." 1 Dues, assessments and similar amounts from members			III-A, line	e 3, is
answered "Yes."			III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	cal	1 2a	III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	2a 2b	III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total	cal	2a 2b	III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	2a 2b 2c	III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and paid	ess	2a 2b 2c 3	III-A, line	e 3, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	2a 2b 2c	III-A, line	e 3, is

SCHEDULE D

(Form 990)

832051 10-29-18

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NAFSA: ASSOCIATION OF INTERNATIONAL **EDUCATORS**

Employer identification number 13-1878953

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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)		<u>.</u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	rring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1.	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historical	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic stru		_2c
d	1,7,7		
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rek	eased, extinguished, or terminated by the organ	nization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand		
7		ling of violations, and enforcing conservation ea	isements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/hV4V/P	Ma
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	P10	
	conservation easements.	ion's imancial statements that describes the org	garlization's accounting to
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other 5	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nd halance sheet works of art
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		poone service, provide are arrang
ь	If the organization elected, as permitted under SFAS 116 (ASC		alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. > \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

NAFSA: ASSOCIATION OF INTERNATIONAL

	edule D (Form 990) 2018 EDUCATO		11:-4:175				187895		age 2
	rt III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that are a	signific	ant use of i	ts collection	item:	S
	(check all that apply):								
a	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other	***					
C	Preservation for future generations								
4	Provide a description of the organization's c	•	-	_		•	art XIII.		
5	During the year, did the organization solicit of								_
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes"	on Forn	n 990, Part	IV, line 9, o	•	
1a	Is the organization an agent, trustee, custod		•				Yes		No
ь	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				Yes		_ NO
							Amoun	t	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f.	Ending balance					1f			
2a	Did the organization include an amount on F				bility?		Yes] No
b	If "Yes," explain the arrangement in Part XIII.							3]
Pa	rt V Endowment Funds. Complete	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years ba	ick (e) Fou	r years	back
1a	Beginning of year balance	1,021,322.	922,267.	866,304		878,37	5.	838,	184.
ь	Contributions			<u></u>					
c	Net investment earnings, gains, and losses	<39,619.>	99,055.	55,963		<12,071	.>	40,	191.
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	981,703.	1,021,322.	922,267		866,30	4.	878,	375.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment ► 100.00	%	-						
C	Temporarily restricted endowment	•00 %							
	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·							
За	Are there endowment funds not in the posse	•	ion that are held an	d administered for	the ora	anization			
	by:						ĺ	Yes	No
	(i) unrelated organizations						3a(i)		X
	444								Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
		t "Vec" on Form 990	Part IV. line 11a. Se	ee Form 990. Part	X. line 1	0.			
	Complete if the organization answered	1 165 OH LOHH 330.							
	Complete if the organization answered Description of property	(a) Cost or other basis (investment)	her (b) Cost	or other (c)	Accum deprecia		(d) Boo	k value	е
	Description of property	(a) Cost or other basis (investment)	her (b) Cost	or other (c)			(d) Boo	k value	e
	Description of property Land	(a) Cost or other basis (investment)	her (b) Cost	or other (c)			(d) Boo	k value	e
b	Description of property Land Buildings	(a) Cost or other basis (investment)	her (b) Cost ent) basis (or other (c)	deprecia	ation			
b	Description of property Land Buildings Leasehold improvements	(a) Cost or otl	ther (b) Cost basis (or other (c) (c) (dher) (dher)	deprecia 279	,798.	93:	L,7	70.
b c d	Description of property Land Buildings	(a) Cost or otl basis (investment	(b) Cost basis (or other (c)	279 54	ation	93:		70.

NAFSA: ASSOCIATION OF INTERNATIONAL

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.	or end-of-vear market value
A PRODUCTION OF THE PRODUCTION	(b) book value	(c) Metros di Valuation. Cost	or end-or-year market value
Closely-held equity interests		 	
Other	· · · · · · · · · · · · · · · · · · ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-oi-year market value
(1)			
(2)			
(3)		_	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D			
	escription		(b) Book value
(1)	escription		(b) Book value
(1)	escription		(b) Book value
(2)	escription		(b) Book value
(2)	escription		(b) Book value
(2) (3) (4)	escription		(b) Book value
(2) (3) (4) (5)	escription		(b) Book value
(2) (3) (4) (5) (6)	escription		(b) Book value
(2) (3) (4) (5) (6) (7)	escription		(b) Book value
(2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line 1	5.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or	5.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
(2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	5.) Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
(2) (3) (4) (5) (6) (7) (8) (9) Ptal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION (3)	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION (3) (4)	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION (3) (4) (5)	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION (3) (4) (5) (6)	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) 457B DEFERRED COMPENSATION (3) (4) (5) (6) (7)	5.) 1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir (b) Book value	

832053 10-29-18

Schedule D (Form 990) 2018

NAFSA: ASSOCIATION OF INTERNATIONAL

Schedule D (Form 990) 2018 EDUCATORS				-1878953 Pag
Part XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			T 00 455 40
1 Total revenue, gains, and other support per audited financial statements			1	20,175,49
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1-1	260 162 -		
a Net unrealized gains (losses) on investments		1,268,163.>	-	
b Donated services and use of facilities			-	ŀ
c Recoveries of prior year grants			1	
d Other (Describe in Part XIII.) e Add lines 2a through 2d			0.	<1,268,163
***************************************			2e	21,443,65
Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************	3	21,443,03
a Investment expenses not included on Form 990, Part VIII, line 7b	9 4a	80,883.	Ġ.	
b Other (Describe in Part XIII.)		00,000		
c Add lines 4a and 4b			4c	80,88
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	21,524,53
Part XII Reconciliation of Expenses per Audited Financial State			letur	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	20,793,73
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b	-		
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	20,793,73
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		80,883.		
b Other (Describe in Part XIII.)				00.00
c Add lines 4a and 4b			4c	80,88
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.			5	20,874,62
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	last IV lines 1h	and the Bort V. line 4:	Dort	V. line 0: Dect VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			rait	A, mie Z, Fait Ai,
PART V, LINE 4:				
INCOME EARNED ON THE PRINCIPAL OF THE FUND	IS TO PR	OATDR LINA	NCI.	AL
ASSISTANCE TO OUTSTANDING BURMESE OR EAST A	STAN STU	DENTS ENRO	.T.R	D OR
	DAILY DIC	DENTE BING		D OIL
ENROLLING IN GRADUATE SCHOOLS IN THE UNITED	STATES,	OR OUTSTAL	NDI	NG AFRICAN
AMERICAN STUDENTS ENROLLED OR ENROLLING IN	A STUDY	ABROAD PRO	RA:	M THROUGH
AN ACCREDITED UNIVERSITY OR COLLEGE.				
PART X, LINE 2:				
NAFSA BELIEVES IT HAS APPROPRIATE SUPPORT F	OR ANY T	AX POSITION	NS :	TAKEN AND,
AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX PO	SITIONS	THAT ARE MA	ATE:	RIAL TO
THE FINANCIAL STATEMENTS. NAFSA RECOGNIZES				
RELATED TO UNCERTAIN TAX POSITIONS IN GENER	AL AND A		-	
B32054 10-29-18			Sched	iule D (Form 990) 20

NAFSA: ASSOCIATION OF INTERNATIONAL

Schedule D (Form 990) 2018 EDUCATORS 13-18/8953 Pag	e 5
Part XIII Supplemental Information (continued)	
ON THE STATEMENTS OF ACTIVITIES AND ACCOUNTS PAYABLE AND ACCRUED EXPENSES	
IN THE STATEMENTS OF FINANCIAL POSITION. NAFSA REPORTED NO PENALTIES AND	
INTEREST RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER	
31, 2018 AND 2017. TAX YEARS PRIOR TO 2015 ARE NO LONGER SUBJECT TO	
EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF	_
COLUMBIA.	
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Schedule D (Form 990) 2018

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.

Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer ide	entification number
NAFSA: ASSOCIAT	ION OF I	NTERNATI(ONAL			
EDUCATORS					13-1878	3953
Part I General Info		ctivities Out	side the United States. Comple	te if the organ	ization answere	ed "Yes" on
		n maintain record	ds to substantiate the amount of its gran	its and other a	ssistance.	
	-		the selection criteria used to award the g			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	organization's	procedures for monitoring the use of its	grants and otl	ner assistance (outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of		(d) Activities conducted in the region		rity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	gram service, specific type (s) in the region	expenditures for and investments in the region
SUB-SAHARAN AFRICA -		ar the region				3
ANGOLA, BENIN,						
BOTSWANA, BURKINA						
FASO,	0	0	TRAVEL GRANTS			26,242.
			ĺ			
			ĺ			
 -						
		i				
3 a Subtotal	0	0				26,242.
b Total from continuation				March No.		
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				26,242.

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

Schedule F (Form 990) 2018

832071 10-31-18

Page 2

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 II can be duplicated if additional space is needed. 13-1878953 Schedule F (Form 990) 2018

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(h) Description of noncash assistance						Sch
(g) Amount of noncash assistance					empt	111111111111111111111111111111111111111
(f) Manner of cash disbursement					ecognized as tax-ex	
(e) Amount of cash grant					oreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.	
(c) Region					s listed above that are re isel has provided a secti-	
(b) IRS code section and EIN (if applicable)					recipient organization: the grantee or counciter organizations or	
1 (a) Name of organization					Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities.	

832072 10-31-18

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Schedule F (Form 990) 2018

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.

Page 3

13-1878953

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANTS	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	10	26,242, DTHER	OTHER	o		
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Schedule F (Form 990) 2018

NAFSA: ASSOCIATION OF INTERNATIONAL

13-1878953 Page 4 EDUCATORS Schedule F (Form 990) 2018 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) 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) 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) 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 (see Instructions for Form 8621) Yes X No 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 Yes X No Foreign Partnerships (see Instructions for Form 8865) 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 Yes X No Instructions for Form 5713; don't file with Form 990) Schedule F (Form 990) 2018

NAFSA: ASSOCIATION OF INTERNATIONAL

Schedule F (Form 990) 2018 EDUCATORS	13-18/8953 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me	ethod); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.
PART I, LINE 2:	
ASSISTANCE WAS FOR TRAVEL TO, ACCOMMODATIONS AT, AND PER	DIEM FOR
ATTENDANCE AT NAFSA'S ANNUAL CONFERENCE. TICKETS WERE PU	RCHASED THROUGH
NAFSA'S TRAVEL AGENTS, ACCOMMODATIONS WERE DIRECTLY BILL	ED TO NAFSA, AND
PER DIEM WAS PROVIDED TO THE PARTICIPANTS UPON ARRIVAL A	r the conference
SITE.	
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

NAFSA: ASSOCIATION OF INTERNATIONAL

Open to Public Inspection

QME No. 1545-0047

Part I Questions Regarding Compensation

Employer identification number **EDUCATORS** 13-1878953

			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,			- 1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		5	
	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	1.00		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract	Ž.	3	//
	X Independent compensation consultant X Compensation survey or study	¥ n		1
	Form 990 of other organizations X Approval by the board or compensation committee			100
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:	LT.		
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
С	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.			
			TIII.	
	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			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	ILX		
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:			32. 1
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)01-(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.

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

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).

reported as deferred on prior Form 990

426,741.

24,684.

24,750.

731.

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376,576.

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ESTHER BRIMMER, DPHIL EXECUTIVE DIRECTOR & CEO

(iii) Other reportable compensation

(ii) Bonus & incentive compensation

(i) Base compensation

(A) Name and Title

237,405

212.

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19,742.

258.

230,981.

715.

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18,399.

258.

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3,000.

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212,193.

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ASSISTANT SECRETARY

ALAN WILLIAMS

(3) 8 3 CFO 3

ASSISTANT TREASURER

JANE HOFFMAN

197,609.

≘ ≘

165,012.

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PUBLIC POLICY

(5) JENNIFER HEINRITZ

DEPUTY EXECUTIVE DIR.

JILL WELCH

186,244.

742.

15,400.

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0 270.

12,

13,464.

258.

168,541.

(F) Compensation

Total of columns (B)(I)-(D)

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(D) Nontaxable benefits

(C) Retirement and other deferred compensation

(B) Breakdown of W-2 and/or 1099-MISC compensation

in column (B)

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160,298.

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12,565.

396.

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137,592.

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SR. DIR., CONF. & MEETING PLANNING

(7) VALERIE ROYAL

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139,

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138,234.

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DEPUTY EXECUTIVE DIR, KNOWLEDGE DEV

(6) DOROTHEA ANTONIO

CONTROLLER

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176,689

221.

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460.

10,

958.

42,

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114,050

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SENIOR DIRECTOR, VLDRA

(B) MARIAMA BONEY

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12,600.

138.

Schedule J (Form 990) 2018

42

Schedule J (Form 990) 2018

13-1878953

Page 3

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

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Schedule J (Form 990) 2018

SCHEDULE 0

(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.

NAFSA: ASSOCIATION OF INTERNATIONAL Name of the organization

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

EDUCATORS 13-1878953 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NAFSA IS THE LARGEST NONPROFIT ASSOCIATION OF PROFESSIONALS DEDICATED TO INTERNATIONAL EDUCATION AND EXCHANGE. FORM 990, PART I, LINE 6: NUMBER OF VOLUNTEERS: ESTIMATE OF NON-DUPLICATIVE VOLUNTEER MEMBER LEADER POSITIONS AND ACTIVE VOLUNTEER TRAINERS OF THE ORGANIZATION. THIS NUMBER DOES NOT INCLUDE THE HUNDREDS OF VOLUNTEERS WHO WORK ON OUR BEHALF WITHIN THEIR LOCAL, STATE, AND INTERNATIONAL COMMUNITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ASSOCIATION SERVES INTERNATIONAL EDUCATORS AND THEIR INSTITUTIONS AND ORGANIZATIONS BY ESTABLISHING PRINCIPLES OF GOOD PRACTICE, PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. CONVENING NETWORKING OPPORTUNITIES AND COLLABORATIVE DIALOGUES, AND ADVOCATING FOR INTERNATIONAL EDUCATION. 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 \$ 1,445,823. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,488,706.

PUBLICATIONS - THE ASSOCIATION MAINTAINS A WEBSITE AND PRODUCES VARIOUS PUBLICATIONS, MAGAZINES, AND NEWSLETTERS. THESE PUBLICATIONS REPRESENT

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13–1878953
THE ASSOCIATION'S COMMITMENT TO THE ONGOING ENHANCEMENT OF	
INTERNATIONAL EDUCATIONAL EXCHANGE.	
EXPENSES \$ 1,219,705. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 1,314,521.
FORM 990, PART VI, SECTION A, LINE 1:	
THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE AUTHORITY OF TH	E BOARD OF
DIRECTORS TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LA	W, EXCEPT THAT IT
SHALL HAVE NO AUTHORITY AS TO THE FOLLOWING MATTERS: (A) T	HE FILLING OF
VACANCIES IN THE BOARD OF DIRECTORS; (B) THE FIXING OF COM	PENSATION 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 S	HALL 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 MEM	BERS AND
NON-VOTING HONORARY MEMBERS. VOTING MEMBERS CONSIST OF RE	
ASSOCIATE MEMBERS, AND LIFE MEMBERS.	
ASSOCIATE MEMBERS, AND DIFE MEMBERS.	
EODW 000 DADW UT GEGWION A LINE 7A.	
FORM 990, PART VI, SECTION A, LINE 7A:	
VOTING MEMBERS ELECT ALL MEMBERS OF THE GOVERNING BODY IN .	
PROCEDURES SPECIFIED IN THE ORGANIZATION'S BYLAWS AND STAN	DING RULES.
FORM 990, PART VI, SECTION A, LINE 7B:	
THE ARTICLES OF INCORPORATION VEST THE GOVERNANCE OF THE CO	ORPORATION IN THE
BOARD OF DIRECTORS, THOUGH THE ARTICLES OF INCORPORATION C	
832212 10-10-18 Sched	ule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Employer identification number 13–1878953

Page 2

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

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

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

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

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

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

EXECUTIVE DIRECTOR, AND CHIEF FINANCIAL OFFICER TO REVIEW FORM 990 PRIOR TO

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;
- B) HAS READ AND UNDERSTANDS THE POLICY;

832212 10.10.18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953
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 PRIMARI	LY IN ACTIVITIES
WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE NAFSA BOARD OF DIRECTORS CO	NSULTED
COMPENSATION BENCHMARK DATA WHEN DETERMINING THE APPROPRIA	TE SALARY FOR THE
HIRE OF THE CURRENT CEO/ED ON DECEMBER 29, 2016. IN KEEPIN	G WITH PAST
PRACTICE, THE EXECUTIVE COMMITTEE CONSIDERED THE SAME RANG	E OF INCREASE FOR
MERIT CONSIDERATION AS HAD BEEN USED FOR OTHER NAFSA EMPLO	YEES. EFFECTIVE
JANUARY 1, 2018, STAFF ARE 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% MERI	T INCREASE FOR
THE CEO/ED FOR 2018.	
FORM 990, PART VI, SECTION B, LINE 15B:	
NAFSA ENGAGED AN OUTSIDE COMPENSATION CONSULTANT, CLEAR MA	NAGEMENT, TO
COMPLETE A COMPENSATION STUDY IN MAY 2017, BASED ON JANUAR	Y 1, 2018,
BENCHMARK DATA. THE RESULTS OF THE STUDY WERE PROVIDED TO	THE CEO/ED AND
SENIOR DIRECTOR, HUMAN RESOURCES. THIS STUDY SERVES AS TH	E BASIS FOR
NAFSA'S COMPENSATION SYSTEM. THE STUDY ESTABLISHED APPROPR	IATE PAY RANGES
AND THE RECOMMENDED METHODOLOGY FOR GUIDING SALARY RECOMME	NDATIONS FOR
MANAGEMENT AND OTHER STAFF EMPLOYEES. THE CEO/ED RETAINS A	UTHORITY FOR
OVERSIGHT OF NAFSA EMPLOYEE SALARY DECISIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:

Schedule O (Form 990 or 990-EZ) (2018)

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN

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Schedule O (Form 990 or 990	-EZ) (2018)		Page 2
Name of the organization	NAFSA: ASSOCIATION OF INTERN EDUCATORS	NATIONAL	Employer identification number 13-1878953
UT, VA, WI, WV			
FORM 990, PART	VI, SECTION C, LINE 19:		
THE ORGANIZATIO	N MAKES ITS GOVERNING DOCUM	ENTS AND CONFLIC	TS OF INTEREST
POLICY AVAILABI	E THROUGH ITS WEBSITE. THE	ORGANIZATION MA	KES ITS AUDITED
FINANCIAL STATE	MENTS AVAILABLE TO ITS MEME	ERS VIA A HANDOU	T AT THE ANNUAL
BUSINESS MEETIN	G AND THROUGH AN EMAIL WITH	THE LINK TO THE	S HANDOUT ON THE
ORGANIZATION'S	WEBSITE IS SENT YEARLY TO A	LL CURRENT MEMBE	ERS OF RECORD.
THE AUDITED FIN	ANCIALS ARE ALSO AVAILABLE	ON THE ORGANIZAT	ION'S WEBSITE.
-		O. 30 10-30 01-30 10-0	
			17.0