PUBLIC INSPECTION COPY

,	. Janı	90 Jary 2020) of the Treasury nue Service	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la	e (excep may be r	t private foundations nade public.	ome No. 1545-0047 2019 Open to Public Inspection
AF	or the	e 2019 calend	ar year, or tax year beginning and endin	ng		
B C	heck if pplicabl	e: NAFS	f organization A: ASSOCIATION OF INTERNATIONAL ATORS		Employer identific	
	Name		usiness as and street (or P.O. box if mail is not delivered to street address) Room		13-187895	3
	Final Final	-3699				
	terminated	City or t	own, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	25,449,731.
	Amen	WADII	INGTON, DC 20005	H	I(a) Is this a group ref	
	Applic	F Name a	nd address of principal officer: ESTHER BRIMMER		for subordinates?	
	pendi	SAME	AS C ABOVE	H	(b) Are all subordinates inc	luded? Yes No
		empt status:		527	If "No," attach a l	ist. (see instructions)
			NAFSA.ORG		(c) Group exemption	
KF	orm o			L Year of t	formation: 1948 M	State of legal domicile: DC
Pa	art I	Summary				
Governance	1		be the organization's mission or most significant activities: SEE SCH			
rna	2	Check this bo	x if the organization discontinued its operations or disposed of	f more th	an 25% of its net ass	
ove	3	Number of vo	20			
	4	Number of inc	20			
Activities &	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	109
vitie	6	Total number	of volunteers (estimate if necessary)		6	525
ctiv	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	347,358.
<	b	Net unrelated	business taxable income from Form 990-T, line 39	<u>.</u>		29,144.
					Prior Year	Current Year
٥	8	Contributions	and grants (Part VIII, line 1h)		1,330,884.	1,255,211.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)	. 1	9,520,699.	19,966,643.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		628,289.	592,717.
æ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	<u>44,666.</u> 1,524,538.	32,658.
	12	Total revenue	21,847,229.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		26,242.	119,741.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		9,507,572.	9,579,468.
use	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expens	b		ing expenses (Part IX, column (D), line 25)	1	1 240 005	11 140 466
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	0	1,340,807.	11,142,466.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 4	0,874,621.	20,841,675.
	19	Revenue less	expenses. Subtract line 18 from line 12		649,917.	1,005,554.
Net Assets or					ning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	2	3,228,239.	25,891,011.
tAs	21		s (Part X, line 26)		7,241,936.	7,103,110.
			fund balances. Subtract line 21 from line 20	. 1	5,986,303.	18,787,901.
	art II					1
Und true	er pen , corre	alties of perjury, ct, and complete	I declare that I have examined this return, including accompanying schedules and s e. Declaration of preparer (other than officer) is based on all information of which pr	statement reparer ha	s, and to the best of my s any knowledge.	knowledge and belief, it is
			Alles ann		Chere	25, 2020
Sia	n	Signatur	re of officer		Date	

Sign Here	Signature of officer ESTHER BRIMMER, CEO Type or print name and title		Date
Paid	Print/Type preparer's name	Preparer's signature DANIEL O'SHEA	Date Check PTIN 05/03/20 self-employed P00957510
Preparer	Firm's name COHNREZNICK LLP		Firm's EIN > 22-1478099
Use Only	Firm's address 7501 WISCONSIN A BETHESDA, MD 208		Phone no. 301-652-9100
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

990 (2019) EDUCATORS 13-1878953 Page 2
t III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III
Briefly describe the organization's mission: SEE SCHEDULE O
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
prior Form 990 or 990-EZ?
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
(Code:) (Expenses \$ 6,276,562. including grants of \$ 0.) (Revenue \$ 12,725,899.
CONFERENCES - THE ASSOCIATION PROVIDES VARIOUS WORKSHOPS AND MEETINGS THAT SERVE AS A FORUM FOR THE LATEST DEVELOPMENTS IN INTERNATIONAL
EDUCATIONAL EXCHANGE. THESE MEETINGS OFFER A CONCENTRATED OPPORTUNITY
FOR THE EXCHANGE OF IDEAS AND OFFER A NETWORK FOR SHARING INFORMATION
AS IT SEEKS TO INCREASE AWARENESS OF AND SUPPORT FOR INTERNATIONAL
EDUCATION.
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.
(Code:)(Expenses \$1,282,388. including grants of \$) (Revenue \$)
Other program services (Describe on Schedule O.)
(Expenses \$ 2,537,252. including grants of \$) (Revenue \$ 2,788,275.) Total program service expenses ▶ 16,323,565.
Total program service expenses 16,323,565.
Form 990 (2019

EDUCATORS

Part IV Checklist of Required Schedules

Form 990 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	- 23	
IZa		12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the experimentian provide the experimentary of the statistic of the United Otates O	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	1-ra		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
932003	01-20-20	Form	990	(2019)

Form **990** (2019)

EDUCATORS

Form 990 (2019)

Pa	t IV Checklist of Required Schedules (continued)			ugo -
	i (ontindody		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
r d	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V-	
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	х	
93200	4 01-20-20			(2019)
				()

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

NAFSA: ASSOCIATION OF INTERNA	TIONAL
-------------------------------	--------

Form	990 (2019) EDUCATORS 13-1878	<u>953</u>	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 109					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х			
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?			X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	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		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	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		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	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				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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 13b					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u>-</u> -		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.		000			

Form **990** (2019)

932005 01-20-20

EDUCATORS

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

Form 990 (2019)

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 on Schedule O. See instructions. X

				(Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	ly other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was ⁻	filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point or	ne or				
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			ſ			
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?		•		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·····	55		
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				5		
	tion 211 onces (This Section B requests information about policies not required by the internal Re-	venue C	0 <i>0e.)</i>			Yes	No
0-	Did the examination have local chapters, branches, or affiliates?			ſ	10a	X	
	Did the organization have local chapters, branches, or affiliates?			····· •	IUa	- 23	
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristic activities and procedures governing the activities of such characteristic activities and procedures governing the activities of such characteristic activities activities activities of such characteristic activities activitities activities activities activities activities activities activi	•			104	х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	tiling the to	rm?	11a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
l2a	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				12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,					
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with	na				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure			·			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SCHEDULE	0					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		(Section 5	01(c)(3)s	onlv)	availal	ble
-	for public inspection. Indicate how you made these available. Check all that apply.			(5)(5)5	<u>,</u>)		
	X Own website Another's website I Upon request Other (explain		,		c		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest pol	icy, and	tinano	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo JANE HOFFMAN, CFO - 202-737-3699			·			
		200					
	1307 NEW YORK AVENUE NW, 8TH FLOOR, WASHINGTON, DC	<u></u>	105				_

EDUCATORS

Form 990 (2019)

1	3-	-1	8'	78	9	5	3	

Page 7

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	J			C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	Ι.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) RAVI SHANKAR, MA MS	1.00				-					
PRESIDENT AND CHAIR		Х		X				0.	0.	0.
(2) BONNIE BISSONETTE, EDD	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) JEFFREY M. RIEDINGER, PHD	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) SHINN KO	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(5) DIANA B. CARLIN, PHD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) BARRY J. MORRIS, PHD	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) MICHAEL ADEWUMI, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) HEATHER BARCLAY HAMIR, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LANITRA BERGER, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUSANA CARRILLO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NELSON W. CUNNINGHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JAMES DORSETT, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) AHMAD M. EZZEDDINE, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEPHEN M. FERST, EDD	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) JOEL A. GALLEGOS, MA	1.00									_
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(16) FERNANDO LEON-GARCIA, PHD	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(17) JESSE L. LUTABINGWA, PHD	1.00									_
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20				_	_					Form 990 (2019)

13360504 147227 0027431-0027431.0990

7

2019.03041 NAFSA: ASSOCIATION OF INT 00274311

13-1878953 Page 8

Form 990 (2019) EDUCATORS	5								13-18	<u>3789</u>	53	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	;)
Name and title	Average	Position						Reportable	Reportable		Estim	
Name and the	hours per		not ch unles					compensation	compensatio		amou	
	week		cer and					from	from related		oth	
	(list any	tor						the	organization		comper	
	hours for	direc						organization	(W-2/1099-MIS		from	
	related	e or	stee			nsate		(W-2/1099-MISC)	()		organi	
	organizations	ruste	altru		/ee	mper					and re	
	below	dual t	Ition		lold	st co yee	-				organiz	
(list any hours for related organizations below line) line) line) line) line) line line line line line line line line											e. gain <u>-</u>	
(18) ANN MASON, PHD	1.00			0	×	<u>+ e</u>				-+		
BOARD MEMBER		x						0.		0.		0.
	1.00	A				-		· · ·		<u> </u>		0.
(19) CECIL POPE STATON, JR., DPHIL	1.00							0				•
BOARD MEMBER		Х						0.		0.		0.
(20) SARA THURSTON, PHD	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) ESTHER BRIMMER, DPHIL	35.00											
EXECUTIVE DIRECTOR & CEO				х				394,346.		0.	50.	185.
(22) ALAN WILLIAMS	35.00											
COO_ ASSISTANT SECRETARY-OUTGOING				х				170,919.		0.	10	167.
	25 00			<u> </u>				1/0,919.		<u> </u>	10,	10/.
(23) JANE HOFFMAN	35.00										~ ~	
CFO, ASSISTANT TREASURER				Χ				209,902.		0.	31,	487.
(24) TATIANA MACKLIFF	35.00											
DEP. E.D., LPDS, ASST. SECINCOMING				Х				142,225.		0.	23,	304.
(25) DOROTHEA ANTONIO	35.00											
DEPUTY EXECUTIVE DIR. KNOWLEDGE DEV.						X		145,514.		0.	22.	859.
(26) JENNIFER HEINRITZ	35.00										/	
CONTROLLER, SR. DIRECTOR, FINANCE						x		140,220.		0.	25	972.
								1,203,126.				974.
1b Subtotal			• • • • • • • •	•••••						0.		310.
c Total from continuation sheets to Part VI								418,004.				
d Total (add lines 1b and 1c)								1,621,130.			233,	284.
2 Total number of individuals (including but ne	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												24
										_	Ye	es No
3 Did the organization list any former officer,	director, truste	ee, k	ey ei	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su			-	•			Ŭ				3	X
4 For any individual listed on line 1a, is the su										···· F		
											4 X	,
and related organizations greater than \$150										····· -	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .				<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nden	t co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensatio	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wit	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensa	tion
FREEMAN								CONFERENCE A	/V &			
PO BOX 650036, DALLAS, TX	75265-	٥٥	36					DECORATING	• •	1	078,	981
MARRIOTT HOTELS	. 75205	00	50				_	CONFERENCES 8	2	<u> </u>	070,	J04.
		-	~~~	1	-						700	262
10400 FERNWOOD ROAD, BETHESDA, MD 20817 MEETINGS AV CATERING										/82,	262.	
HYATT REGENCY HOTELS, 150 NORTH RIVERSIDE CONFERENCES &												
PLAZA, CHICAGO, IL 60606 MEETINGS AV CATERING										<u>383,</u>	544.	
HILTON HOTELS CONFERENCES &												
7930 JONES BRANCH DRIVE, MCLEAN, VA 22102 MEETINGS AV CATERING										370,	972.	
OMNI							_	CONFERENCES &			,	
4001 MAPLE AVENUE, DALLAS	. TY 75	21	9					MEETINGS AV (314	937.
	-			to t	thee						~ /	2.57.
2 Total number of independent contractors (ir	-	JUIN	med	101	16		ieu	above, who received mo				
\$100,000 of compensation from the organiz		T > 7	TT 7 7	ΠΤ				E mC				0 (a = 0)
SEE PART VII, SECTION	I A CONT	τN	UA'.	τ. Τ (UΝ	5.	нĽ	ETS		F	orm 99	0 (2019)

932008 01-20-20

8

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

Form 990 NAFSA: AS		ON	I O)F	IN	ſΤΕ	RN	ATIONAL	13-187	8953
Part VII Section A. Officers, Directors, Tru		olan	vee	s. a	nd H	liah	est	Compensated Employe		
(A)	(B)		<u>,</u>		C)			(D)	(E)	(F)
Name and title	Average				itior	ı		Reportable	Reportable	Estimated
	hours	(cł			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	tee or	ustee			ensate				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	,	드	=	9	ž	Ξ	З			
(27) VALERIE ROYAL	35.00							120 671	0	22 420
SR. DIR., CONF. & MEETING PLANNING (28) JAMES MAHONEY	35.00					X		139,671.	0.	22,428.
(28) JAMES MAHONEY SENIOR DIRECTOR, MARKETING & MEMBERS	35.00					x		139,635.	0.	23,084.
(29) MARK GRACE	35.00							139,033.	0.	23,004.
SENIOR DIRECTOR, ACADEMIC PROGRAMS	33.00					x		138,698.	0.	15,798.
						123		130,050.		13,750.
					<u> </u>					
					1					
Total to Part VII, Section A, line 1c								418,004.		61,310.

932201 04-01-19

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

			2019) EDUCATORS				13-1878	953 Page 9
Pa	rt V	<u>/ </u>	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
ъ Б			Fundraising events 1 c					
fts,			Related organizations 10					
oila Dila			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
utio		•	similar amounts not included above 1f	1,255,211.				
đ∄		g	Noncash contributions included in lines 1a-1f	8,457.				
no'n		-	Total. Add lines 1a-1f	, · ·	1,255,211.			
0.0				Business Code	, , -			
a	2	а	CONFERENCE	900099	12,796,295.	12,725,899.	70,396.	
vice	-	b	MEMBER DUES	900099	3,487,576.	3,487,576.		
Program Service Revenue		c	REGIONAL ACTIVITY	900099	1,586,918.	1,586,918.		
žela ž		d	PUBLICATIONS	511190	1,336,497.	1,059,535.	276,962.	
Be		e	WORKSHOPS	900099	759,357.	759,357.	,	
Pro		f	All other program service revenue		,	,		
			Total. Add lines 2a-2f		19,966,643.			
	3	U	Investment income (including dividends, intere					
			other similar amounts)		430,530.			430,530.
	4		Income from investment of tax-exempt bond p					
	5		Royalties		3,744.			3,744.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 3,764,689.					
		b	Less: cost or other basis					
е			and sales expenses					
evenue		с	Gain or (loss)					
Be			Net gain or (loss)	►	162,187.			162,187.
Other Re	8		Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b	0.				
			Net income or (loss) from gaming activities	<u></u>	7,855.			7,855.
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory	>				
S				Business Code				
Miscellaneous Revenue	11		OTHER INCOME	900099	21,059.			21,059.
lan.		b						
Sel		C						
Mis			All other revenue	L	01 050			
		e	Total. Add lines 11a-11d		21,059.	10 610 205	247 250	625 275
	12	_	Total revenue. See instructions	▶	21,847,229.	19,619,285.	347,358.	625,375.
932009	9 01-	20-	20					Form 990 (2019)

932009 01-20-20

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Form 990 (2019) EDUCATORS
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	90,000.	90,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	29,741.	29,741.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5		1,040,535.	451,003.	561,850.	27,682.
-	trustees, and key employees	I,040,555.	451,005.	JOT , 0 J 0 .	27,002.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,769,058.	5,681,649.	859,746.	227,663.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	582,818.	489,192.	74,024.	19,602.
9	Other employee benefits	626,468.	493,867.	111,690.	20,911.
10	Payroll taxes	560,589.	443,236.	98,924.	18,429.
11	Fees for services (nonemployees):	-	-		-
	Management				
	Legal	84,660.	64,374.	13,171.	7,115.
	Accounting	209,269.	01/0/10	209,269.	,,
		20572051		20372031	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	49,716.		49,716.	
f	Investment management fees	49,110.		49,710.	
g	Other. (If line 11g amount exceeds 10% of line 25,	102 110		110 050	0 074
	column (A) amount, list line 11g expenses on Sch 0.)	403,418.	282,592.	110,852.	9,974. 6,065.
12	Advertising and promotion	549,997.	543,932.	COF 001	6,065.
13	Office expenses	1,069,073.	452,075.	607,081.	9,917.
14	Information technology	1,386,606.	1,039,654.	346,952.	
15	Royalties				
16	Occupancy	685,980.		685,980.	
17	Travel	757,592.	616,034.	139,805.	1,753.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,337,095.	5,267,348.	64,190.	5,557.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	421,251.	245,737.	175,514.	
23	Insurance	77,041.	30,488.	46,553.	
24	Other expenses. Itemize expenses not covered	,		,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
~	FULFILLMENT & OTHER EXP	104,648.	102,643.	2,005.	
d ⊾	FEDERAL UBIT EXPENSE	6,120.	101010	6,120.	
U O		0,120.		0,120.	
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,841,675.	16,323,565.	4,163,442.	354,668.
26	Joint costs. Complete this line only if the organization			_,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
	0 01-20-20				Form 990 (2019)

932010 01-20-20

11 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

EDUCATORS

NAFSA: ASSOCIATION OF INTERNATIONAL

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,093,427.	1	2,644,513.
	2	Savings and temporary cash investments			4,018,768.	2	4,786,243.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			52,271.	4	77,133.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····		8	
◄	9	Prepaid expenses and deferred charges			637,431.	9	634,826.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,565,731.	1 000 000		1 001 010
	b	Less: accumulated depreciation	1,898,902.	10c	1,831,910.		
	11	Investments - publicly traded securities		13,041,755.	11	15,530,216.	
	12	Investments - other securities. See Part IV, line 1	466,116.	12	366,601.		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		10 500	14		
	15	Other assets. See Part IV, line 11			19,569.	15	19,569.
	16	Total assets. Add lines 1 through 15 (must equa			23,228,239.	16	25,891,011. 489,342.
	17	Accounts payable and accrued expenses			903,607.	17	60,000.
	18	Grants payable	5,944,949.	18	6,188,012.		
	19	Deferred revenue			5,944,949.	19	0,100,012.
	20	Tax-exempt bond liabilities				20 21	
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or former				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bilit		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat				22	
	23	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	
	25	Other liabilities (including federal income tax, pay				27	
		parties, and other liabilities not included on lines					
		of Schedule D			393,380.	25	365,756.
	26	T • • • • • • • • • • • • • • • • • • •			7,241,936.	26	7,103,110.
		Organizations that follow FASB ASC 958, check			· ·		· ·
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			14,998,475.	27	17,761,262.
Bal	28				987,828.	28	1,026,639.
pu		Organizations that do not follow FASB ASC 95	eck here 🕨 🗌				
, Fu		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, o	or other funds		31	
Net	32	Total net assets or fund balances			15,986,303.	32	18,787,901.
	33	Total liabilities and net assets/fund balances			23,228,239.	33	25,891,011.

Form 990 (2019)

932011 01-20-20

12

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

Form	990 (2019) EDUCATORS	13-1	L8789	953	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,847		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,841		
3	Revenue less expenses. Subtract line 2 from line 1	3		,005		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,986	<u> </u>	
5	Net unrealized gains (losses) on investments	5	1,	<u>,796</u>	,04	14.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,	,787	,90)1.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2019)

932012 01-20-20

SCHEDULE	A	Dı	ublia Cha	rity Status on		slia Gr	unnort		OMB No. 1545-0047
(Form 990 or 9	90-EZ)			nrity Status an nization is a section 50 [.]					2010
		Comp		947(a)(1) nonexempt cha					2013
Department of the Tre Internal Revenue Serv				Attach to Form 990 or I					Open to Public Inspection
			v	V/Form990 for instructi			nformation.	Employo	r identification number
Name of the or	yanization	EDUCAT		TION OF INTE	RNATIC	JNAL			3-1878953
Part I Re	eason for			(All organizations must co	omplete th	is part.) Se	e instructions		5 10/0555
				(For lines 1 through 12, c					
				on of churches described			1)(A)(i).		
				(Attach Schedule E (Forr			· / · /·		
				anization described in s			ii).		
4 🗌 A me	dical resea	rch organizatio	n operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	and state:								
5 An o	rganization	operated for th	ne benefit of a co	ollege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
sect	tion 170(b)	(1)(A)(iv). (Com	plete Part II.)						
		0	•	mental unit described in			.,		
	-	-		antial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in
		1)(A)(vi). (Com			. II \				
	-		-)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A) (od in coniu	unction with a	land grant	collogo
	-	•		culture (see instructions).		-		-	-
	ersity:	rion and gran	it concige of agri			name, eny	, and state of	the conege	
	·	that normally r	eceives: (1) mor	e than 33 1/3% of its sup	port from a	contributio	ns, membersl	nip fees, ar	d gross receipts from
				ect to certain exceptions,					
				e (less section 511 tax) fro					
See	section 50	9(a)(2). (Compl	ete Part III.)						
11 🗌 An o	rganization	organized and	operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).		
12 An o	rganization	organized and	operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
more	e publicly su	pported organ	izations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in
lines	12a throug	h 12d that des	cribes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а 🔄 Ту	pe I. A supp	porting organiz	ation operated,	supervised, or controlled	by its sup	ported org	anization(s), t	pically by	giving
		-		egularly appoint or elect a	a majority o	of the direc	ctors or truste	es of the su	upporting
			-	ections A and B.					
			-	d or controlled in connec			-		-
		0		anization vested in the s	ame perso	ons that co	ntrol or mana	ge the supp	ported
			-	, Sections A and C.	in connoc	tion with	and functional	lu into quoto	
				ng organization operated s). You must complete				ly integrate	ea with,
	••	•		porting organization oper				ted organi [.]	zation(s)
		-	•	zation generally must sat				0	()
		, ,	•	mplete Part IV, Sections			•	anatona	
				written determination fro				II. Type III	
		•		onally integrated supporti			JI 7 JI	, ,,	
f Enter the	number of s	supported orga	nizations						
				ed organization(s).					
	e of supporte	ed	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
Orę	ganization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total									
	work Redu	ction Act Notio	ce, see the Inst	ructions for Form 990 o	r 990-EZ.	932021 09-	25-19 Sche	dule A (Fo	rm 990 or 990-EZ) 2019
•				14				•	•

13360504 147227	0027431-0027431.0990	2019.03041 NAFSA:	ASSOCIATION OF	INT	00274311

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS

Part II

<u>13-1878953</u> Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2019 (I		•			14	%
	Public support percentage from 2018					15	%
1 6a	33 1/3% support test - 2019. If the o	organization did ne	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatior	۱ <u></u>			▶∟
b	33 1/3% support test - 2018. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check th	nis box and stop	here. Explain in Pa	art VI how the orga	anization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2018. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, cl	neck this box and	stop here. Explai	in in Part VI how th	ne
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructior	ns ►
					Sch	edule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS

13-1878953 Page 3

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	5667314.	5531180.	5331887.	5175059.	4742787.	26448227.			
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	16388122.	14839256.	15852909.	15676524.	16479067.	79235878.			
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	o	22055436.	20370436	2118/796	20851583	21221854	105684105			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	22033430.	20370430.	21104790.	20031303.	212210340	103004103			
	3 received from disqualified persons						0.			
D	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.			
с	Add lines 7a and 7b						0.			
8 Sec	Public support. (Subtract line 7c from line 6.)						105684105			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 6	22055436.	20370436.	21184796.	20851583.	21221854.	105684105			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,									
	and income from similar sources	342,817.	298,959.	357,536.	373,675.	434,274.	1807261.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses	22.406	F C 100	25 004	CO 105	0.0.004	0.05 0.01			
	acquired after June 30, 1975	33,496.		35,224.			235,991.			
	Add lines 10a and 10b	376,313.	375,081.	392,760.	441,800.	457,298.	2043252.			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,636.	89,703.							
13	Total support. (Add lines 9, 10c, 11, and 12.)	22462385.	20835220.	21619918.	21325500.	<u>21700211.</u>	107943234			
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,			
_										
Sec	tion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2019 (column (f))		15	<u>97.91 %</u>			
	Public support percentage from 2018					16	97.88 %			
	tion D. Computation of Inves					1 1	1 00			
17	Investment income percentage for 20			ne 13, column (f))		17	1.89 %			
18	Investment income percentage from	•				18	1.88 %			
19a	33 1/3% support tests - 2019. If the									
	more than 33 1/3%, check this box at	-	•				►X			
b	33 1/3% support tests - 2018. If the	•					and			
00	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									
		n dia not check a l	box on line 14, 19	a, or 190, check th						
93202	3 09-25-19		16		Sch	equie A (Form 99)	0 or 990-EZ) 2019			

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

. . .

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS Part IV Supporting Organizations

13-1878953 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

(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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

13360504 147227 0027431-0027431.0990

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS

13-1878953 Page 5

Par	't IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		<i>w</i> , the governing body of a supported organization?	11a		<u> </u>
b	A fan	nily member of a person described in (a) above?	11b		<u> </u>
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he directors, trustees, or membership of one or more supported organizations have the power to			
	regul	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax y	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contr	rolled the organization's activities. If the organization had more than one supported organization,			
	desci	ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	orgar	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supp	orted organizations played in this regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	1		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ities Test. Answer (a) and (b) below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e 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			
-		these activities constituted substantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these			
~		ities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-		ees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0·	0040
932025	09-25-	19 Schedule A (Form 99 18	90 or 99	υ-EZ)	2019
		ΤO			

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

NAFSA: ASSOCIATION OF INTERNATIONAL	NAFSA:	ASSOCIATION	OF	INTERNATIONAL
-------------------------------------	--------	-------------	----	---------------

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Sche	dule A (Form 990 or 990 EZ) 2019 EDUCATORS			<u>13-1878953 ı</u>	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current Year	•
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
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.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 20	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
с	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 EDUCATORS	13-1878953 Page
Part VI	Supplemental Information. Provide the explanations required by Part II	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also comple (See instructions.)	ete this part for any additional information.
32028 09-25-1		Schedule A (Form 990 or 990-EZ) 20
02020 00 20 1	21	

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

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.

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.

Department of the Treasury

Internal Revenue Service

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

					Em	Employer identification number	
		EDUCATO				13-1878953	
Pa	art I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527 of	organization.	
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities		►		
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).		
			incurred by the organization un	1 / 1		\$	
2			incurred by organization manag				
3			n 4955 tax, did it file Form 4720				
4a			·				
	If "Yes."	describe in Part IV.					
Pa	art I-C	Complete if the org	anization is exempt und	ler section 501(c), e	except section 501	(c)(3).	
1	Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt function	on activities	\$	
2	Enter the	e amount of the filing organ	ization's funds contributed to of	ther organizations for sec	ction 527		
	exempt	function activities			►	\$	
3			. Add lines 1 and 2. Enter here a				
	line 17b				🕨	\$	
4			1120-POL for this year?				
5			nployer identification number (El		-		
	-		tion listed, enter the amount pai omptly and directly delivered to			-	
	political	action committee (PAC). If	additional space is needed, prov	vide information in Part N	V.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and	

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

28

Open to Public

Inspection

71

Q

13-1878953 F	Page 2
--------------	--------

	Schedule C (Form 990 or 990-EZ) 2019 EDUCATORS 13-1878953 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under			
section 501(h)).								
A Check 🕨 🛄 if the filing organiza	tion belongs to an affi	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
expenses, and shar	re of excess lobbying e	expenditures).						
B Check ► if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.					
Limi	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group			
		nts paid or incurred.)		organization's totals	totals			
1a Total lobbying expenditures to influence				0 010				
b Total lobbying expenditures to influ				9,717. 9,717.				
c Total lobbying expenditures (add li								
d Other exempt purpose expenditure				20,831,958.				
e Total exempt purpose expenditure				20,841,675. 1,000,000.				
f Lobbying nontaxable amount. Ente				1,000,000.				
If the amount on line 1e, column (a) o		bying nontaxable amo						
Not over \$500,000		the amount on line 1e.	\$500.000					
Over \$500,000 but not over \$1,000		0 plus 15% of the exce	· · · · · · · · · · · · · · · · · · ·					
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce 0 plus 5% of the exces						
Over \$1,500,000 but not over \$17,								
Over \$17,000,000	\$1,000,0	500.						
g Grassroots nontaxable amount (en	tor 25% of line 1f			250,000.				
h Subtract line 1g from line 1a. If zer	,			0.				
i Subtract line 1f from line 1c. If zero				0.				
j If there is an amount other than ze		ine 1i, did the organiza						
reporting section 4911 tax for this				Г	Yes No			
		eraging Period Under	Section 501(h)					
(Some organizations t				of the five columns be	low.			
	See the separa	ate instructions for lin	es 2a through 2f.)					
	Lobbying Exper	nditures During 4-Yea	r Averaging Period					
Colondor year								
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
(e:								
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.			
	<i></i>	2 4 4 5			~~			
c Total lobbying expenditures	64,961.	3,145.	20,934.	9,717.	98,757.			
					1 000 000			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount					1 500 000			
(150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures				Cohodul: 0 /F	000 au 000 53) 00 10			
				Schedule C (Form	990 or 990-EZ) 2019			

932042 11-26-19

29 13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

13-1878953 Page 3

Schedule C (Form 990 or 990-EZ) 2019 EDUCATORS Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	"Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)				(b)	
of the	lobbying activity.	Yes	No	Amo	ount	
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	0 E01(a)(E)	01000	tion		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1(0)(5)	, or sec	uon		
	30 i (6)(6).			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		2			
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is	
	answered "Yes."		.,	,	-,	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see		

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

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

SC	HEDULE D	Supplement	al Financial Statements	8	ŀ	OMB No. 154	5-0047	
	n 990)		anization answered "Yes" on Form 990			201	IQ	
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	Źb.		Open to	Public	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	nation.		Inspectio	on	
Nam	e of the organization	NAFSA: ASSOCIATION EDUCATORS	OF INTERNATIONAL			Employer identification number $13 - 1878953$		
Par	t I Organizatio	ons Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts. (Complete if the	е	
	organization ar	nswered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Funds and	l other accour	nts	
1		of year						
2		ontributions to (during year)						
3		ants from (during year)						
4 5		d of year	ا writing that the assets held in donor advis	od fund	e			
5	-		exclusive legal control?			Yes	No	
6			dvisors in writing that grant funds can be					
	•		r donor advisor, or for any other purpose					
	impermissible private	benefit?	· · · ·		-	Yes	No	
Par	rt II Conservation	on Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of conserv	ation easements held by the organization	on (check all that apply).					
	Preservation of	land for public use (for example, recrea	tion or education)	f a histo	rically import	ant land area		
	Protection of na		Preservation o	f a certif	ied historic s	tructure		
-	Preservation of							
2	•	ough 2d if the organization held a qualif	ied conservation contribution in the form	of a cor				
	day of the tax year.					it the End of the	lax year	
a h					2a 2b			
b	J. J		ucture included in (a)		20 2c			
d			after 7/25/06, and not on a historic structu		20			
ŭ					2d			
3			eased, extinguished, or terminated by the			the tax		
	year 🕨			Ū	Ū.			
4	Number of states whe	ere property subject to conservation eas	sement is located					
5	Does the organization	have a written policy regarding the per	iodic monitoring, inspection, handling of					
	,	ement of the conservation easements it				Yes	No No	
6	Staff and volunteer ho	ours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatio	n easements	during the ye	ar	
	►	-						
7	· ·	incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ements durir	ng the year		
•		an apparent reported on line 2(d) about	e satisfy the requirements of section 170	(L)(4)(D)(:)			
8	and section 170(h)(4)(l					Yes	No	
9			on easements in its revenue and expense					
Ŭ		•	ote to the organization's financial statem			he		
		iting for conservation easements.						
Par	t III Organizatio	ons Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar Ass	ets.		
	Complete if the	e organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elec	cted, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sheet wo	orks		
	of art, historical treasu	ures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtheran	ce of public			
	service, provide in Par	rt XIII the text of the footnote to its finar	ncial statements that describes these item	ıs.				
b	-		8, to report in its revenue statement and					
			exhibition, education, or research in furth	nerance	of public ser	vice,		
		amounts relating to these items:			•			
0	(ii) Assets included in		asures, or other similar assets for financia					
2		s required to be reported under FASB A		u yanı, p				
а			SC 956 relating to these items.		▶ \$			
					· ·			
		iction Act Notice, see the Instructions				lule D (Form	990) 2019	
	10-02-19	,					,	
			31					

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

Sche	dule D (Form 990) 2019 EDUCATO	RS				13-18	78953	Page 2
	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.	
5	During the year, did the organization solicit o		•				_	
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" or	n Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	,						
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			1		
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance						7	
	Did the organization include an amount on F					L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
I ai	t V Endowment Funds. Complete i						(-) [
4.	De sinsis e fasses halanaa	(a) Current year 981,703.	(b) Prior year 1,021,322.	(c) Two years back 922,267.	(a) mree	years back 866,304.		878,375.
	Beginning of year balance	501,703.	1,021,322.	522,207.		000,004.		575,575.
	Contributions	118,811.	-39,619.	99,055.		55,963.		-12,071.
	Net investment earnings, gains, and losses	90,000.	55,015.	55,055.		55,505.		12,071.
	Grants or scholarships	50,000.						
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	1,010,514.	981,703.	1,021,322.		922,267.	5	866,304.
g	End of year balance Provide the estimated percentage of the curr		,	, ,		522,207.	· · · · ·	000,004.
2	Board designated or quasi-endowment	ent year end balance	%) Helu as.				
a h	Permanent endowment 100.00	%						
0		% %						
U	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		tion that are held an	nd administered for t	he organi	zation		
ou	by:				ne organi	Zation		Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumula		(d) Book	value
	Land	basis (investr	nent) basis		epreciatio	11		
	Land							
	Buildings		1 01	0,489.	363,6	577 -	Q / C	,812.
	Leasehold improvements			3,605.	<u> </u>			,523.
	Equipment				282,0			<u>,525.</u>
	Other							,910.
TULA	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part /	<u>х, column (В), line 1(</u>	JC,]		💌 📘	-,001	, , , ,

Schedule D (Form 990) 2019

932052 10-02-19

EDUCATORS Schedule D (Form 990) 2019 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Ves" on Form 990 Part IV line 11d See Form 990 Part X line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X. col. (B) line 15.)	▶
Part		_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	
<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	457B DEFERRED COMPENSATION PLAN	365,756.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 365,756.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

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

Schedule D (Form 990) 2019

932053 10-02-19

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

Sche	chedule D (Form 990) 2019 EDUCATORS 13-18 / 8953 Page 4						
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s Witl	h Revenue per Ret	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	23,593,557.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	1,796,044.				
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	1,796,044.		
3	Subtract line 2e from line 1			3	21,797,513.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,716.				
b	Other (Describe in Part XIII.)						
с	Add lines 4a and 4b	4c	49,716.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,847,229.				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per R	letur	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	20,791,959.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d			2e	0.		
3	Subtract line 2e from line 1			3	20,791,959.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,716.				
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c	49,716.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,841,675.		
Pa	rt XIII Supplemental Information.						

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

PART V, LINE 4:

INCOME EARNED ON THE PRINCIPAL OF THE FUND IS TO PROVIDE FINANCIAL

ASSISTANCE TO OUTSTANDING BURMESE OR EAST ASIAN STUDENTS ENROLLED OR

ENROLLING IN GRADUATE SCHOOLS IN THE UNITED STATES, OR OUTSTANDING AFRICAN

AMERICAN STUDENTS ENROLLED OR ENROLLING IN A STUDY ABROAD PROGRAM THROUGH

AN ACCREDITED UNIVERSITY OR COLLEGE.

13360504 147227 0027431-0027431.0990

PART X, LINE 2:

932054 10-02-19

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

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

THE FINANCIAL STATEMENTS. NAFSA RECOGNIZES INTEREST AND PENALTIES EXPENSE

RELATED TO UNCERTAIN TAX POSITIONS IN GENERAL AND ADMINISTRATIVE EXPENSES

Schedule D (Form 990) 2019

2019.03041 NAFSA: ASSOCIATION OF INT 00274311

S PAYABLE AND ACCR SA REPORTED NO PE FOR THE YEARS END ARE NO LONGER SUBJ CON OF THE DISTRIC	UED EXPENSES NALTIES AND ED DECEMBER ECT TO T OF
SA REPORTED NO PE FOR THE YEARS END ARE NO LONGER SUBJ	NALTIES AND ED DECEMBER ECT TO T OF
FOR THE YEARS END ARE NO LONGER SUBJ	ED DECEMBER ECT TO T OF
ARE NO LONGER SUBJ	ECT TO T OF
ON OF THE DISTRIC	T OF
	Schedule D (Form 990) 201
 	41 NAFSA: ASSOCIATI

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
Department of the Treasury Internal Revenue Service	► Attach to Form 990. Open to Public Inspection						
Name of the organization					Employer	identification number	
NAFSA: ASSOCI	ATION OF I	NTERNATI(ONAL				
EDUCATORS	- (13-18	78953	
		ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Yes" on	
	art IV, line 14b.	maintain recor	ds to substantiate the amount of its gra	nts and other	assistanco		
			the selection criteria used to award the			X Yes No	
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ce outside the	
3 Activities per Regio	n. (The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
(a) Region	(b) Number of	(c) Number of employees,	, ,		vity listed in	· · · …	
	offices in the region	agents and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service specific typ	for and	
	an and region	contractors	recipients located in the region)		(s) in the reg	I Investments	
SUB-SAHARAN AFRICA	_	in the region					
ANGOLA, BENIN,							
BOTSWANA, BURKINA							
FASO,	0	0	TRAVEL GRANTS			29,741.	
2 a Cubtotal	0	0				29,741.	
3 a Subtotal b Total from continua						25,741.	
sheets to Part I		0				0.	
c Totals (add lines 3a							
and 3b)	0	0				29,741.	

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

Schedule F (Form 990) 2019

932071 10-12-19

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS

Schedule F (Form 990) 2019

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities 								

13-1878953

Schedule F	(Form 990) 2019

EDUCATORS

13-1878953

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
TRAVEL GRANTS	BURKINA FASO,	9	29,741.	OTHER	0.		
							+
							lule E (Form 990) 2019

Schedule F (Form 990) 2019

Page 3

EDUCATORS

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

932074 10-12-19

NAFSA:	ASSOCIATION	OF	INTERNATIONAL

Schedule F (Form 990) 2019 EDUCATORS	13-1878953 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accountir	
(estimated number of recipients), as applicable. Also complete this part to provide any addition	nal information. See instructions.
PART I, LINE 2:	
ASSISTANCE WAS FOR TRAVEL TO, ACCOMMODATIONS AT, AND F	PER DIEM FOR
ATTENDANCE AT NAFSA'S ANNUAL CONFERENCE. TICKETS WERE	PURCHASED THROUGH
NAFSA'S TRAVEL AGENTS, ACCOMMODATIONS WERE DIRECTLY BI	ILLED TO NAFSA, AND
PER DIEM WAS PROVIDED TO THE PARTICIPANTS UPON ARRIVAL	AT THE CONFERENCE
SITE.	
	Schedule F (Form 990) 2019
932075 10-12-19 40	Schedule F (Form 990) 201

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								545-0047 10
Department of the Treasury Internal Revenue Service		Comple	ete if the organization ► Go to www.ir	n answered "Yes" Attach to Fori s.gov/Form990 fo	m 990.			20 Open to Inspec	Public
Name of the organizat	ion NAFSA: AS EDUCATORS	SOCIATION	OF INTERNA	-				Employer identificatio	
Part I General II	nformation on Grants a	nd Assistance							
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	tance?				-			□ No
Part II Grants an	nd Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Par	IV, line 21, for any	
1 (a) Name and ad	hat received more than ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
FUND FOR EDUCATIC 1155 CONNECTICUT WASHINGTON, DC 20	AVENUE, SUITE 300	26-3041520	501(C)(3)	90,000.	0.			TAMARA H. BRYANT M SCHOLARSHIP	4EMORIAL
	per of section 501(c)(3) and the organizations							↓ 	1.

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

Schedule I (Form 990) (2019)

EDUCATORS

13-1878953

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GRANTEE PROVIDES NAFSA WRITTEN REPORTS DETAILING THE USE OF THE GRANT

AND A FINANCIAL RECONCILIATION.

SCI	EDULE J Compensation Information	10	ИВ No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			40	<u> </u>
•	Compensated Employees	1	20	IJ)
D	■ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ■ Attach to Form 990.	0	pen to	Publ	ic
	I Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	· · · · · · · · · · · · ·	mployer identi			nber
	EDUCATORS	13-187	895	3	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	Э,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, c	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
			1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	_			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	lO			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	X Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations	mittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:			v	
a	Receive a severance payment or change-of-control payment?		4a	X	v
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only position $501(a)(2)$, $501(a)(4)$, and $501(a)(20)$ programizations must complete lines 5.0				
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	l			
5	contingent on the revenues of:				
2	-		5a		x
a b	The organization?		5a 5b		X
D.	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		55		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
U	contingent on the net earnings of:				
а	The organization?		6a		х
	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	l			
	not described on lines 5 and 6? If "Yes," describe in Part III	l	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
5			8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		5		
5	Regulations section 53.4958-6(c)?	l	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	-	n 990)	2019

932111 10-21-19

43

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

Schedule J (Form 990) 2019

13-1878953

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	N-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ESTHER BRIMMER, DPHIL	(i)	393,056.	0.	1,290.	25,200.	24,985.	444,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN WILLIAMS	(i)	170,403.	0.	516.	15,677.	2,490.	189,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANE HOFFMAN	(i)	209,128.	0.	774.	19,129.	12,358.	241,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TATIANA MACKLIFF	(i)	142,056.	0.	169.	12,929.	10,375.	165,529.	0.
DEP. E.D., LPDS, ASST. SECINCOMING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOROTHEA ANTONIO	(i)	145,025.	0.	489.	13,188.	9,671.	168,373.	0.
DEPUTY EXECUTIVE DIR. KNOWLEDGE DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER HEINRITZ	(i)	139,719.	0.	501.	13,194.	12,778.	166,192.	0.
CONTROLLER, SR. DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VALERIE ROYAL	(i)	138,950.	0.	721.	12,664.	9,764.	162,099.	0.
SR. DIR., CONF. & MEETING PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES MAHONEY	(i)	134,195.	5,000.	440.	12,753.	10,331.	162,719.	0.
SENIOR DIRECTOR, MARKETING & MEMBERS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK GRACE	(i)	88,701.	0.	49,997.	8,153.	7,645.	154,496.	0.
SENIOR DIRECTOR, ACADEMIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 4A:

MARK GRACE RECEIVED SEVERANCE PAYMENT OF \$49,741.00 IN 2019.

EDUCATORS

PART I, LINE 7:

IN 2019, THE FOLLOWING INDIVIDUALS WERE PAID PERFORMANCE BASED BONUSES:

JAMES MAHONEY \$5,000

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 EDUCATORS Inspection Employer identification number 13-1878953

OMB No. 1545-0047

Open to Public

19

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

NAFSA IS THE LEADING NONPROFIT ASSOCIATION COMMITTED TO INTERNATIONAL

EDUCATION AND EXCHANGE BY ADVANCING POLICIES AND PRACTICES TO BUILD

GLOBAL CITIZENS.

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 A BETTER WORLD THROUGH 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 \$ 1,441,154. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,586,918.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953
PUBLICATIONS, MAGAZINES, AND NEWSLETTERS. THESE PUBLICATION	NS REPRESENT
THE ASSOCIATION'S COMMITMENT TO THE ONGOING ENHANCEMENT OF	
INTERNATIONAL EDUCATIONAL EXCHANGE.	
EXPENSES \$ 1,096,098. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 1,201,357.

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

THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, EXCEPT THAT IT SHALL HAVE NO AUTHORITY AS TO THE FOLLOWING MATTERS: (A) THE FILLING OF VACANCIES IN THE BOARD OF DIRECTORS; (B) THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE; (C) THE AMENDMENT OR REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS; (D) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE; AND (E) THE REMOVAL OF DIRECTORS. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE SUBJECT TO RATIFICATION AT THE NEXT MEETING OF THE BOARD.

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

THE ORGANIZATION HAS TWO CATEGORIES OF MEMBERS, VOTING MEMBERS AND NON-VOTING HONORARY MEMBERS. VOTING MEMBERS CONSIST OF INDIVIDUAL MEMBERS, GROUP MEMBERS, INTERNATIONAL MEMBERS, STUDENT MEMBERS, RETIRED PROFESSIONAL MEMBERS, NEW MEMBERS, AND LIFE MEMBERS.

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

VOTING MEMBERS ELECT ALL MEMBERS OF THE GOVERNING BODY IN ACCORDANCE WITH

PROCEDURES SPECIFIED IN THE ORGANIZATION'S BYLAWS AND STANDING RULES.

	7B:	LINE	A,	SECTION	VI,	PART	990,	FORM
Schedule O (Form 990 or 990-EZ) (2019)							06-19	932212 09-0
	47							

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953
EDUCATORS	12-10/0922
THE ARTICLES OF INCORPORATION VEST THE GOVERNANCE OF THE C	ORPORATION IN THE
BOARD OF DIRECTORS, THOUGH THE ARTICLES OF INCORPORATION C	AN BE AMENDED
ONLY BY A 2/3RDS VOTE OF THE ASSOCIATION'S MEMBERS AT AN A	NNUAL OR SPECIAL
MEETING. MATTERS WHICH WOULD REQUIRE SUCH A VOTE WOULD BE	A CHANGE IN THE
NAME OF THE CORPORATION, ITS PURPOSE, QUALIFICATIONS OF ME	MBERS, 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:

 932212 09-06-19

 48

Schedule O (Form 990 or 9	990-EZ) (2019)	Page 2
Name of the organization	NAFSA: ASSOCIATION OF INTERNATIONAL	Employer identification number
	EDUCATORS	13-1878953

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

B) HAS READ AND UNDERSTANDS THE POLICY;

C) HAS AGREED TO COMPLY WITH THE POLICY; AND

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

MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

THE EXECUTIVE COMMITTEE OF THE NAFSA BOARD OF DIRECTORS ENGAGED QUATT ASSOCIATES AS A COMPENSATION CONSULTANT TO BENCHMARK CEO DATA AS PART OF THE CONTRACT RENEWAL PROCESS. THE LENGTH OF THE CEO CONTRACT WAS THREE YEARS. IN RENEWING THE CONTRACT FOR AN ADDITIONAL THREE YEARS, THE BOARD OF DIRECTORS, IN CONSULTATION WITH THE COMPENSATION CONSULTANT, APPROVED A 4% INCREASE TO THE CEO SALARY BASED ON MERIT AND MARKET CONSIDERATIONS.

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

NAFSA ENGAGED AN OUTSIDE COMPENSATION CONSULTANT, CLEAR MANAGEMENT, TO COMPLETE A COMPENSATION STUDY IN MAY 2017, BASED ON JANUARY 1, 2018, BENCHMARK DATA. THE RESULTS OF THE STUDY WERE PROVIDED TO THE CEO/ED AND SENIOR DIRECTOR, HUMAN RESOURCES. THIS STUDY SERVES AS THE BASIS FOR NAFSA'S COMPENSATION SYSTEM AND DATA IS UPDATED ANNUALLY BASED ON ESTABLISHED PAY RANGES AND THE RECOMMENDED METHODOLOGY. NEW POSITIONS ARE EVALUATED BASED ON MARKET DATA AND ESTABLISHED PAY RANGES TO ENSURE INTERNAL AND EXTERNAL EQUITY.

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

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

VA,WI,WV,CT

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

49 13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

Schedule O (Form 990 or 9	90·EZ) (2019)	Page 2
Name of the organization	NAFSA: ASSOCIATION OF INTERNATIONAL EDUCATORS	Employer identification number 13-1878953

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH ITS

WEBSITE. THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE

TO ITS MEMBERS VIA A HANDOUT AT THE ANNUAL BUSINESS MEETING AND AN EMAIL

WITH THE LINK TO THIS HANDOUT ON THE ORGANIZATION'S WEBSITE IS SENT YEARLY

TO ALL CURRENT MEMBERS OF RECORD. THREE YEARS OF AUDITED FINANCIALS AND

TAX RETURNS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Schedule O (Form 990 or 990-EZ) (2019)

13360504 147227 0027431-0027431.0990 2019.03041 NAFSA: ASSOCIATION OF INT 00274311

932212 09-06-19