#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public

В	Check if applicable:	C Name of organization	D Employer identific	cation number
_		FOUNDATION FOR INTERNATIONAL		
L	Address change Name	UNDERSTANDING THROUGH STUDENTS		0.4
Ļ	change	Doing business as	91-06467	
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address)  Room/st		
L	Final return/ termin-	BOX 355855 UNIVERSITY OF WASHINGTON	206-543-	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	628,022.
F	return	DEATIDE, WA 90193	H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: ERA SCHREPFER SAME AS C ABOVE	for subordinates	····· — —
_	T	·	H(b) Are all subordinates in If "No." attach a	
		npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 1 : : ▶ WWW • FIUTS • ORG	H(c) Group exemptio	list. See instructions
		·		1 State of legal domicile: WA
		Summary	car or formation. 23 23 1	Totale of logal dofficine.
	T <sub>4</sub> <sub>D</sub>	riefly describe the organization's mission or most significant activities: FIUTS CO	NNECTS UNIVER	SITY
Governance	5	TUDENTS WITH LOCAL AND GLOBAL COMMUNITIES.		
rna	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	ssets.
ove.	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	32
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	32
es	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
ΞΞ		otal number of volunteers (estimate if necessary)		350
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ne	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	162,053.	313,041. 308,528.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	648,603.	300,520.
Be	10 lr	evestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,583.	2,278.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	814,250.	623,851.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	014,230.	5,000.
		enants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	468,200.	504,573.
Expenses	162 🖰	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	b T	otal fundraising expenses (Part IX, column (D), line 25)   67,730.		
Щ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	490,989.	74,986.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	959,189.	584,559.
	19 B	evenue less expenses. Subtract line 18 from line 12	-144,939.	39,292.
Net Assets or Find Balances	3	·	Beginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)	122,237.	190,869.
t As	21 T	otal liabilities (Part X, line 26)	198,797.	224,894.
캺	22 N	et assets or fund balances. Subtract line 21 from line 20	-76,560.	-34,025.
	art II	Signature Block		
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
۵.		Signature of officer	I Date	
Sig		ERA SCHREPFER, EXECUTIVE DIRECTOR	Duto	
He	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	II PTIN
Pai		IOWARD DONKIN, CPA HOWARD DONKIN, CPA	01/05/22 if self-employs	P00147726
	-	Firm's name JACOBSON JARVIS & CO, PLLC	Firm's EIN	91-2011386
	-	Firm's address 200 FIRST AVE WEST, SUITE 200	2	
		SEATTLE, WA 98119-4219	Phone no. (2	06)-628-8990
Ма	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Pa	Charle if School us O contains a represent to specific in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III
'	Briefly describe the organization's mission: FIUTS ADVANCES INTERNATIONAL UNDERSTANDING THROUGH CROSS CULTURAL
	EXPERIENCES, STUDENT LEADERSHIP, AND COMMUNITY CONNECTIONS.
	and interior brobert and and the control of the con
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 165,713. including grants of \$ 5,000.) (Revenue \$ 52,008.)
	EDUCATION PROGRAMS - FIUTS EDUCATION PROGRAMS PROMOTE CONNECTIONS
	BETWEEN YOUNG PEOPLE AROUND THE WORLD, AND OFFER INTENSIVE OPPORTUNITIES FOR VISITING GROUPS OF YOUTH AND YOUNG ADULTS TO EXPLORE
	THE PUGET SOUND REGION AND BUILD SKILLS IN LEADERSHIP, COMMUNICATIONS,
	PROJECT PLANNING, AND COMMUNITY DEVELOPMENT.
	PROJECT PLANNING, AND COMMONITY DEVELOPMENT.
4b	(Code: ) (Expenses \$ 224,987. including grants of \$ ) (Revenue \$ 254,302.)
710	STUDENT PROGRAMS - FIUTS STUDENT PROGRAMS ENGAGE UNIVERSITY OF
	WASHINGTON STUDENTS AND SCHOLARS IN CROSS-CULTURAL EXPERIENCES,
	PROMOTING PEACE AND UNDERSTANDING BETWEEN PEOPLE AND COMMUNITIES.
	STUDENT PROGRAMS INCLUDE SOCIAL AND INTERCULTURAL EVENTS AND
	EXCURSIONS, EXPERIENTIAL LEADERSHIP, AND DIALOGUE-BASED PROGRAMMING AS
	WELL AS CAMPUS-WIDE ARTS AND CULTURE.
4c	(Code:) (Expenses \$ 32,388. including grants of \$) (Revenue \$)
	COMMUNITY PROGRAMS - FIUTS COMMUNITY PROGRAMS MATCH LOCAL RESIDENTS
	WITH VISITING STUDENTS FOR SHORT-TERM HOMESTAYS, HOLIDAY CELEBRATIONS,
	WORKPLACE TOURS, AND NETWORKING.
<b>1</b> ~ <b>1</b>	Other program convince (Deceribe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 423,088.
	Form 990 (2020)

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## FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			7.7
	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			l
	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,	_		7.7
	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	_		. v
_	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?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		1
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		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	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	Х	
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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 22

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#### FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		\ <del></del>
	Schedule K. If "No," go to line 25a	24a		Х
		24b		
С		24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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%			l
	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			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	┝┷
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a				
a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	Х	
	\3==j,35 to pile tillioto			

91-0646781

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W-3, Transmittation of Wage and Tax Statements, 160 of the face clarified year ending with or within the year covered by this nature.  15 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  15 If the organization have unrelated business greats income of \$1,000 or more during the year?  16 If the organization have unrelated business greats income of \$1,000 or more during the year?  16 If Yes, * has it liding the calendary year, did the organization have an interest in, or a significant or other standard or a form \$90 or for this year? If * No* To line \$8, provide an explanation on Schedule O.  16 If Yes, * has the did not prevent of the organization have an interest in, or a significant or other standard account () and the face of the face of the organization party to the organization have an interest in, or a significant or other financial account () and the face of \$8, did the organization have a financial Accounts (FBAR).  17 If Yes, * did the organization have a financial control of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charinable contributions?  17 Organizations that were not tax deductibles a charinable contribution or services provided to the payor?  18 If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charinable contribution or services provided?  18 If Yes, * indicate the number of Forms 8282 tiled during the year of the organization services apparent in excess of \$75 made pair types and the total pair						Yes	No
filed for the calendary ever ending with no within the year converse by this return    1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	16			
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  40 If Yes' is Mar it filed a Form 9000 for this year of "I" who for the 3b, power does nevigenation on Schedule 0  41 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 (such as a bank account, securities account, or other financial account).  42 B I Yes' is "enter the name of the foreign country.  53 Was the organization a party to a prohibitot at as whether transaction at any time during the tax year?  54 Was the organization to a prohibitot at swelter transaction at any time during the tax year?  55 Was the organization have amount gross receipts that are normally greater than \$100,000, and did the organization scillar any contributions that were not tax deductible as charitable contributions?  55 Was the organization have amount gross receipts that are normally greater than \$100,000, and did the organization scillar organization that were not tax deductible?  56 Was the organization that may receive deductible contributions under section 170(c).  57 Was in I Y'es', "did the organization the include with every socilitation an expresses statement that such contributions or grits were not tax deductible?  57 Was the organization scill exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282.  58 Was the organization scill, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282.  59 Was the organization scill, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282.  50 Was the organization scillar organization scillar or organization file of the development of the form 8282.  50 Was the organization scillar organization scillar organization scillar organization file form 8280 as required to f	b		rns?		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 36, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a such account, securible account), or other financial accounts?  4b If "Yes," enter the name of the foreign country (such as a such account, securible account, or other financial accounts?  5c Besin instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5c Wash the organization a partly to a prohibitotic tax shelter transaction at any time during the tax, year?  5c Wash the organization apartly to a prohibitotic tax shelter transaction?  5c Did any taxable party nority the organization file Form 8868-7?  6c If "Yes" to line 5a or 5b, did the organization file Form 8868-7?  6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Did the organization receive apyment in excess of \$7s made partly sa contribution and partly for goods and services provided?  7c Did the organization solicit and partly in the organization solicit to the payor?  7d If "Yes," did the organization solicit apyment in excess of \$7s made partly sa contribution and partly for goods and services provided to the payor?  7d Did the organization solicit apyment in excess of \$7s made partly sa contribution and partly for goods and services provided to the payor?  7d Did the organization solicit and payor and partly sa contribution solicit and partly and partly solicit and		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a A 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)?  5b In "Ves," onter the name of the foreign country	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
financial account in a foreign country   See   If Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  57 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  58 Did any taxable party notify the organization file Form 8898-17.  59 CI "Yes" to line Sa or 55, did the organization file Form 8898-17.  50 CI "Yes" to line Sa or 55, did the organization file Form 8898-17.  50 CI "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 If the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  71 Ordanization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  72 If the organization received a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  72 If the organization received a contribution of payment beyear.  73 Did the organization received and contribution of underectly, on a personal benefit contract?  74 If the organization received a contribution of underectly, on a personal benefit contract?  75 If the organization received a contribution of underectly or indirectly, on a personal benefit contract?  76 Sponsoring organizations make any taxable distributions under section 4986?  87 Sponsoring organizations make any taxable distributions under section 4986?  88 Sponsoring organizations make any taxable distributions under section 4986?  99 Sponsorin	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
b If "Yes," enter the name of the foreign country    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See in the Interest Park of the Organization filing for the State	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
See instructions for filing requirements for FinCRN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Dea the regularization file from 8886-17.  6 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?  6 Boes the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of undirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-02  8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(20) qualified nonprofit health insurance issuers.  10 In the sponsoring organization make any taxable distributions under section 4947(x)(1) non-exempt char		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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amounts due or received from them.)  11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c 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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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			11a				
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Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a					40-		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	h						
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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15  X  X							_ <del>-</del> _
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15 X  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	-				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X					_		
	16		nt inco	me?	16		X

## FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one 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, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ADAM HODGIN - 206-939-5442			
	PO BOX 25726, SEATTLE, WA 98165			

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# Form 990 (2020) UNDERSTANDING THROUGH STUDENTS 91-00 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERA SCHREPFER	45.00			,,				92 000	0.	7 960
EXECUTIVE DIRECTOR	4.00			Х				82,000.	0.	7,860.
(2) GREG SIEGLER	4.00	X		x				0.	0.	0.
PRESIDENT (3) RICH MILLIES	4.00	^		Δ				0.	0.	0.
VICE PRESIDENT	4.00	X		X				0.	0.	0.
(4) MASON WILEY	2.00	<del> </del>						0.0		
TREASURER		х		х				0.	0.	0.
(5) CHARLOTTE RASMUSSEN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANUMEHA	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ADITI BHIDE	2.00									
TRUSTEE		Х						0.	0.	0.
(8) CAITLIN BLOMQUIST	2.00									
TRUSTEE		Х						0.	0.	0.
(9) KAROL BROWN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) SANCHA ELEVADO	2.00	l								•
TRUSTEE		Х						0.	0.	0.
(11) JAYASRI GHOSH	2.00								•	0
TRUSTEE	2 00	Х						0.	0.	0.
(12) KELSEY KAUL	2.00	X						0.	0.	0
TRUSTEE (13) FEIYA GO	2.00	^						0.	0.	0.
TRUSTEE	2.00	X						0.	0.	0.
(14) NINA HUANG	2.00	^						0.	0.	<u> </u>
TRUSTEE	2.00	X						0.	0.	0.
(15) DUANE LANDON	2.00							0.	•	•
TRUSTEE		x						0.	0.	0.
(16) CAITLIN LAWSON	2.00	<del> </del>						•		
TRUSTEE		x						0.	0.	0.
(17) CHELSEA LE	2.00									
TRUSTEE		Х						0.	0.	0.
020007 10 02 00										Earm <b>QQ</b> (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, Tru											<b>(F)</b>		
(A)	(B)	<b>(C)</b> Position					(D)	(E)		_	(F)		
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable			stimate	
	week			ss pe id a d				compensation from	compensation from related		ar	nount other	OT .
	(list any	to						the	organization		com	ou lei ipensa	tion
	hours for	director				P		organization	(W-2/1099-MIS			rom th	
	related	5	stee			nsate		(W-2/1099-MISC)	(** = 2 ********************************	,		anizat	
	organizations	Individual trustee	Institutional trustee		yee	mbe					ı ~	d relat	
	below	idual	ution	-ie	Key employee	est co	Je .				org	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) TAMARA LEONARD	2.00												
TRUSTEE		X						0.		0.			0.
(19) MAY LIM	2.00												
TRUSTEE		Х						0.		0.			0.
(20) CHRIS LOVINGS	2.00												
TRUSTEE		x						0.		0.			0.
(21) ALEXANDER MITU	2.00												
TRUSTEE		X						0.		0.			0.
(22) MARK SCHNEIDER	2.00	∺											
TRUSTEE	2000	x						0.		0.			0.
(23) JESSE SWINGLE	2.00	122						0.		•			
TRUSTEE	2.00	x						0.		0.			0.
	2.00	<u> </u>						0.		0.			<u> </u>
(24) FORTUNATO VEGA	2.00	X						0.		0.			Λ
TRUSTEE	2 00	^				_		0.		0.			0.
(25) LINDSEY WEBB	2.00	<b>.</b> ,								0			0
TRUSTEE	1 2 00	Х						0.		0.			0.
(26) SAMANTHA WHYTE	2.00	١								^			^
TRUSTEE		Х						0.		0.			0.
1b Subtotal								82,000.		0.		7,8	
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	82,000.		0.		7,8	60.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former office													
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv	dual for services	;			
rendered to the organization? If "Yes," con	mplete Schedui	le J f	or st	uch j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation fo	r the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			((	<del>)</del>	
Name and busines	s address	N	INC	3				Description of s	ervices	C		nsatio	n
							寸						
Total number of independent contractors	(including but a	ot !:	mits	d to	the	00 1:		Nahaya) who received	novo than				

Form 990 UNDERSTA	NDING TI	IK		эĦ	S.	I.OI	)EI	NTS	91-064	0 / 8 T
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	frust		98	ubeus				and related organizations
	below	dual t	tiona	١.	nploy	st cor				Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ZHE WU	2.00									
TRUSTEE		Х						0.	0.	0
(28) KEDI YAN	2.00									
TRUSTEE		Х						0.	0.	0
(29) BELY LOR	2.00									
TRUSTEE		Х						0.	0.	0
(30) TIFFANY CHENG	2.00									_
TRUSTEE	2 00	Х						0.	0.	0
(31) MICHELLE WU TRUSTEE	2.00	x						0.	0.	0
(32) WENYIU QIU	2.00	^						0.	0.	U .
TRUSTEE	2.00	X						0.	0.	0
(33) SACHIN NAYAK	2.00							0.	0.	0
TRUSTEE	2.00	Х						0.	0.	0
INOSTEE	+								•	0 .
		1								
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Form 990 (2020) UNDERSTA Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	
						- Tantonon Toronas		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns1a					
iz a		b	Membership dues1b					
S, C		С	Fundraising events1c	21,846.				
ar		d	Related organizations 1d					
ï,		е	Government grants (contributions) 1e	83,503.				
rior S		f	All other contributions, gifts, grants, and					
ig #			similar amounts not included above 1f	207,692.				
d d		g	Noncash contributions included in lines 1a-1f					
<u>3 E</u>		h	Total. Add lines 1a-1f	<b>&gt;</b>	313,041.			
				Business Code				
9	2	а	INTERNATIONAL ORIENTAT		260,000.	260,000.		
e Ž		b	VISITING PROGRAMS	611710	48,196.	48,196.		
Sco		С	EVENTS AND ACTIVITIES	611710	332.	332.		
ran ev		d						
Program Service Revenue		е						
4		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b></b>	308,528.			
	3		Investment income (including dividends, inte	erest, and				
			other similar amounts)		4.			4.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			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					
o l		b	Less: cost or other basis					
ğ			and sales expenses <b>7b</b>					
eve			Gain or (loss) <b>7c</b>	1				
Other Revenue			Net gain or (loss)	<b></b>				
the	8		Gross income from fundraising events (not					
0			including \$ 21,846. of					
			contributions reported on line 1c). See	6 270				
		_	Part IV, line 18					
			Less: direct expenses	_	2 200			2 200
			Net income or (loss) from fundraising events	<b>_</b>	2,208.			2,208.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses	-				
			Net income or (loss) from gaming activities	<b></b>				
	10	а	Gross sales of inventory, less returns					
				)a				
			J	)b				
$\dashv$		C	Net income or (loss) from sales of inventory	Business Code				
Snc	11	2	MISCELLANEOUS	900099	70.			70.
Miscellaneous Revenue		a b			, , , ,			, , , , , , , , , , , , , , , , , , ,
ella		C						
lisc R			All other revenue					
2			Total. Add lines 11a-11d		70.			
	12		Total revenue. See instructions		623,851.	308,528.	0.	2,282.

# FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

#### Form 990 (2020)

Part IX | Statement of Functional Expenses

01' 501(-)(0) 1501(-)(1)	All allows a socialization of a social socia
Section 501(c)(3) and 501(c)(4) organizations must complete all columns	:. All otner organizations must complete column (A).
	· · · · · · · · · · · · · · · · · · ·

	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	82,000.	61,500.	12,300.	8,200.
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	345,967.	253,892.	48,913.	43,162.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,671.	5,356.	3,139.	1,176. 6,604. 4,194.
9	Other employee benefits	33,445.	21,446.	5,395.	6,604.
10	Payroll taxes	33,490.	24,786.	4,510.	4,194.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	12,035.	5,998.	5,297.	740.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	19,086.	14,117.	4,507.	462.
12	Advertising and promotion	3,711.	3,257.	332.	122.
13	Office expenses	23,983.	19,966.	2,342.	1,675.
14	Information technology	10,437.	6,023.	3,225.	1,189.
15	Royalties				
16	Occupancy	765.	62.	703.	
17	Travel	80.	13.	67.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,889.	1,672.	3,011.	206.
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.)				
а	, , , , , , , , , , , , , , , , , , ,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	584,559.	423,088.	93,741.	67,730.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				
					E 000 (0000)

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	63,810.	1	113,104.		
	2	Savings and temporary cash investments			41,112.	2	41,116.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,957.	4	24,647
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of	these pe	sons		5	
	6	Loans and other receivables from other disq	jualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in s	ection 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			11,358.	9	12,002
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		22,057.			
	b	Less: accumulated depreciation		<u> </u>	0.	10c	0 .
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		100 007	15	100 000	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			122,237.	16	190,869
	17	Accounts payable and accrued expenses	5,435.	17	40,201		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
<u> </u>		trustee, key employee, creator or founder, su				20	
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to un		The state of the s	193,362.	23 24	184,693.
	24 25	Unsecured notes and loans payable to unrel			173,302.	24	104,000
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
				· '		25	
	26	Total liabilities. Add lines 17 through 25			198,797.	26	224,894.
	20	Organizations that follow FASB ASC 958,			230,7370	20	221,031
Ses		and complete lines 27, 28, 32, and 33.	51155IX 11				
auc	27	Net assets without donor restrictions			-76,560.	27	-34,025.
Bal	28	Net assets with donor restrictions			<u> </u>	28	·
D L		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.	- ,	, —			
SO	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-76,560.	32	-34,025.
_	33	Total liabilities and net assets/fund balances			122,237.	33	190,869.

Pa	t 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			51.
2	Total expenses (must equal Part IX, column (A), line 25)	2			59.
3	Revenue less expenses. Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-7	6,5	60.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8		3,2	43.
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	-3	4,0	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

#### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FOUNDATION FOR INTERNATIONAL Employer identification number Name of the organization UNDERSTANDING THROUGH STUDENTS 91-0646781 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## Schedule A (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS

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.)

Qaeda   Qaed	Sec	tion A. Public Support						
March   Marc	Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
192,135. 151,855. 180,592. 162,053. 313,041. 999,676.	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit 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, susted line 3 two lines 4 8 Gross income from interest, dividends, payments received on securities loans, rants, royalties, and income from interest, dividends, payments received on securities loans, rants, royalties, and income from interest, and income from similar sources 9 Net income from indered 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 assesses (Explain in Part VI) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. It the Form Spiral schedule A, Part II, line 14 14 Total support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 16 33 1/3% support test - 2002. (the organization of did not check to box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test 2020. If the organization of land to check a box on line 13, end, in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization did not check a box on line 13, end, in Part VI how the organization meets the facts and circumstances test. The organization did not check a box on		membership fees received. (Do not						
training the properties of th		include any "unusual grants.")	192,135.	151,855.	180,592.	162,053.	313,041.	999,676.
or expended on its behalf  3 The value of services or facilities turnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge at Total, add lines 1 through 3	2	Tax revenues levied for the organ-						
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) 244,021.  6 Public support. Assistance in a storn line 4  7 A mounts from line 4  8 Gross income from increst, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated on securities loans, rents, royalties, and income from unrelated usuiness activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI) 11 Total support. Additions of Public Support Percentage 14 Public support percentage from 2019 Schedule A, Part II, line 14  15 First 5 years. If the Form 990 is for the organization of Public Support percentage from 2019 Schedule A, Part II, line 14  15 Ja 33 173% support test – 2020. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test, check this box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  18 Private foundation. If the organization to meets the facts and circumstances test, check this box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  18 Private foundation. If the organization to line of the organization qualifies as a publicly supported organiza		ization's benefit and either paid to						
tunished by a governmental unit to the organization without charge  4 Total, Add lines 1 through 3		or expended on its behalf						
## Total Add lines 1 through 3  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)  Public support. Subtract the from line 4  Public support. Subtract the from line 4  Public support subtract support (a subtract the from line 4)  Possible from the sale of capital assess (Explain in Part VI)  Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI)  Total support. Add lines 7 through 10  Public support and income from similar sources  Add In 1,004. 1,823. 2,423. 1,434. 70. 6,754.  Total support. Mid lines 7 through 10  Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))  First 5 years. If the Form 990 is for the organization show and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization did not check the box on line 13, red, 16, or 17a, and line 14 is 51 in 74. Now for more, and if the organization meets the facts and circumstances test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization did not check the box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization qual	3	The value of services or facilities						
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsective 5 from line 4  7 Amounts from line 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines? Tirrough 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2019 Schedule A, Part II, line 14  15 Fublic support percentage from 2019 Schedule A, Part II, line 14  15 93 1/3% support test - 2020. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets		furnished by a governmental unit to						
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) 244, 021.  6 Public support. Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Section B. Total Support Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Section B. Total Support Section B. Total Support Section B. Total Support  Beginning of March Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Section B. Total Support Section B. Total Section B		the organization without charge						
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) 244, 021.  6 Public support, Subbeat fire 5 from Size.  1 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Support Section B. Total Support  2 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Section B. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 43. 16. 16. 11. 4. 99.  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).  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2019 Schedule A, Part II, line 14 15 74.00 %  15 9 31 /3%'s support test - 2020. If the organization did not check he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization of line 16, 16, 17, a, ro 17, b, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization on line 13, 16a, 16b, 07, 17, b, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization on line 13, 16a, 16b, 17a, 171b, check this box and stop here. Explain in Part VI how the organization me	4	Total. Add lines 1 through 3	192,135.	151,855.	180,592.	162,053.	313,041.	999,676.
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, Subract line 5 from line 4.  755, 655.  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 192, 135. 151, 855. 180, 592. 162, 053. 313, 041. 999, 676.  3 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 the public support. Add lines 7 through 10  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  8 Cection C. Computation of Public Support Percentage  14 Public support percentage from 2019 Schedule A, Part II, line 14  15 Total support percentage from 2019 Schedule A, Part II, line 14  16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization of organization meets the facts-and-circumstances test. The organization of orthock a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization of organization meets the facts-and-circumstances test. The organization of organization of organization in part VI how the organization meets the facts-and-circumstances test. The organization of organization of organization in line 14 is 10% or more, and if the org	5	The portion of total contributions						
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Section B. Total Support  Calendar year (or fiscal year beginning in)    Amounts from line 4    192,135    151,855    180,592    162,053    313,041    999,676    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 line 7 through 10    12 Gross receipts from related activities, etc. (see instructions)    13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage    14 Public support percentage for 2020 (line 6, column (f), divided by line 14    15 Public support percentage from 2019 Schedule A, Part II, line 14    16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization    17a 10% -facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization    17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the ckt this box on line 13, 16a, 16b, 0r 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization out of the ckt this box an		column (f)						
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Schedule A (Form 990 or 990-F7) 2020	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

#### 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.)

Calendary part (or fiscal year beginning in)    Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.")  Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,")  Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission and the part of contribution and the part of th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf to receive or facilities furnished by a governmental unit to the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
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assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Section D. Computation (f) (divided by line 13, column (f))  19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box an								
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	2		
	За		
	3b		
	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Schedule A (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS 91-0646781 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 ☐ The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

## FOUNDATION FOR INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS

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Pa	eart 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	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	e From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

## FOUNDATION FOR INTERNATIONAL

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Schedule A	(Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS 91-0040761 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

Employer identification number

91-0646781

Organization type (check one):					
Filers of	<b>:</b>	Section:			
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	, ,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\t			
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
FOUNDATION FOR INTERNATIONAL
UNDERSTANDING THROUGH STUDENTS

Employer identification number

91-0646781

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	- Nume, address, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FOUNDATION FOR INTERNATIONAL
UNDERSTANDING THROUGH STUDENTS

Employer identification number

91-0646781

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		   \$			

Name of organization
FOUNDATION FOR INTERNATIONAL
UNDERSTANDING THROUGH STUDENTS

Employer identification number

91-0646781

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following line er	ntry. For organizations				
	Use duplicate copies of Part III if additional	space is needed.	less for the year. (Effet this lift), blice.)				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4)	(-, 3	(3, 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

Employer identification number 91-0646781

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No			
Pa	rt II Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year			
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat	•				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the			
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets			
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
та	If the organization elected, as permitted under FASB ASC 95	· ·				
	of art, historical treasures, or other similar assets held for pu		•			
	service, provide in Part XIII the text of the footnote to its fina					
D	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,			
	provide the following amounts relating to these items:		<b>.</b> .			
	(i) Revenue included on Form 990, Part VIII, line 1					
•						
2	If the organization received or held works of art, historical tre		ı gam, provide			
_	the following amounts required to be reported under FASB A		. σ			
a	Revenue included on Form 990, Part VIII, line 1					

	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures, o	or Othe	r Simila	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following tha	t make si	gnificant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	I Loan or	exchange progra	am				
b									
С									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		9				, ,	,	
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for contribu	tions or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
-	ree, explain the arrangement in rail and		e trinig tale.e.					Amount	
С	Beginning balance					1c		7 11110 01111	
	Additions during the year								
e	Distributions during the year								
f O-	Ending balance  Did the organization include an amount on Fe							Vaa	Na
	<u> </u>		•					<b>」Yes</b>	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in			1					
		(a) Current year	(b) Prior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four ye	ears back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1a. colum	ın (a)) held as:					
а	Board designated or quasi-endowment	,	%	( //					
b	Permanent endowment	%							
·	The percentages on lines 2a, 2b, and 2c sho	, -							
32	Are there endowment funds not in the posse	•	ation that are he	ld and administa	rod for th	o organiz	ation		
Ja		ssion of the organiz	ation that are ne	iu anu auministe	ieu ioi iii	e organiz	ation	[v	oo No
	by:								es No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza			R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	1		i					
	Description of property	(a) Cost or o		ost or other		cumulate	d	(d) Book v	alue /
		basis (investr	nent) ba	sis (other)	depi	reciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other			22,057.		22,05	57.		0.
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), lir	ne 10c.)			ightharpoonup		0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 UNDERSTANDIN	IG INKOUGH 51	I ODENIO 3	T-0040761 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)		•	and of year market value
	(b) Book value	(c) Method of valuation: Cost or e	end-or-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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
(a) D	escription		(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 X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		<b>\</b>
2. Liability for uncertain tax positions. In Part XIII, provide t			ts that reports the
- Lability for directain tax positions. In Fart XIII, provide t	נכאג טו נוופ וטטנווטנפ נ	o ano organization o imanolal statemen	to that reports the

Schedule D (Form 990) 2020

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..

91-0646781 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pai	T XII Reconciliation of Expenses per Audited Financial St		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
c 5 Paı	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 <b>T XIII</b> Supplemental Information.	8.)	5	1
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	Ι,
5 Pai Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 <b>T XIII</b> Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	Ι,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	l,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	I,
5 <b>Pai</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	1,

032054 12-01-20 Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

Employer identification number 91-0646781

Schedule G (Form 990 or 990-EZ) 2020

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individendments.</li> </ul>	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursus	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(iii) Activity  (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser organization					(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal						
List all states in which the organizatio or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BLUE MARBLE NONE (add col. (a) through BASH col. (c)) (event type) (event type) (total number) Revenue 28,225 28,225. 1 Gross receipts 21,846. 21,846. 2 Less: Contributions 6,379. 6,379. 3 Gross income (line 1 minus line 2) ...... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 4,171. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

## FOUNDATION FOR INTERNATIONAL

Sch	edule G (Form 990 or 990-EZ) 2020 UNDERSTANDING THROUGH STUDENTS 91-0	646	781	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:		ı	
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
c	: If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9,	9b, 10b,

# FOUNDATION FOR INTERNATIONAL 91-0646781 Page 4 Schedule G (Form 990 or 990-EZ) UNDERSTAND Part IV Supplemental Information (continued) UNDERSTANDING THROUGH STUDENTS

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Inspection
Employer identification number

FOUNDATION FOR INTERNATIONAL

loyer identification number 91-0646781

OMB No. 1545-0047

Open to Public

UNDERSTAN	DING THRO	UGH STUDENT	rs:				91-0646781
Part I General Information on Grants a	ınd Assistance					·	
1 Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro-	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	•				anization answered "\	Yes" on Form 990, Part I	V, line 21, for any
recipient that received more than					/f) Mothod of		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_							
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		4					<b>&gt;</b>

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Schedule I (Form 990) 2020

## FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS

91-0646781

Page 2

Part III can be duplicated if additional space is need					
(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
CONCLUDANTS FOR THEFTAN OR THE		5 000			
SCHOLARSHIP FOR TUITION OR FEES	1	5,000	0.		
Part IV Supplemental Information. Provide the information	l required in Part I, lin	ne 2; Part III, columr	I n (b); and any other a	l dditional information.	
PART I, LINE 2:					
SCHOLARSHIP TO ONE STUDENT SELEC	TED THROUG	H AN ESSAY	AND LETTE	RS OF	
RECOMMENDATION.					

Schedule I (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR INTERNATIONAL UNDERSTANDING THROUGH STUDENTS Employer identification number 91-0646781

FORM 990, PART VI, SECTION A, LINE 8B:
COMMITTEES DO NOT ACT ON BEHALF OF THE FULL BOARD OF TRUSTEES; ALL
COMMITTEE ACTION GOES TO THE FULL BOARD FOR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 11B:
SENT IN ADVANCE OF FILING TO ALL TRUSTEES; REVIEWED BY THE FINANACE
COMMITTEE AS A GROUP.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL DISCUSSION OF COI AT FALL MEETING, ONBOARDING FOR NEW TRUSTEES
INCLUDES BOTH DISCUSSION AND CASE STUDIES OF EXAMPLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
ONGOING COMPARISON OF SIMILAR ROLES IN JOB POSTINGS BY THE FINANCE AND
EXECUTIVE COMMITTEES.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.