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ÓOO T			TURN - SECT						OMB No 1545-0687		
Form 990-T		Exempt Orga									
1	(and proxy tax under section 6033(e)) For calendar year 20 18 or other tax year beginning and ending							<u>ا</u> را	2018		
_	100	Go to www.irs.gov/Form990T for instructions and the latest information.									
Department of the Treasury Internal Revenue Service	Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection to 501(c)(3).										
A Check box if	" 7	Name of organization (Check box if name changed and see instructions.) Demployer identification number (Employees' trust, see									
address changed		Instructions)									
B Exempt under section											
X 501(C)(3) 408(e) 220(e	Type	Number, street, and room or suite no. If a P.O. box, see instructions 1.8.2.5. K. STREET NIM NO. 7.2.0									
408(e) 220(e	· I	1825 K STREET, NW, NO. 720 City or town, state or province, country, and ZIP or foreign postal code									
529(a)	'	WASHINGTON,		i lurely	in boarar conc			480	0000		
a Book walve of all accets		F 0									
at end of year 13,759,	984.	G Check organization typ	pe ► X 501(c) cor	poration	n 501(c) trust	401(a) trust	Other trust		
H Enter the number of the	e organiza	ition's unrelated trades or		1			the only (or first) ur				
		CTION 512(A)					, complete Parts I-V				
		ce at the end of the previo	us sentence, complete Pa	arts I an	id II, complete a	Schedule	e M for each addition	nal trad	le or		
business, then complet			" "					1.7	191.		
		oration a subsidiary in an		nt-subs	idiary controlled	group?	▶ 1	Y	es X No		
		tifying number of the parei				Telenh	one number	202	2)861-8240		
		de or Business Inc			(A) Incon		(B) Expense		(C) Net		
1a Gross receipts or sa			1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
b Less returns and all			c Balance	1c							
2 Cost of goods sold		A, line 7)		2							
3 Gross profit. Subtra				3							
4a Capital gain net inco	me (attac	h Schedule D)	7	4a							
b Net gain (loss) (Form	n 4797, P	art II, line 17) (attach Forn	n 4797)	4b			•		,		
 Capital loss deduction 				4c		OL	CEIVED		·		
		ship or an S corporation (a	ttach statement)	5		- "	CLIVED	-,			
6 Rent income (Sched	•			6	11.	ki∩	/ 0 / 2026	(0)			
7 Unrelated debt-finar		•	_	7	125	NU	24 2020	7			
	•	nd rents from a controlled	-	-	1 1			坚			
9 Investment income10 Exploited exempt ac		on 501(c)(7), (9), or (17) o ma (Schadula I)	irganization (Schedule G)	10		() G	DEN, U 🕆	\dashv			
11 Advertising income	•	` '		11							
12 Other income (See i	•	•		12			<u></u> .		**		
13 Total. Combine line		•		13		0.	·				
Part II Deducti	ons No	t Taken Elsewhe									
(Except for	contribu	tions, deductions mus	t be directly connecte	d with	the unrelated b	ousines:	s income.)				
•	•	rectors, and trustees (Sch	edule K)		-			14_			
15 Salaries and wages		-						15	 		
16 Repairs and mainte	епапсе	-	•					16			
17 Bad debts	adula) (a	na inatriustiana)						17			
18 Interest (attach sch19 Taxes and licenses	, ,	ee instructions)						18			
		e instructions for limitation	rules)					20			
21 Depreciation (attac	•		1003)		2	1		<u> </u>			
•		n Schedule A and elsewher	re on return		. 22	\rightarrow		22b			
23 Depletion			•		L_	_		23			
24 Contributions to de	ferred co	mpensation plans						24			
25 Employee benefit p	rograms							25			
26 Excess exempt exp	enses (So	chedule I)						26			
27 Excess readership	costs (Scl	hedule J)					_	27			
28 Other deductions (a		•			SEE S	STAT:	EMENT 2	28	500.		
29 Total deductions.								29	500.		
		come before net operating	_			•		30	-500.		
		oss arising in tax years be	-	ry 1, 20	118 (see instructi	ons)		31	500		
		come. Subtract line 31 fro	om line 30				··	32	-500. Form 990-T (2018)		

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2018.06030 INSTITUTE FOR HIGHER EDUCAT 19250__2

Form 990-	(2018) INSTITUTE FOR HIGHER EDUCATION POLICY		52-18	18907	Page 2
Part					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	-500.
34	Amounts paid for disallowed fringes		•	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of			
	lines 33 and 34			36	-500.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			
	enter the smaller of zero or line 36			38	-500.
Part	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	-	. •	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See Instructions		-	43	0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part '		145.		T	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-	
b	Other credits (see instructions)	45b 45c		-	
C	General business credit. Attach Form 3800	45¢		\dashv \parallel	
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d	1430]		45e	
46	Subtract line 45e from line 44	•		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 Other	(attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	00 00.	(attack)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b		7	
	Tax deposited with Form 8868	50c	1,680	.	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7	
	Backup withholding (see instructions)	50e		7	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		7	
	Other credits, adjustments, and payments: Form 2439			7	
	Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g			51	1,680.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	4 600
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	1,680.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded	55	1,680.
	/I Statements Regarding Certain Activities and Other Informati				Ly Lu
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign country	'		- x
	here >				$-\frac{\Lambda}{X}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansteror to, a to	reign trust?		^
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$				
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of my kr	nowledge and be	lief, it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any knowle	dge		
Here	Multill Asia (American PRESIDE			May the IRS disc the preparer show	uss this return with
	Signature of officer Date PRESIDE			instructions)?	
	Print/Type preparer's name Preparer's signature Da	te T	Check	ıf PTIN	۰۰۰ ـــ بـــ
_	RICHARD J. LOCASTRO,		self- employed	l l	
Paid	CDA Viel // LARGETI 1	1/5/2020	Jon Unipidyer		288314
Prepa	CELWAN DOCEMBERG C EDEEDWAN	IIJIZUZU	Firm's EIN		1392008
Use (4550 MONTGOMERY AVE SUITE 800K	<u> </u>			<u></u>
	Firm's address ► BETHESDA, MD 20814-2930		Phone no.	(301)	951-9090
823711 0					m 990-T (2018)

Form 990-T (2018) INSTITUTE FOR HIGHER EDUCATION POLICY 52-1818907

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory va	aluation N/A		· 		
1 Inventory at beginning of year	1	· - · · · · ·	6	Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6			line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or	acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?			_	
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Per	sonal Property	Leas	ed With Real Pro	pert	ty)
1. Description of property								
(1)		·						
(2)								
(3)		***************************************						
(4)			•					
	2. Rent receiv	ed or accrued				<u> </u>		" -
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	personal p	onal property (if the percent property exceeds 50% or if id on profit or income)	age	3(a) Deductions directly columns 2(a) a		cted with the income in attach schedule)
(1)								
(2)				·			-	
(3)					_			
(4)				·	_			
Total	0.	Total	•••		0.			
(c) Total income. Add totals of columns	` ' ' '	ter				(b) Total deductions. Enter here and on page 1.		•
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated De	ot-rinanced	income (see	Instruc	ctions)		2 Dadustona directly and		with as allegable
				Gross income from	ł	 Deductions directly cor to debt-finance 		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1		_		+	
(2)				· 			1	
(3)				 		· · · · · · · · · · · · · · · · · · ·	\top	* ******
(4)	· · · •—		1	···		- ·· · · · · · · · · · · · · · · · · ·	1	·
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)		1	\top	%				
(2)			1	%				
(3)				%	_		T-	
(4)				%				
	· · · · · · · · · · · · · · · · · · ·					nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0	.	0.
Total dividends-received deductions in	Icluded in column	8					. -	0.
				 •		·		Form 000.T (2019)

Form 990	0-T (2018) INSTIT	UTE F	OR HI	GHER	EDUCA	TION P	OLIC.	Y		<u>52-1</u> 8			Page 4
Scheo	lule F - Interest,	Annuitie	s, Roya	lties, ar	nd Rent	s From Co	ontrolle	ed Organiz	ation	1S (see ins	structio	ons)	
					Exempt (Controlled O	rganızatı	ons					
Name of controlled organization		ıdentıfi	ployer ication iber		related income e instructions)	4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions connected with in column	ıncome		
(1)									-			· ——	
(2)	_				ļ				<u> </u>				
(3)					 -				<u> </u>			 	
(4)	man Cantallad O		_	.	<u> </u>							 	
	mpt Controlled Organi Taxable Income		related incor	(l)	0.7-1-1	-6 6 6	[10. Part of colur	0 15		44 6		
•	_ Taxable illcomb		eated nicon		9. rotar	of specified payr made	lients	in the controlli	ng organ income	nzation's	WI	Deductions directly ith income in colum	nn 10
(1)													
(2)													
(3)													
(4)													
<u> </u>		-						Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and here and on page line 8, column (B	1, Part I,
Totals							▶			0.			0.
Sched	ule G - Investme (see inst		ne of a	Section	501(c)(7), (9), or	(17) Or	ganization	1				
	1. Desc	ription of incon	ne			2. Amount of	ıncome	 Deduction directly conner (attach sched) 	cted	4. Set-a	asides chedule)	5. Total de and set (col 3 pl	-asides
(1)		-					ĺ						
(2)													
(3)													
(4)													
						Enter here and o Part I, line 9, col						Enter here and Part I, line 9, c	
Totals					▶		0.						0.
Sched	lule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•				
	1. Description of exploited activity unrelated business uncome from trade or business of u			elated	business (column 2 minus column 3) If a		Gross income from activity that is not unrelated business income G. Expense attributable toolumn 5		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)		<u> </u>											
(2)													
(3)													
(4)													
Totals		Enter here page 1, line 10, c	Part I.	Enter her page 1, line 10,	Part I,			-				Enter her on pag Part II, III	je 1,
	lule J - Advertisi	na Incon		nstruction									.
Part I	Income From I					solidated	Rasis					<u>-</u>	
		···				 							
	1 Name of periodical		2. Gross advertising income		3. Direct rtising costs	4- Adverti or (loss) (co col 3), if a ga cols 5 th	l 2 minus in, compute	5. Circulati income	on	6. Reade costs		7. Excess rea costs (column column 5, but than colum	6 minus not more
(1)						_						4	1
(2)					· <u>-</u>							4	ĺ
(3)						_						4	i
(4)												ļ	<u></u>
				_ ا	_	1							^
i otals (ca	arry to Part II, line (5))	<u> </u>	<u>. </u>	0.[0	•				· · · · · · · · · · · · · · · · · · ·		Form 990 -	0 • T (2018)

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018) INSTITUTE	FOR HIGHE	ER EDUCAT	ION POLICY		52-	<u> 181890</u>	7 Page 9
Part II Income From Period Columns 2 through 7 on a	-	•	rate Basis (For eac	h penod	dical listed in Pa	art II, fill in	
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7		culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.			•		0.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, ' Part II, line 27
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	n of Officers, D	Directors, and	d Trustees (see ins	struction	ns)		
· 1. Name			2. Title		3. Percent of time devoted to business		pensation attributable irelated business
(1)	11				%		
(2)					%		••
(3)		Ī			%		
(4)					%		

INSTITUTE FOR HIGHER EDUCATION POLICY

FORM 990-T	OTHER DEDUCTIONS	STATEMENT
DESCRIPTION		AMOUNT
TAX PREP FEES		500
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	500