Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

For the 2017 calendar year, or tax year beginning 04/01/17, and ending 03/31/18D Employer identification number C Name of organization Check if applicable: NUS AMERICA FOUNDATION, INC. Address change 20-2368621 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 440 NORTH WOLFE ROAD 408-524-4245 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SUNNYVALE 618,833 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending SEE E'JIN 440 NORTH WOLFE ROAD H(b) Are all subordinates included? If "No." attach a list, (see instructions CA 94085 SUNNYVALE X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status WWW.NUSAMERICA.ORG Website: H(c) Group exemption number X Corporation Form of organization: Trust Association Year of formation: 2005 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S MISSION IS TO SUPPORT THE NATIONAL UNIVERSITY OF Governance SINGAPORE'S (NUS) MISSION OF GLOBAL EDUCATION, RESEARCH AND SERVICE BY FACILITATING CHARITABLE GIVING AND FOSTERING SUPPORT FROM US-BASED ALUMNI. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 8 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34. Current Year 8 Contributions and grants (Part VIII, line 1h) 512,850 608,833 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,000 618,833 522,850 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 515,350 590,833 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0** 0 19,659 11,435 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 526,785 610,492 -3,935 19 Revenue less expenses. Subtract line 18 from line 12 8,341 Beginning of Current Year End of Year 11,802 20,143 20 Total assets (Part X. line 16) 21 Total liabilities (Part X. line 26) 0 0 11,802 20 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 25 JAN 2019 DIRECTOR SEE E'JIN PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid 01/16/19 P00022087 CHRISTINE E CASSIDY CHRISTINE E CASSIDY self-employed Preparer CHRISTINE CASSIDY PA Firm's EIN ▶ 57-1089574 E Firm's name Use Only 1 MATHEWS DR STE 114 843-689-2800 HILTON HEAD ISLAND, SC Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

		FOUNDATION		20-2368621		Page 2
		am Service Acco				
Che	ck if Schedule O	contains a respor	ise or note to a	ny line in this Part III		X
그림	the organization's m					
				THE NATIONAL		
				JCATION, RESEA		
FACILITAT	ING CHARIT	ABLE GIVING	AND FOS.	TERING SUPPORT	FROM US-B	ASED ALUMNI
		A STATE OF THE PROPERTY OF THE				
				ar which were not listed on		□ 🐨
prior Form 990	or 990-EZ?					Yes X No
	e these new services			20.00		
	ation cease conductin	g, or make significant	changes in how it	conducts, any program		□
services?						Yes X No
	e these changes on				254	
				three largest program service		
				t the amount of grants and	allocations to others,	
the total expens	ses, and revenue, if a	ny, for each program	service reported.			
4. (0.1	\ (5	110 500		110 500		
4a (Code:) (Expenses \$		including grants o) (Revenue \$)
NUS DEPAR	TMENT OF E	TOLOGICAL	SCIENCES:	SCHOLAR AWARD	IN COMPLEY	K SYSTEM
* **********						
4b (Code:) (Expenses \$			100,000) (Revenue \$)
YALE-NUS:	FREEPOINT	COMMODITIE	S GRANT			
4c (Code:) (Expenses \$	75,000	including grants of	\$ 75,000) (Revenue \$)
NUS ASIA				DUATE STUDENT		PROGRAM AN
			SIAN STUD	<u></u>		
				7777		
* ***********						
* **********						
	1799 Papacit Wass 1			440-10		
	services (Describe in					
(Expenses \$	303,33	3 including grants of		3,333) (Revenue \$		
	service expenses	590,8	22			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
102	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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	<u> </u>	X
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,	_		v
c	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Van" annualda Ochadula D. Dadil	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
150	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	(350)		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete School de D. Bod VIII	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11.0		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total 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			
40-	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	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	V25502		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
17	Det IV established (A) Free Constitution (I fill Very II personal to Colonial Co. Det I (constitution)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			42
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			000	•

Form 990 (2017) NUS AMERICA FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			.,
	employees? If "Yes," complete Schedule J	23		X
.4a	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			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
.5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			(9266))
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		The	100
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		X
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			
	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,		15 (10)	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
0.000	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	332		
- 5		36		X
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
	T WILL TI	01		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Pa	art V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	art V				
						Yes	No
1a	Enter the	number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the	number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the o	organization comply with backup withholding rules for reportable payments to vendors and	ł				
	reportable	e gaming (gambling) winnings to prize winners?			1c		
2a	Enter the	number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statemen	nts, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least	t one is reported on line 2a, did the organization file all required federal employment tax r	eturns?		2b		
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)				
3a		organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	X
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3b	-	_
4a		me during the calendar year, did the organization have an interest in, or a signature or oth					
		nancial account in a foreign country (such as a bank account, securities account, or othe	r financ	al			
	account)				4a	\vdash	X
b		enter the name of the foreign country:					
		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	iai Acco	unts			
5a	(FBAR).	organization a party to a prohibited tax shelter transaction at any time during the tax year	2		5a		x
b		axable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year			5b	\vdash	X
c		o line 5a or 5b, did the organization file Form 8886-T?	isaction		5c		
6a		organization have annual gross receipts that are normally greater than \$100,000, and dis	d the		100		
		ion solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b		did the organization include with every solicitation an express statement that such contrib					
	gifts were	e not tax deductible?			6b		
7	Organiza	ations that may receive deductible contributions under section 170(c).				7	
а		organization receive a payment in excess of \$75 made partly as a contribution and partly f					
	and servi	ices provided to the payor?			7a		X
b	If "Yes," o	did the organization notify the donor of the value of the goods or services provided?			7b		
С		organization sell, exchange, or otherwise dispose of tangible personal property for which it					
	required t	to file Form 8282?			7c		Х
d	If "Yes," i	indicate the number of Forms 8282 filed during the year	7d				
е		organization receive any funds, directly or indirectly, to pay premiums on a personal benef				\vdash	
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		
g		panization received a contribution of qualified intellectual property, did the organization file			7g	\vdash	
h		panization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		
8		ring organizations maintaining donor advised funds. Did a donor advised fund maining organization have excess business holdings at any time during the year?		E - *********	8		
9		ring organizations maintaining donor advised funds.			-		
a					9a		
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10		501(c)(7) organizations. Enter:					
а	Initiation 1	fees and capital contributions included on Part VIII, line 12	10a		70.0		
b		ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		501(c)(12) organizations. Enter:					
а	Gross inc	come from members or shareholders	11a				
b	Gross inc	come from other sources (Do not net amounts due or paid to other sources					
	•	mounts due or received from them.)	11b		_		
12a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	orm 10	41?	12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13		501(c)(29) qualified nonprofit health insurance issuers.			40	$\vdash\vdash$	
а	_				13a	\vdash	
L		the the instructions for additional information the organization must report on Schedule O.					
b		amount of reserves the organization is required to maintain by the states in which	13b				
С		nization is licensed to issue qualified health plans	13b		-		
14a		rganization receive any payments for indoor tanning services during the tax year?	[100]		14a		х
		has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	dule O		14b		
_					_		

Form 990 (2017) NUS AMERICA FOUNDATION, INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 7 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: LISA CRITTALL, CHAPEL & YORK LTD. PO BOX 50

302-295-4959

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LINGFIELD

Form 990 (201	7) NUS	AMERICA	FOUN	DATION,	INC.		20-236	58621		Pa	age 7
Part VII	Compe	nsation of O	fficers,	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, Trus	tees, Ke	y Employees	, and Highes	st Con	npensated Emp	lovees			

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check mor box, unless persor officer and a direct			ition more rson i	s both an or/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(T 2 isse mice)	organization and related organizations
(1) SOK KOON LEE									
DIRECTOR	5.00	x					0	o	0
(2) CHEE LEONG TEO		† 							
***************************************	0.50								
DIRECTOR	0.00	X					0	0	0
(3) DANIEL GLUCK	2.00								
DIRECTOR	0.00	x					0	o	0
(4) MEI LIN FUNG	0.00								
	0.50								
RESIGNED '17	0.00	X					0	0	0
(5) LINDA YUEN-CHIN									
DIDECTOR	0.50								_
DIRECTOR (6) GUNALAN NADARAJ	0.00	Х	_				0	0	0
(0) GONALIAN NADAKAO	0.50								
DIRECTOR	0.00	x					0	0	0
(7) JOSEPH PHILIP M	ULLINIX								
	0.50								
DIRECTOR	0.00	X					0	0	0
(8) SEE E'JIN									
	2.00								
DIRECTOR / PRESIDENT (9) MS MOK CHUP HUN		X		Х	_	_	0	0	0
(9) MS MOK CHOP HON	1.00								
SECRETARY/TREASURER	0.00			х			0	0	0
(10)									
			3						
(11)		\vdash					37		
N mor									

		NUS AMER								20-236			Pa	ige
Part VII Section A. Officer (A) Name and title		(B) Average hours per week (list any hours for related organizations	(dd box offi	o not o x, unle	Pos check ess pe	c) sition more erson direct	than is both or/trus	one n an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount other compensation the organization and relationship in the compensation of the compen	of ation ne tion		
			below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Jer Jer			organizati		
7010000	Sub-total Total from	continuation she							>					
d 2	Total numb	lines 1b and 1c) per of individuals (in compensation from	ncluding but not	limit	ed to				abo	ve) who received more that	an \$100,000 of			
3	employee o	on line 1a? If "Yes,	" complete Sche	dule	J fo	or su	ch ii	ndivid	dual	ployee, or highest comper		3	Yes	No X
5	organization individual	n and related orga	nizations greate	r tha	n \$1	150,0	000?	/ If "\	/es,"	ion and other compensation complete Schedule J for any unrelated organization	such	4		X
	for services	s rendered to the o	organization? If "							J for such person		5		X
Sect 1	Complete t		ive highest comp							ntractors that received mor				
	compensat		(A) business address	omp	ensa	ation	for	the o	caler		ithin the organization's tax year. (B) tion of services	Con	(C) npensati	on
	**************************************											-		
			i i											
							_	-	\vdash			+		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Page 9

Form 990 (2	2017) NUS	AMERICA	FOUNDATION,	INC.
Part VIII	Statem	ent of Rever	iue	

Statement of Revenue	_
Check if Schedule O contains a response or note to any line in this Part VIII	L
	_

		Check if Schedule	O contair	ns a response	or note to any lin			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a	Federated campaigns	1a					
Sign	b	Membership dues	1b			1.00	1 700000	
S, An	C	Fundraising events	1c					
a High	d	Related organizations	1d					
S,E		Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants,	10					
heri	١.	and similar amounts not included above	1f	608,833				
Ē	_						1-25-7	
O C	9	Noncash contributions included in lines 1			608,833			
- S	<u> </u>	Total. Add lines 1a-1f			000,033			
/en	_ ا			Busn. Code		i Prikana z merina	= = = = = d.	
Re-	2a	• • • • • • • • • • • • • • • • • • • •					2 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	b							
eZi	°.							
Ñ	d							
Гап	е							
g	f	All other program service rev	enue					
<u>п</u>	g	Total. Add lines 2a–2f	N915/AVE-35					
	3	Investment income (including	dividends,	interest,				
		and other similar amounts)	*********	▶ _				
	4	Income from investment of ta	x-exempt bo	ond proceeds				
	5	Royalties						Ľ.
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.		***************************************				
	c	Rental inc. or (loss)						
	d			•				
		Gross amount from (i) Securities		(ii) Other				
		sales of assets		.,				
	h	other than inventory Less: cost or other						
	"	25 (SADE COCCOAND CARCO ACCOMING STATE						
		basis & sales exps						
		Gain or (loss)		b	ELX, HI 14 JUNOT 10	ni i diamani i i i i i		
		Net gain or (loss)						
Other Revenue	ва	Gross income from fundraising ev	ents					
Ver		(not including \$						
Re		of contributions reported on line 1						
e		See Part IV, line 18	a					
돌	b	Less: direct expenses	b		14 - 15 15 11			
_		Net income or (loss) from fur		ents 🕨				
	9a	Gross income from gaming activity			2 17 7 19 19			
		See Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gain	ming activitie	es ▶				
	10a	Gross sales of inventory, less	5					
		returns and allowances	a					
	b	Less: cost of goods sold			" "		he lande Vi	
		Net income or (loss) from sal		ory ▶				
	Ť	Miscellaneous Revenue		Busn. Code				
	11a		GES	611710	10,000	10,000		
	b							
	c	***************************************		.				
		All other revenue						
		Total. Add lines 11a–11d			10,000			
		Total revenue. See instruction		······ [618,833	10,000	0	0
	1 14	I State to the time. Occ it is it utility	U110		/	_0,000	•	•

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			complete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	590,833	590,833		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	11 467		11 467	
a	Management	11,467	-	11,467	
b	•				44.94 III
C	•				
d		7		**************************************	
e f	Investment management fees	1			
	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)				
12	The contract of the contract o				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	200100-000			
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	1 000		4 000	
23	Insurance	4,900		4,900	
24	1				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) PAYPAL CHARGES	2,523		2,523	
a b	BANK CHARGES	769	-	769	
	* *************************************	103		709	
c d	* *************************************				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	610,492	590,833	19,659	0
26	Joint costs. Complete this line only if the	220/152	220,000	22,000	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 11,802 1 20,143 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 11,802 20,143 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 0 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here ▶X and Balances complete lines 27 through 29, and lines 33 and 34. 11,802 Unrestricted net assets 27 20,143 Temporarily restricted net assets 28 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and ō complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds Net 32 32 Total net assets or fund balances 11,802 33 20,143 33 11,802 20,143 34 Total liabilities and net assets/fund balances

Form	990 (2017) NUS AMERICA FOUNDATION, INC. 20-2368621		Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		L8,833
2	Total expenses (must equal Part IX, column (A), line 25)	61	L0,492
3	Revenue less expenses. Subtract line 2 from line 1		8,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))]	11,802
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		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	2	20,143
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 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		
	separate basis, consolidated basis, or both:	129.0	
	Separate basis Consolidated basis Both consolidated and separate basis	14/20	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1833	
	Schedule O.		7-1-3
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Aug. 2007 (2007)	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

NUS AMERICA FOUNDATION, INC.

Employer identification number 20-2368621

P	art	Reas	on for Public Charity	y Status (All organization	ns mus	t comple	ete this part.) See instru	actions.		
The	orga	nization is not	a private foundation becau	se it is: (For lines 1 through 12	, check o	nly one b	ox.)			
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).								
4	П	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:								
5		An organizat		of a college or university owne			governmental unit described	in		
	_	section 170	(b)(1)(A)(iv). (Complete Pa	rt II.)						
6	Ц	A federal, sta	ate, or local government or	governmental unit described in	section	170(b)(1))(A)(v).			
7	X		ion that normally receives a section 170(b)(1)(A)(vi). (substantial part of its support to Complete Part II.)	from a go	vernment	al unit or from the general pu	blic		
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)					
9				scribed in section 170(b)(1)(A of agriculture (see instructions)			· · · · · · · · · · · · · · · · · · ·			
10		An organizati receipts from support from	activities related to its exer gross investment income a	1) more than 33 1/3% of its sumpt functions—subject to certain unrelated business taxable 30, 1975. See section 509(a)(n excepti income (ons, and less section	(2) no more than 33 1/3% of on 511 tax) from businesses			
11	\Box			exclusively to test for public sa			0.000.000 0			
12	Н			exclusively for the benefit of, to				rposes		
-		of one or mo	ore publicly supported organ	izations described in section state that describes the type of supp	509(a)(1)	or sectio i	n 509(a)(2). See section 509	9(a)(3).		
	а			perated, supervised, or controlle				**************************************		
	u			wer to regularly appoint or elec				giving		
				complete Part IV, Sections A		,				
	b			upervised or controlled in conn		th its supp	oorted organization(s), by hav	ing		
				orting organization vested in the				- 1.55 (19)		
		organizat	ion(s). You must complete	e Part IV, Sections A and C.						
	С			supporting organization operatestructions). You must comple				d with,		
	d	Type III	non-functionally integrate	ed. A supporting organization of	perated i	n connec	tion with its supported organiz	ration(s)		
				e organization generally must				eness		
				must complete Part IV, Secti						
	е			ceived a written determination for on-functionally integrated support			is a Type I, Type II, Type III			
	f		mber of supported organiza		orang org	arnzadori.				
	g		# 10 Heavy (2012 - 1912 # # 10 Heavy (2012 - 1912 	the supported organization(s).						
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	ganization	5.0	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
/41					Yes	No				
(A)										
(D)					 					
(B)	U constant									
(C)										
(D)								33.11		
(E)		*****	-							
	-									
_					1					

Part II 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.)

<u></u>	Fait III. II the organizatio	ii ialis to qualii	y under the tes	sts listed below	, please comp	nete Fait III.)	
	tion A. Public Support	(-) co.co	(F) 0011	(-) 0045 T	(d) 0040 T	(*) 0047	(6 T : 1
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	505,669	502,591	1,052,559	512,850	608,833	3,182,502
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u></u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	505,669	502,591	1,052,559	512,850	608,833	3,182,502
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)						1 550 640
6	Public support. Subtract line 5 from line 4.						1,770,648
	tion B. Total Support						1,411,634
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	505,669	502,591	1,052,559	512,850	608,833	3,182,502
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3037003	302,332	2,032,333	322,000	000,000	5,202,002
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		:				
11	Total support. Add lines 7 through 10						3,182,502
12	Gross receipts from related activities, etc	. (see instructions)				12	10,000
13	First five years. If the Form 990 is for th	e organization's firs					
	organization, check this box and stop he						
Sec	tion C. Computation of Public			×			
14	Public support percentage for 2017 (line 6	6, column (f) divide	d by line 11, colum	nn (f))		14	44.36%
15	Public support percentage from 2016 Sch	nedule A, Part II, lin	e 14			15	27.47 %
16a	33 1/3% support test—2017. If the orga				33 1/3% or more	, check this	
	box and stop here. The organization qua						▶ X
b	33 1/3% support test—2016. If the orga				15 is 33 1/3% or	more, check	, _
	this box and stop here. The organization		, ,, ,				▶ ∐
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization mee					***************************************	
	Part VI how the organization meets the "			•			
1.	organization	040 154			40- 40b 47-		P 📙
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in						▶ □
10	supported organization Private foundation. If the organization d	id not check a key	on line 12 16a 16	Sh 17a or 17h al	nack this hav and		P L
18							▶ □
	instructions						🗀

Page 3

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

10	alanda da al lanco	- the AO of Deat Law to the assessment at the	a fathalita annaliti madan Daut II.
(Complete only if you	checked the box of	n line 10 of Part I or if the organizatio	n falled to qualify under Part II.
ii the organization fail	is to quality under	ne tests listed below, please complete	e rait ii.)

	3		The second secon					
Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5			1000 1000 100				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						-	
	line 6.)							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for th		irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		. \Box
Car	organization, check this box and stop he							🏲 📙
200	tion C. Computation of Public S			(D)	13391-233		E	
15	Public support percentage for 2017 (line 8							<u>%</u>
16 Soc	Public support percentage from 2016 Sch					1	6	<u>%</u>
	tion D. Computation of Investm			12 column (f)		1	7	%
17 18	Investment income percentage for 2017 (Investment income percentage from 2016)							%
10 19a	33 1/3% support tests—2017. If the org			ine 14 and line 14	is more than 33		<u> </u>	/0
isa	17 is not more than 33 1/3%, check this b							▶
b	33 1/3% support tests—2016. If the org							
~	line 18 is not more than 33 1/3%, check the							▶ 🗌
20	Private foundation. If the organization d		_			-		

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organ	nizations
---------------------------------	-----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7	M-41	
8		
9a		
9b		
9c		
		100
10a		
10b	- 1	

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3a

Schedule A (Form 990 or 990-EZ) 2017 NUS AMERICA FOUNDATION,	INC.	20-2368	621 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust).See
instructions. All other Type III non-functionally integrated supporting organization	s must com	plete Sections A through	n E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
——————————————————————————————————————		(A) Flior real	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
Section B - William Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			AND THE RESERVE ASSESSMENT OF THE PARTY OF T
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		V. and the state of the state o
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

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

Schedule A (Form 990 or 990-EZ) 2017

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

	le A (Form 990 or 990-EZ) 2017 NUS AMERICA FOUNI t V Type III Non-Functionally Integrated 509(a)(3		20-2368					
Par		Supporting Organ	izations (continueu)					
100	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purp							
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organi	zation is responsive						
_	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	(:)	/::\	/iii)				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2017:							
a								
	From 2013							
	From 2014							
	From 2015							
2,63	From 2016							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
i_	Carryover from 2012 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2013							
b	Excess from 2014							
	Excess from 2015							
d	Excess from 2016	1						

e Excess from 2017

Schedule A (For	m 990 or 990-EZ) 2017	NUS	AMERICA	FOUNDATION,	INC.	20-2368621	Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a and 3b; Part	Information IV, Section Region (Part IV, Section) V, line 1; F	on. Provide the A, lines 1, 2 Section C, line Part V, Section	ne explanations req 2, 3b, 3c, 4b, 4c, 5a e 1; Part IV, Section	uired by Part II, line, , 6, 9a, 9b, 9c, 11a n D, lines 2 and 3; /, Section D, lines	e 10; Part II, line 17a o a, 11b, and 11c; Part I\ Part IV, Section E, line 5, 6, and 8; and Part V	r 17b; Part /, Section s 1c, 2a, 2b
	lines 2, 5, and t	. Also con	ipiete triis pa	in for any additiona	ii iiiloimation. (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

2017

Employer identification number Name of the organization 20-2368621 NUS AMERICA FOUNDATION, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules To an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	organization AMERICA FOUNDATION, INC.		Employer identification number 20-2368621
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIOTECHNOLOGY INNOVATION ORGANIZATION 1201 MARYLAND AVENUE SW WASHINGTON DC 20024	\$ 15,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID MESSER 1 ZACCHEUS MEAD LANE GREENWICH CT 06831	\$ 50,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GLOBALIZATION OF PHARMACEUTICS EDUCATION NETWORK INC. 2095 CONSTANT AVE, UNI OF KANSAS 201A SIMONS RESEARCH LAB LAWERENCE KS 66047	\$ 30,00	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
4	JAMES MCDONNELL FOUNDATION 1035 S. BRENTWOOD BLVD, SUITE 1850 ST. LOUIS MO 63117	\$ 112,50	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5	PERICLES LEWIS 401 HUMPHREY ST NEW HAVEN CT 06511	\$ 33,50	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA 950 F STREET NW STE 300 WASHINGTON DC 20024	\$ 20,00	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
NUS AMERICA FOUNDATION, INC.

Employer identification number 20-2368621

5 41		Death if additional access in	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAJJAD FOUNDATION TANGLIN PO BOX 319 SINGAPORE . 912411	\$ 27,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8	SHELDON PANG 18 STANWICH RD GREENWICH CT 06830	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW CA 94040	\$ 34,000	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 SUNIL KAPPAGODA 1030 SAN RAYMOND RD HILLSBOROUGH CA 94010	Total contributions \$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11	TAKASHI KOUSAKA 97 ROBERTSON QUAY, #41-06, RIVERGATI SINGAPORE . 238257	E \$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.12	THE HENRY LUCE FOUNDATION, INC 51 MADISON AVENUE NEW YORK NY 10010	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NUS AMERICA FOUNDATION, INC.

Employer identification number

20-2368621

	eneral Information orm 990, Part IV, line		Outside the United States.	Complete if the organization	answered "Yes" on
1 For grantma assistance, the	akers. Does the organi he grantees' eligibility for	zation maintain reco	ords to substantiate the amount of its istance, and the selection criteria use	d to award the	X Yes No
101 Telephone (III	akers. Describe in Part utside the United State		s procedures for monitoring the use of	of its grants and other	
3 Activities per	Region. (The following	Part I, line 3 table	can be duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA	AND THE PACE	FIC			
(1)	-		GRANTS TO RECIPIENTS	EDUCATION	590,833
(2)					
(3)					
(4)					
(5)					
_(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3a Sub-total					590,833
b Total from continuati	on				
c Totals (add					590,833

organization

Schedule F (Form 990) 2017 NUS AMERICA FOUNDATION, INC.

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

(b) IRS code

section and EIN

(if applicable) 112,500 WIRE FMV SCHOLAR AWARD EAST ASIA AND THE PACIFIC (1) FMV FREEPOINT COMM GRANT 100,000 WIRE EAST ASIA AND THE PACIFIC (2) 75,000 WIRE FMV ASIAN GRAD FELLOWSHI EAST ASIA AND THE PACIFIC (3) FMV WIRE MERIT SCHOLARSHIP 40,000 EAST ASIA AND THE PACIFIC (4) 35,000 WIRE FMV REGULATORY EXCELLENC EAST ASIA AND THE PACIFIC (5) WIRE FMV 32,300 SHEILA N HAYRE PRIZE EAST ASIA AND THE PACIFIC (6) QUANTUM TECHNOLOGIES 32,200 WIRE FMV AND THE PACIFIC EAST ASIA WIRE FMV 30,000 PHARMACEUTICS EAST ASIA AND THE PACIFIC (8) FMV NEC SUMMER PROGRAMS 27,200 WIRE AND THE PACIFIC EAST ASIA FMV 27,000 WIRE NIC GIFT FUND (10) EAST ASIA AND THE PACIFIC FMV YALE PRESIDENT FUND 18,000 WIRE AND THE PACIFIC EAST ASIA (11) WIRE FMV EYE ACP FUND 18,000 (12)EAST ASIA AND THE PACIFIC FMV WIRE CLASS OF 1967 12,594 AND THE PACIFIC (13) EAST ASIA 9,200 WIRE FMV YALE-NUS EAST ASIA AND THE PACIFIC (14) FMV 6.939 WIRE CAMRI EAST ASIA AND THE PACIFIC (15)FMV MISC SUPPORT 14,900 WIRE EAST ASIA AND THE PACIFIC (16)2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

20-2368621

(e) Amount of

cash grant

(f) Manner of

cash

disbursement

(g) Amount of

assistance

(h) Description of noncash assistance

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

valuation (book, FMV, appraisal, other)

0

Schedule F (Form 990) 2017

Page 3

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

Part III can be duplica (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017

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

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE BOARD HAS RESOLVED THAT ALL ORGANIZATIONS TO WHICH IT MAKES GRANTS OR FUNDS PROGRAMS WILL BE REQUIRED TO SUBMIT THE FOLLOWING:
1. A GRANT APPLICATION WHICH SPECIFIES THE AMOUNT REQUESTED, THE NEED TO BE ADDRESSED, AND A DETAILED PROPOSED USE OF THE FUNDS.
2. IN CASE OF AN ORGANIZATION OUTSIDE THE USA, A COPY OF THE ORGANIZATION'S ORGANIZING DOCUMENTS, REGISTRATION DOCUMENTS WITHIN THE JURISDICTION AND INFORMATION ABOUT THE ORGANIZATION'S ACTIVITIES AND BUDGET IN ORDER TO ENSURE IT IS SUITABLE TO RECEIVE FUNDS FROM A US 501 (C)(3)PUBLIC CHARITY.
WHEN A GRANT IS MADE TO AN ORGANIZATION, THE ORGANIZATION WILL BE REQUIRED TO:
1. MAKE A REPORT ON THE USE OF THE FUNDS, TO BE RETURNED TO THE ORGANIZATION WITHIN 12 MONTHS OF THE GRANTING OF THE FUNDS.
2. SIGN A STATEMENT THAT THE GRANTEE WILL REFUND ANY PORTION OF THE GRANT NOT USED IN ACCORDANCE WITH TERMS OF THE GRANT.
3. AGREE ANY OTHER CONDITIONS IMPOSED BY THE BOARD DEPENDING ON THE SPECIFICS OF THE GRANT AND THE ORGANIZATION TO WHICH FUNDS ARE BEING GIVEN.
NO GRANT WILL BE MADE WITHOUT MEETING THE TERMS SET FORTH BY THE BOARD.

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NUS AMERICA FOUNDATION, INC. 20-2368621 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT DUKE-NUS: CENTRE OF REGULATORY EXCELLENCE (CORE) DUKE-NUS: EYE ACP STRATEGIC FUND FACULTY OF SCIENCE: DENNIS H. MURPHY SCHOLARSHIP FACULTY OF SCIENCE: GLOBALIZATION OF PHARMACEUTICS EDUCATION NETWORK 2018 NUS BUSINESS SCHOOL: CAMRI NUS CENTRE FOR QUANTUM TECHNOLOGIES: OBSERVER-DEPENDENT COMPLEXITY: THE QUANTUM-CLASSICAL DIVERGENCE OVER 'WHAT IS COMPLEX' NUS CENTRE FOR QUANTUM TECHNOLOGIES: PHYSICS OF THE OBSERVER: REALITY (UN) CHECK NUS ENTREPRENEURSHIP CENTRE: NEC SUMMER PROGRAMMES NUS FACULTY OF ENGINEERING: OVERSEAS RESEARCH VISITS BY RESEARCH STUDENTS NUS FACULTY OF SCIENCE: NUS SCIENCE MERIT SCHOLARSHIP NUS SAW SWEE HOCK SCHOOL OF PUBLIC HEALTH: SSHSPH HELP-A-STUDENT FUND NUS YONG LOO LIN SCHOOL OF MEDICINE: AGEING RESEARCH PROGRAMME NUS YONG LOO LIN SCHOOL OF MEDICINE: CLASS OF 1967 (MEDICAL SCHOOL) ENDOWED BURSARY NUS YONG LOO LIN SCHOOL OF MEDICINE: NIC GIFT FUND YALE-NUS: SHEILA N HAYRE PRIZE IN LAW AND LIBERAL ARTS YALE-NUS: COLLEGE ENDOWMENT YALE-NUS: COLLEGE FINANCIAL AID YALE-NUS: COLLEGE INTERNATIONAL SCHOLARSHIP FUND YALE-NUS: COLLEGE PRESIDENT'S FUND EXPENSES \$303,333. INCLUDING GRANTS OF \$303,333. REVENUE \$0.