# EXTENDED TO MAY 17, 2021

**Return of Organization Exempt From Income Tax** 

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

Common or organization   Demployer identification number   UNITED BOARD FOR CHRISTIAN HIGHER   EDUCATION IN ASIA	<u>A</u>	For t	ne 2019 calendar year, or tax year beginning 00L 1, 2019 and endi	ng U	<u>UN 30, 202</u>	<u>U</u>
BDUCATION IN ASIA   Doing business as   Number and street (or P.O. box if mail is not delivered to street address)   12 21   Telephone number   475 RIVERSIDE DR.   Telephon	В	Check applica	hla.		D Employer ident	ification number
The control of the		Add				
Number and street (or P.D. box if mails not delivered to street address)   Poonshalite   Power   Pow	F	¬Nan	ne e		13-5562	367
A75 RIVERSIDE DR.   1221   (212)870-2600   (		Initia		n/suite		
Signature   City or town, state or province, country, and ZIP or foreign postal code   NEW YORK, NY 10115   NANCY CHAPMAN   State and successor principal officer. DR. NANCY CHAPMAN   SAME AS C ABOVE   High state a group return for subcordinates?   Yes IX No   Tax-excempt states.   X 991(e)(13)   501(e)   ▼ (insert no.)   4947(a)(11) or   322   High states a group return for subcordinates?   Yes IX No   Tax-excempt states.   X 991(e)(13)   501(e)   ▼ (insert no.)   4947(a)(11) or   322   M State of legal domicile. NY   High states a group return for subcordinates?   Yes IX No   High states   Yes IX No   Hig		 Fina	U			
NEW YORK, NY 10115		term			G Gross receipts \$	52,555,108.
SAME AS C ABOVE		Ame retu	ended NEW YORK NY 1011E		H(a) Is this a group	return
SAME AS C ABOVE		tiòn	F Name and address of principal officer: DR • NANCY CHAPMAN			
Website:   WWW.UNITEDBOARD.ORG		pen			H(b) Are all subordinate	s included? Yes No
Part   Summary	<u> </u>	Tax-e	exempt status: X 501(c)(3) 501(c) ( )	527	If "No," attach	a list. (see instructions)
Part   Summary			,		H(c) Group exemp	ion number
Briefly describe the organization's mission or most significant activities: TO SUPPORT COLLEGES & UNIVERSITIES IN ASIA.   2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.   3 Number of vioting members of the governing body (Part VI, line 1b)   4   14     5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)   5   9     6 Total number of violutiduals employed in calendar year 2019 (Part V, line 2a)   5   9     7 a Total unrelated business revenue from Part VIII, column (C), line 12   7a   7a   7a   7a   7a   7a   7a   7				L Year	of formation: 1922	M State of legal domicile; NY
VINTVERSITIES IN ASIA.   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.	P	art I	-			
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	Φ	1		ORT	COLLEGES	<u> </u>
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	Š					
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	ž	2		f more	ı	1
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	ŏ	3	· · · · · · · · · · · · · · · · · · ·			
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	ن ھ	4				
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	es es	5				
Section   Prior Year   Prior Year   Current Year   A   116   878   3   853,050   0   0   0   0   0   0   0   0   0	Ĭ	6				
8 Contributions and grants (Part VIII, line 1h)	Aci	7				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 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) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Brofessional fundraising espenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Index passed or fund balances. Subtract line 21 from line 20 24 Part II 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.  Prepart II Signature of officer  Date  PrintType preparer's name  Preparer  PrintType preparer's name  Preparer  PrintType preparer's name  Preparer  Firm's name ➤ TAIT, WELLER & BAKER LLP  Firm's saddess ➤ S O SOUTH 16TH STREET, SUITE 2900  Phina address ➤ S O SOUTH 16TH STREET, SUITE 2900  Phina address ➤ SOUTH 16TH STREET, SUITE 2900  Phina no. 215 - 979 - 8800	_	┼-'	b Net unrelated business taxable income from Form 990-1, line 39	<u></u>		
9 Program service revenue (Part VIII, line 2g)  0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  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)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 11-11d, 11ft24e)  18 Total expenses (Part IX, column (A), lines 11-11d, 11ft24e)  19 Revenue less expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (B), line 12)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 18 from line 20  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Net assets or fund balances Subtract line 21 from line 20  26 Date			Contributions and greats (Part VIII line 1h)			
12 Total revenue (Part VIII, column (A), lines 5, ed, ec, 1uc, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16 Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Part II Signature Block  Here  Print/Type preparer's name  Preparer  Firm's address → TAIT, WELLER & BAKER LLP  Firm's address → 50 SOUTH 16TH STREET, SUITE 2900  PHILADELPHIA, PA 19102  Phone no. 215-979-8800	venue					
12 Total revenue (Part VIII, column (A), lines 5, ed, ec, 1uc, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16 Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Part II Signature Block  Here  Print/Type preparer's name  Preparer  Firm's address → TAIT, WELLER & BAKER LLP  Firm's address → 50 SOUTH 16TH STREET, SUITE 2900  PHILADELPHIA, PA 19102  Phone no. 215-979-8800		10	, , , , , , , , , , , , , , , , , , , ,			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   8 , 697, 715	Be	111				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   4,722,456.   4,339,876.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,449,221.   2,429,672.     16   Total fundraising expenses (Part IX, column (D), line 25)   780,182.     17   Other expenses (Part IX, column (A), line 11-11d, 11f-24e)   1,370,641.   1,313,698.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   8,542,318.   8,083,246.     19   Revenue less expenses. Subtract line 18 from line 12   155,397.   -1,445,144.     19   Revenue less expenses. Subtract line 18 from line 12   139,624,130.   134,521,171.     19   Revenue less expenses. Subtract line 21 from line 20   138,741,175.   133,755,852.     Part II   Signature Block   138,741,175.   133,755,852.     Part II   Signature Block   Print/Type preparer's name   Preparer     Part II   Print/Type preparer's name   Preparer's signature   Date		1				
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,449,221. 2,429,672.   16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.   17 Other expenses (Part IX, column (A), line 25)   780,182.   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   8,542,318. 8,083,246.   19 Revenue less expenses. Subtract line 18 from line 12   1,370,641. 1,313,698.   19 Revenue less expenses. Subtract line 18 from line 12   155,3971,445,144.   18 Beginning of Current Year   End of Year   139,624,130. 134,521,171.   19 Revenue less expenses. Subtract line 21 from line 20   138,741,175. 133,755,852.   19 Revenue less of fund balances. Subtract line 21 from line 20   138,741,175. 133,755,852.   19 Revenue less expenses. Subtract line 21 from line 20   138,741,175. 133,755,852.   20 Total assets (Part X, line 26)   882,955. 765,319.   21 Total liabilities (Part X, line 26)   882,955. 765,319.   22 Net assets or fund balances. Subtract line 21 from line 20   138,741,175. 133,755,852.   21 Part II   Signature Block   Signature Block   Date	_	1	<u> </u>			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,449,221.   2,429,672.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		l				
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.	"	45			2,449,221	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Subtract line 18 from line 12  155,3971,445,144.  158 Beginning of Current Year  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  130,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  130,755,319.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  130,624,130. 134,521,171.  130,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  130,624,130. 134,521,171.  130,755,852.  130,741,175. 133,755,852.  13	Se	16				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Subtract line 18 from line 12  155,3971,445,144.  158 Beginning of Current Year  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  130,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  139,624,130. 134,521,171.  130,755,319.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  130,624,130. 134,521,171.  130,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  138,741,175. 133,755,852.  139,624,130. 134,521,171.  130,624,130. 134,521,171.  130,755,852.  130,741,175. 133,755,852.  13	Dec		b Total fundraising expenses (Part IX, column (D), line 25) 780, 182.			
18    Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   8 , 542 , 318 .	ŭ	17		_		
Beginning of Current Year End of Year  139,624,130. 134,521,171.  139,624,130. 134,521,171.  882,955. 765,319.  882,955. 765,319.  138,741,175. 133,755,852.  Part II 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.  Sign Here  Print/Type or print name and title  Print/Type preparer's name Preparer  HARRISON PEREIRA  Preparer  Firm's name TAIT, WELLER & BAKER LLP Firm's address 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102 Phone no. 215-979-8800		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	$\square$		8,083,246.
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.  Sign  Here  Date  Date  Print/Type or print name and title  Print/Type preparer's name Preparer  Paid  HARRISON PEREIRA  Preparer  Firm's name TAIT, WELLER & BAKER LLP  Firm's address  Signature of officer  Date  O5/12/21  Firm's EIN  PTIN  Firm's EIN  23-1144520  Phone no.215-979-8800			Revenue less expenses. Subtract line 18 from line 12		155,397	-1,445,144.
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.  Sign  Here  Date  Date  Print/Type or print name and title  Print/Type preparer's name Preparer  Paid  HARRISON PEREIRA  Preparer  Firm's name TAIT, WELLER & BAKER LLP  Firm's address  Signature of officer  Date  O5/12/21  Firm's EIN  PTIN  Firm's EIN  23-1144520  Phone no.215-979-8800	50	4		Be	ginning of Current Yea	r End of Year
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.  Sign  Here  Date  Date  Print/Type or print name and title  Print/Type preparer's name Preparer  Paid  HARRISON PEREIRA  Preparer  Firm's name TAIT, WELLER & BAKER LLP  Firm's address  Signature of officer  Date  O5/12/21  Firm's EIN  PTIN  Firm's EIN  23-1144520  Phone no.215-979-8800	sets	20	Total assets (Part X, line 16)	. 1		
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.  Sign  Here  Date  Date  Print/Type or print name and title  Print/Type preparer's name Preparer  Paid  HARRISON PEREIRA  Preparer  Firm's name TAIT, WELLER & BAKER LLP  Firm's address  Signature of officer  Date  O5/12/21  Firm's EIN  PTIN  Firm's EIN  23-1144520  Phone no.215-979-8800	t As	21	Total liabilities (Part X, line 26)			
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.  Sign Here  Date  Date  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer Firm's name TAIT, WELLER & BAKER LLP Firm's address 50 SOUTH 16TH STREET, SUITE 2900 Phone no. 215-979-8800				.   1	38,741,175	<u>.  133,755,852.</u>
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Date  Date  Date  Print/Type or print name and title  Print/Type preparer's name Preparer  Preparer  Firm's name TAIT, WELLER & BAKER LLP Firm's address 50 SOUTH 16TH STREET, SUITE 2900 Phone no. 215-979-8800			<u> </u>			
Sign Here    DR. NANCY CHAPMAN, PRESIDENT						my knowledge and belief, it is
Here    DR. NANCY CHAPMAN, PRESIDENT	true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	
Here    DR. NANCY CHAPMAN, PRESIDENT			Signature of officer		Data	
Type or print name and title  Print/Type preparer's name Preparer  Print/Type preparer's name Preparer  Preparer's signature  Date  05/12/21  if  05/12/21  self-employed P00974308  Preparer  Use Only  Firm's name TAIT, WELLER & BAKER LLP Firm's address 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102  Phone no. 215-979-8800					Date	
Print/Type preparer's name	Hei	re				
Paid         HARRISON         PEREIRA         05/12/21         if per				Тг	)ate Check	PTIN
Preparer   Firm's name   TAIT, WELLER & BAKER LLP   Firm's EIN   23-1144520   Use Only   Firm's address   50 SOUTH 16TH STREET, SUITE 2900   Phone no. 215-979-8800	Dai	н			- 110 101 if	<b>Ш</b>
Use Only Firm's address 50 SOUTH 16TH STREET, SUITE 2900 Phone no. 215-979-8800				U		
PHILADELPHIA, PA 19102 Phone no. 215 – 979 – 8800					FILITI S EIIV	23 1111340
	550	July			Phone no 2	15-979-8800
	Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)		1 Hone Ho. 2	X Yes No

	UNITED BOARD FOR CHRISTIAN HIGHER
	990 (2019) EDUCATION IN ASIA 13-5562367 Page
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FOUNDED IN 1922, THE UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN
	ASIA IS A NONPROFIT, NONGOVERNMENTAL ORGANIZATION COMMITTED TO
	EDUCATION THAT DEVELOPS THE WHOLE PERSON INTELLECTUALLY, SPIRITUALLY,
	AND ETHICALLY. WE DRAW STRENGTH FROM OUR CHRISTIAN IDENTITY AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,810,706. including grants of \$1,810,706. ) (Revenue \$
	THE UNITED BOARD ACCEPTS CONTRIBUTIONS IN SUPPORT OF WORK WITH COLLEGES
	AND UNIVERSITIES IN ITS NETWORK IN ASIA. IN COMPLIANCE WITH IRS
	REGULATIONS, THE UNITED BOARD ACCEPTS SUCH CONTRIBUTIONS ONLY FOR
	PROJECTS APPROVED BY ITS BOARD OF TRUSTEES, NOT FOR GENERAL OPERATIONS.
	APPROVED PROJECTS INCLUDE STUDENT SCHOLARSHIPS; LIBRARY SUPPORT; FACULTY DEVELOPMENT SUPPORT, INCLUDING FACULTY SCHOLARSHIPS AND
	,
	TRAINING; SUPPORT FOR FACULTY SALARIES AND BENEFITS (MERIT PRIZES, PROFESSORIAL CHAIRS, ETC.); SUPPORT FOR A PARTICULAR ACADEMIC
	DEPARTMENT NAMED BY THE DONOR; PROGRAMS TO ENHANCE CHRISTIAN PRESENCE
	ON CAMPUS; AND OTHERS LISTED ON THE UNITED BOARD WEBSITE. THE UNITED
	BOARD REMITS CONTRIBUTIONS TO THE SPECIFIED INSTITUTIONS QUARTERLY AS
	DESIGNATED GRANTS FOR THE PURPOSE INDICATED BY THE DONORS. THE UNITED
4b	(Code:) (Expenses \$ 956,719 • including grants of \$ 956,719 • ) (Revenue \$
	THE UNITED BOARD'S CURRENT GRANT INITIATIVES FOCUS ON THE FIELDS OF
	LEADERSHIP DEVELOPMENT FOR HIGHER EDUCATION; FACULTY DEVELOPMENT FOR
	ENHANCED TEACHING, LEARNING, AND RESEARCH; CAMPUS-COMMUNITY
	PARTNERSHIPS; CULTURE AND RELIGION IN ASIA; AND SPECIAL INITIATIVES.
	IN FISCAL YEAR 2020, THE UNITED BOARD MADE 45 GRANTS TO 31 INSTITUTIONS
	TOTALING \$ \$956,718.62 . THROUGH GRANT SUPPORT TO INSTITUTIONS IN ITS
	NETWORK, THE UNITED BOARD HELPS TO LINK TEACHING AND LEARNING WITH
	ACTION RESEARCH AND REFLECTION, THEREBY PROMOTING THE DEVELOPMENT OF
	PURPOSE AND VALUES AS WELL AS THE PURSUIT OF KNOWLEDGE AND SKILLS. A
	TOTAL OF 54 INSTITUTIONAL LEADERS AND FACULTY FROM 40 DEPARTMENTS OF
	258 COLLEGES AND UNIVERSITIES, AND 2,580 FACULTY AND STUDENTS WORKING
	WITH 5,883 LOCAL COMMUNITIES DIRECTLY BENEFITED FROM THESE
4c	(Code:) (Expenses \$808, 219. including grants of \$808, 219. ) (Revenue \$
	THE UNITED BOARD ACCEPTS ENDOWMENT GIFTS TO PROVIDE UNRESTRICTED
	SUPPORT FOR ITS WORK, AND ALSO ACCEPTS CONTRIBUTIONS FOR TERM AND
	PERMANENT ENDOWMENTS SET UP FOR A SPECIFIC PURPOSE CONSISTENT WITH THE
	MISSION AND POLICIES OF THE UNITED BOARD. DISBURSEMENTS FROM
	ENDOWMENTS ARE MADE ANNUALLY IN ACCORDANCE WITH THE UNITED BOARD'S
	INVESTMENT AND SPENDING POLICY AND THE TERMS APPROVED BY THE BOARD OF
	TRUSTEES GOVERNING EACH ENDOWMENT. IN FISCAL YEAR 2020, THE UNITED
	BOARD DISBURSED ENDOWMENT GRANTS TOTALING \$ \$808,218.59

Other program services (Describe on Schedule O.)

764,232.) (Revenue \$

2,251,273 • including grants of \$

2,826,917 • 

5,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,917 • 

1,826,91

Form **990** (2019)

932002 01-20-20

Page 3

# UNITED BOARD FOR CHRISTIAN HIGHER

EDUCATION IN ASIA

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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	<del>ا</del>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		├ <u>-</u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	- 21	
D		11b	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	- 21	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		-25
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "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	Х	Α_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
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	446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 21	
15		4.5	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	Х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	21	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		<sub>y</sub>
40	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,"	ا مد ا		<sub>~</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Page 4

I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M  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	31		
32	•	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	\$ 01-20-20	Form	990	(2019)

13-5562367

Form 990 (2019) EDUCATION IN ASIA

Part V Statements Regarding Other IRS Filings and Tax Compliance (co.

ı aı	Statements negaring other instrinings and tax compliance (continued)					
•	5	ı	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	9			
	filed for the calendar year ending with or within the year covered by this return	<u>2a</u>		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			20	22	
22	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	SD		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	х	
h	If "Yes," enter the name of the foreign country HONG KONG, CHINA	iccoui	19:	74		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?	i	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		<u>X</u>
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained			711		
0	sponsoring organization have excess business holdings at any time during the year?	г Бу цт	5	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		_
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	I			
_	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		I	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
				Form	990	(2019)

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		[	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision				
			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	[	5		X
6	Did the organization have members or stockholders?		L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?		L	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		L:	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		[3	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	I0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? 1	11a	Х	
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		1	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done		1	12c	Х	
13	Did the organization have a written whistleblower policy?		L	13	Х	
14	Did the organization have a written document retention and destruction policy?		L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		1	15a	Х	
b	Other officers or key employees of the organization		1	l5b	Х	
	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 arrangements	ent with a				
	taxable entity during the year?		<u>  1</u>	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zation's				
	exempt status with respect to such arrangements?		1	l6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	d 990-T (Section 501)	c)(3)s o	nly) a	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	<b>,</b> , ,	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and fii	nanc	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records 🕨 _				
	GLADYS MALLOY - 212-870-2270					
	475 RIVERSIDE DRIVE, SUITE 1221, NEW YORK, NY 1011	5-0117				

Form **990** (2019)

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

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

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

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

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

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

(A)  Name and title	(B) Average			(C Pos	C) ition	1		(D)  Reportable	(E) Reportable	(F) Estimated
rearis and the	hours per week	box	, unle	ss per	rson i	than o s both or/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JUDITH A. BERLING	2.00									
CHAIRMAN OF THE BOARD	1 22	Х		X				0.	0.	0.
(2) CHRISTIAN MURCK	1.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(3) BOYUNG LEE	1.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(4) PAUL APPASAMY	1.00	ļ								
SECRETARY		Х		Х				0.	0.	0.
(5) ARCHIE LEE	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(6) SISTER PUSHPA JOSEPH	1.00	ļ								
BOARD MEMBER	1 22	Х						0.	0.	0.
(7) ANTHONY RUGER	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(8) YING WANG	1.00	4								
BOARD MEMBER		Х						0.	0.	0.
(9) MICHAEL GILLIGAN	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(10) HEASUN KIM	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(11) RUBY SCHMIDT	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) ANRI MORIMOTO	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) SU YON PAK	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(14) BARBARA MISTICK	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(15) NANCY E. CHAPMAN	37.50	-		_					_	
PRESIDENT				Х				371,790.	0.	67,859.
(16) RUSSELL DOLPH	37.50	1							_	
VP FINANCE & ADMIN			_	X				209,380.	0.	61,390.
(17) TRUDY LOO	37.50	1						44- 44-	_	
SENIOR DEVELOPMENT MANAGER						X		117,469.	0.	36,549.

932007 01-20-20

Form **990** (2019)

ndividual trustee or director

nstitutional trustee

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

lighest compensated mployee

ey employee

(B)

Average

hours per

week

(list any

hours for

related

organizations

below line)

(E)

Reportable

compensation

from related

organizations

(W-2/1099-MISC)

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

698,639.

(B)

Description of services

(A)

Name and title

1b Subtotal

(A)

Name and business address

\$100,000 of compensation from the organization

2	367 Page <b>8</b>
	(F)
	Estimated
	amount of
	other
	compensation
	from the
	organization
	and related
	organizations

(C)

Compensation

Form **990** (2019)

С	Total from continuation sheets to Part VII, Section A	0.	0.			0.
d	Total (add lines 1b and 1c)	698,639.	0.	16	5,75	98.
2	Total number of individuals (including but not limited to those listed above) who red	ceived more than \$100,	000 of reportable			
	compensation from the organization					3
					Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or high	nest compensated empl	loyee on			
	line 1a? If "Yes," complete Schedule J for such individual			3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other					
	and related organizations greater than \$150,000? If "Yes," complete Schedule J fo	or such individual		4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated					
	rendered to the organization? If "Yes," complete Schedule J for such person			5		X
Sec	tion B. Independent Contractors	·				
1	Complete this table for your five highest compensated independent contractors that	at received more than \$	100,000 of compensat	ion fro	om	
	the organization. Report compensation for the calendar year ending with or within t	the organization's tay v	ear			

932008 01-20-20

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

NONE

Form 990 (2019) EDUCATI
Part VIII Statement of Revenue

			Check if Schedule O	contains a	rocponco	or noto to any lin	o in this Bort VIII			
			Check if Schedule O	COITEMINS A	response	or note to any iin	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1	а	Federated campaigns		1a					
, Grants mounts										
Ω, E		С	Fundraising events							
ar/a			Related organizations		1d	850,000.				
is, o		е	Government grants (contr	ibutions)	1e					
rion S		f	All other contributions, gifts,	grants, and						
iber He			similar amounts not included	above	1f	3,003,050.				
Contributions, Gifts, and Other Similar Ar		_	Noncash contributions included in		1g \$		2 252 252			
<u>0</u> 8		h	Total. Add lines 1a-1f			Business Code	3,853,050.			
_	_	_				Business Code				
ice/	2									
Program Service Revenue		b c								
E S		d								
Be		e								
Pro			All other program service	revenue						
	3		Investment income (include	ding divide	ends, intere	est, and				
			other similar amounts)				1,713,957.		-159,178.	1,873,135.
	4		Income from investment of							
	5		Royalties							
					(i) Real	(ii) Personal				
			Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	[6c]						
			Net rental income or (loss) Gross amount from sales of		Securities	(ii) Other				
	′	а	assets other than inventory	<u> </u>	987,837.	(II) Other				
		h	Less: cost or other basis	14 23,	201,001.					
<u>e</u>		~	and sales expenses	7b 45,	917,006.					
en		С	Gain or (loss)	7c 1,	070,831.					
Revenue			Net gain or (loss)			<b></b>	1,070,831.			1,070,831.
ē			Gross income from fundraising							
₹			including \$		_ of					
			contributions reported on	line 1c). S	See					
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from		_	<b>D</b>				
	9	а	Gross income from gamin		I					
		h	Part IV, line 19							
			Net income or (loss) from			<b></b>				
			Gross sales of inventory, I							
			and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from			<b></b>				
'n						Business Code				
)ou≀ e	11	а	MISCELLANEOUS INCOME	E - OTHE	ER	900099	264.			264.
lane		b								
Miscellaneous Revenue		С								
Σ			All other revenue				264.			
	12		Total. Add lines 11a-11d  Total revenue. See instruction			<b>&gt;</b>	6,638,102.	0.	-159,178.	2,944,230.

## Part IX | Statement of Functional Expenses

0		.   _ 4		/ A \
Section by Helial and by Helial	organizations must comp	nete all collimns. All other	organizations must complete column (	(A)
	organizationio made domp	note an obtaining. The other	organizatione made complete column (	V 9.

Do i	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	217 050	217 050		
	individuals. See Part IV, line 22	317,852.	317,852.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 000 004	4 000 004		
_	individuals. See Part IV, lines 15 and 16	4,022,024.	4,022,024.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	724 002	180,486.	206 570	157 026
_	trustees, and key employees	724,982.	100,400.	386,570.	157,926
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,326,411.	758,360.	217,578.	350,473
7	Other salaries and wages	1,340,411.	130,300.	411,310.	330,4/3
8	Pension plan accruals and contributions (include	190,664.	107,264.	29,718.	53,682
0	section 401(k) and 403(b) employer contributions)	125,234.	89,778.	-5,286.	40,742
9	Other employee benefits	62,381.	17,141.	27,578.	17,662
0	Payroll taxes	02,301.	11,141.	41,310•	11,002
1	Fees for services (nonemployees):				
	Management	10,722.		10,665.	57
b	Legal	42,223.	883.	41,340.	<u> </u>
	Accounting	42,223.	003.	<u> </u>	
	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	599,120.		599,120.	
f		333,120.		333,120.	
g	column (A) amount, list line 11g expenses on Sch 0.)	179,308.	120,983.	14,391.	43,934
12	Advertising and promotion	24,913.	220/3031	11/3311	24,913
13	Office expenses	50,928.	11,141.	33,195.	6,592
13 14	Information technology	37,168.	5,653.	21,870.	9,645
15	Royalties	37,2001	3,0331	22/0/00	3,013
16	Occupancy	230,039.	124,833.	50,019.	55,187
17	Travel	88,246.	66,219.	7,511.	14,516
ı, 18	Payments of travel or entertainment expenses	00,1200	00,1220	.,,,,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,251.		18,251.	
23	Insurance	20,525.	96.	20,403.	26
.5 24	Other expenses. Itemize expenses not covered	==,,===		==, ===	
•	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP DUES & FEES	5,201.	628.	2,407.	2,166
b	HOSPITALITY	3,685.	1,339.	739.	1,607
С	FOOD AND BEVERAGE	109.	109.		
d					
е	All other expenses	3,260.	2,128.	78.	1,054
25	Total functional expenses. Add lines 1 through 24e	8,083,246.	5,826,917.	1,476,147.	780,182
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

Part X   Balance Sneet							
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,041,661.	1	1,049,119
	2	Savings and temporary cash investments			2,753,451.	2	6,351,611
	3	Pledges and grants receivable, net			824,753.	3	833,629
	4	Accounts receivable, net			110,457.	4	89,408
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ا ئو	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			61,774.	9	48,653
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	501,958.			
	b	Less: accumulated depreciation		459,231.	49,365.	10c	42,727
	11	Investments - publicly traded securities			75,364,169.	11	75,996,031
	12	Investments - other securities. See Part IV, line	11		57,673,521.	12	49,661,007
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	440.005
	15	Other assets. See Part IV, line 11	744,979.	15	448,986		
_	16	Total assets. Add lines 1 through 15 (must ed			139,624,130.	16	134,521,171
	17	Accounts payable and accrued expenses			291,936.	17	230,810
	18	Grants payable			113,152.	18	141,561
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	477,867.	25	392,948
	26	of Schedule D			882,955.	26	765,319
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ock bor	X	002,333.	20	703,313
ဖွ		and complete lines 27, 28, 32, and 33.	IECK HEI				
ğ	27	• , , ,			83,846,709.	27	80,844,320
3 <u>ala</u>	28	Net assets with donor restrictions			54,894,466.	28	52,911,532
힐	20	Organizations that do not follow FASB ASC			31/031/1001	20	32/311/332
∄		and complete lines 29 through 33.	300, CHC	CK Here			
ō	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
4ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			138,741,175.	32	133,755,852
<b>7</b>	02	Total liabilities and net assets/fund balances			139,624,130.	33	134,521,171

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Х

Form **990** (2019)

За

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNITED BOARD FOR CHRISTIAN HIGHER

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

EDUCATION IN ASIA 13-5562367 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

13-5562367 Page 2

#### 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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2637880.	3854190.	4188513.	4116878.	3853050.	18650511.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2637880.	3854190.	4188513.	4116878.	3853050.	18650511.	
	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)						134,906.	
6	Public support. Subtract line 5 from line 4.						18515605.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	2637880.	3854190.	4188513.	4116878.		18650511.	
	Gross income from interest,							
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1601589.	1723043.	1642392.	1836990.	1873135.	8677149.	
9	Net income from unrelated business							
•	activities, whether or not the							
	business is regularly carried on					-159.178 <b>.</b>	-159,178.	
10	Other income. Do not include gain					, ,	,	
	or loss from the sale of capital							
	assets (Explain in Part VI.)	4,521.		8,950.	608.	264.	14,343.	
11				7,500			27182825.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	•	,					
	organization, check this box and stor	-			•			
Sec	ction C. Computation of Publi	- A D						
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	68.12 %	
15	Public support percentage from 2018					15	65.75 %	
16a	33 1/3% support test - 2019. If the o					ore, check this box	x and	
	stop here. The organization qualifies as a publicly supported organization   ▶   X							
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ		•		• •			
18	Private foundation. If the organization						· · · · · · · · · · · · · · · · · · ·	
				,,, 17.0		dula A /Farm 000		

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sed	etion A. Public Support	now, picase comp	Sicie Fart II.				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 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						
	Add lines 10a and 10b  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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
<u></u>	check this box and stop here						<b>_</b>
	etion C. Computation of Public					145	= -
	Public support percentage for 2019 (li		•	column (t))		15	<u>%</u>
	Public support percentage from 2018 etion D. Computation of Inves					16	%
	•			ing 12 galuman (f)		17	0/
	Investment income percentage for 20						%
	Investment income percentage from 2			on line 14, and line		18   23 1/3% and line 1	% 7 is not
198	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an					4:	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						<b>&gt;</b>
20	<b>Private foundation.</b> If the organization	a ala not check a	pox on line 14 19	a origo check th	us nox and see ins	STRUCTIONS	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

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

#### Schedule A (Form 990 or 990-EZ) 2019 EDUCATION IN ASIA 13-5562367 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2

Schedule A (Form 990 or 990-EZ) 2019

3

5

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

3

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions	· ·	Current Year				
1	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	<b>1</b>					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 EDUCATION IN ASIA	13-5562367 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

# Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

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

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

0040

2019

OMB No. 1545-0047

Name of the organization

UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA

Employer identification number

13-5562367

Filers of:		Section:					
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization					
101111 000 01	000 L2						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990-P	F	501(c)(3) exempt private foundation					
		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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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 Ru	le						
	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 Rul	es						
se an	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
yea	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.						
yea is o pu	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \rightarrow \ \sigma_{\text{contributions}} \ \rightarrow \ \rightarrow \ \sigma_{\text{contributions}} \ \rightarrow \						
but it must	answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
UNITED BOARD FOR CHRISTIAN HIGHER
EDUCATION IN ASIA

Employer identification number

13-5562367

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARVARD-YENCHING INSTITUTE VANSERG HALL, SUITE 20, 25 FRANCIS AVE.  CAMBRIDGE, MA 02138-2009	\$ <u>850,000</u> .	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	DR. BONG SIK LEE  309 BRIDGEBORO RD, APT. 2346  MOORESTOWN, NJ 08057	\$ 100,280.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SOON LEE  355 BLACKSTONE BLVD., APT 433  PROVIDENCE, RI 02906	\$\$	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
4	ROSEMARY GLENN  825 COLLEGE BLVD , SUITE 102  OCEANSIDE, CA 92057	\$ 200,613.	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	TIAA CHARITABLE  8910 PURDUE ROAD, STE. 500  INDIANAPOLIS, IN 46268	\$ 200,000.	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
6	HEUN YUNG YUNE, M.D  2887 BROOK VISTA  CARMEL, IN 46032	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization
UNITED BOARD FOR CHRISTIAN HIGHER
EDUCATION IN ASIA

13-5562367

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	MR. WEIMIN G. YUAN  7224 KINSMORE LANE  CHARLOTTE, NC 28269	\$ 120,000.	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	
8	DR. JOCELYN F. DEL CARMEN  1285 FOREST AVE  PALO ALTO, CA 94301	\$ <u>100,080</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	YOUNG J. YU  538 AVELLINO ISLES CIR, APT 9202  NAPLES, FL 34119	\$100,000.	Person X Payroll	
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution	
	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
UNITED BOARD FOR CHRISTIAN HIGHER
EDUCATION IN ASIA

Employer identification number

13-5562367

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

**Employer identification number** Name of organization UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA 13-5562367 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA

**Employer identification number** 13-5562367

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S Or ACCOUNTS. Complete if the
	organization answered Tes Sitt Sitt 330, Fart IV, inite	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rele		
	year >	,	
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		<del>-</del> -
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur-	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а		-	<b>&gt;</b> \$
			<b>L</b> .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

	UNITED I	BOARD FOR C	CHRISTIAN	HIGHER						
Sche		ON IN ASIA					_3-55			age 2
Pai	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or C	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ake signi	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization's	exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other s	imilar as:	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arrang		ete if the organization	on answered "Ye	s" on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets	not incl	luded		_		_
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
						$\vdash$		Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account	liability?	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	f the organization an	swered "Yes" on Fo	orm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years b			ears back			
1a	Beginning of year balance	136,530,812.	138,285,572.	<del> </del>			97,015.	125,		
b	Contributions	2,398,558.	1,792,025.				71,713.			287.
С	Net investment earnings, gains, and losses	-7,377,772.	-3,546,785.	6,740,5	19.	13,49	93,023.	-12,	551,	590.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	131,551,598.	136,530,812.	•	72.	129,36	51,751.	114,	497,	015.
2	Provide the estimated percentage of the curre		e (line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	61.28	_%							
b	Permanent endowment ► 12.16	%								
С	Term endowment ▶26.56									
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered	for the o	organizat	tion	Г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		t or other	(c) Accu		d	(d) Book	valu	е
		basis (investn	nent) Dasis	(other)	aepre	ciation				
_	Land									
b	Buildings						-+			
_	Leasehold improvements		E 0	1 050	1 =	0 00	1	1 -	) 7	27
d	Equipment		30	1,958.	43	9,23	· + •	4 4	. , / .	<u> 27.</u>

Schedule D (Form 990) 2019

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	40 664 000		
(A) ALTERNATIVE INVESTMENTS	49,661,007.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	40 661 007		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	49,661,007.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			-f.,,,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line :	11d Soc Form 000 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
(1)	Boompaon		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	<b>.</b>	
Part X Other Liabilities.	; IJ.,		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) POSTRETIREMENT HEALTH BENI	SFIT		
(3) OBLIGATION			392,948.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	392,948.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
4 Tatal was a saint and other as an added financial statements		1 2,498,803.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a -3,654,375.	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d 114,196.	
e Add lines 2a through 2d		2e -3,540,179.
3 Subtract line 2e from line 1		з 6,038,982.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		-
b Other (Describe in Part XIII.)	4b	F00 100
c Add lines 4a and 4b		4c 599,120. 5 6,638,102.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII   Reconciliation of Expenses per Audited Financial Sta	itements With Expenses per I	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	•	
Total expenses and losses per audited financial statements		1 7,484,126.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	I I	
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 7,484,126.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 599,120.	-
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c 599,120.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 Part XIII Supplemental Information.	3.)	5 8,083,246.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h and 2h Part V line	1: Part Y line 2: Part YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		+, Fait A, IIII <del>e</del> 2, Fait Ai,
	,,	
PART V, LINE 4:		
ENDOWMENT FUNDS ARE USED TO FUND THE OVER	ALL OPERATIONS OF TH	IE
ORGANIZATION.		
PART X, LINE 2:		
MANAGEMENT HAS REVIEWED THE TAX POSITIONS	FOR EACH OF THE OPE	EN TAX YEARS
(2015-2017) OR EXPECTED TO BE TAKEN IN THE	E UNITED BOARD'S 201	.8 TAX RETURN
AND HAS CONCLUDED THAT THERE ARE NO SIGNIE	FICANT UNCERTAIN TAX	Y POSITIONS
THAT WOULD REQUIRE RECOGNITION IN THE FINA	ANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF SPLIT INTEREST GIFTS		9,468.

Schedule D (Form 990) 2019 EDUCATION IN ASIA	13-5562367 Page 5
Schedule D (Form 990) 2019 EDUCATION IN ASIA Part XIII   Supplemental Information (continued)	
UNUSED GRANTS	104,728.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	114,196.
	_

# 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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Inspection **Employer identification number** 

OMB No. 1545-0047

UNITED BOARD FOR CHRISTIAN HIGHER

EDUCATION IN ASIA

13-5562367

Part I			Clivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
1 For gr	Form 990, Part IV	•	maintain recor	ds to substantiate the amount of its gra	ints and other assistance	
				the selection criteria used to award the		Yes No
3	,	J	,,		g-a	
2 For gr	<b>antmakers.</b> Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
United	States.					
				an be duplicated if additional space is n	·	107.1
(a)	Region	(b) Number of offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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			PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE	SUPPORT TO COLLEGES AND	
PACIFIC		1	0	REGION.	UNIVERSITIES.	3,627,385.
					SUPPORT TO COLLEGES AND	
SOUTH ASIA	A .	0	0	REGION.	UNIVERSITIES.	394,639.
3 a Subtot	talrom continuation	1	0			4,022,024.
sheets c Totals	to Part I (add lines 3a	0	0			0.
and 3b	o)	ion Act Notice	0			4,022,024.

13-5562367

Page 2

# EDUCATION IN ASIA

Schedule F (Form 990) 2019

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	14,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	47,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	24,600.	24,600. WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	28,306.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	56,855.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	34,800.	34,800. WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	100,382.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR OPERATIONS OF INSTITUTION	16,500.	500, WIRE TRANSFER	.0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

**|** 

Schedule F (Form 990) 2019

Enter total number of other organizations or entities

ဗ

(Schedule F (Form 990), Part II, line 1) 13-5562367 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. EDUCATION IN ASIA Schedule F (Form 990) Part II

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of 0 0 0 。 。 。 0 Ö Ö non-cash assistance cash disbursement (f) Manner of 35,000. WIRE TRANSFER 19,418, WIRE TRANSFER 30,300, WIRE TRANSFER 62,028, WIRE TRANSFER 265,020. WIRE TRANSFER 15,200. WIRE TRANSFER 10,000 WIRE TRANSFER 25,000. WIRE TRANSFER 10,929. WIRE TRANSFER of cash grant (e) Amount (d) Purpose of grant OPERATIONS OF SUPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION INSTITUTION INSTITUTION SUPPORT FOR INSTITUTION UPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION SUPPORT FOR UPPORT FOR INSTITUTION SUPPORT FOR UPPORT FOR INSTITUTION EAST ASIA AND THE (c) Region PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization

33

(i) Method of valuation (book, FMV, Page 2 appraisal, other) (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) (g) Amount of 0 0 0 non-cash assistance 13-5562367 cash disbursement (f) Manner of 12,000. WIRE TRANSFER 30,000. WIRE TRANSFER 14,000, WIRE TRANSFER of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount (d) Purpose of grant OPERATIONS OF OPERATIONS OF OPERATIONS OF INSTITUTION SUPPORT FOR SUPPORT FOR INSTITUTION UPPORT FOR INSTITUTION EDUCATION IN ASIA THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND (c) Region PACIFIC PACIFIC PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) Part II

。

30,500, WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

UPPORT FOR

INSTITUTION

Ö

19,885. WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

SUPPORT FOR

INSTITUTION

。

1,036. WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

INSTITUTION

SUPPORT FOR

。

30,000. WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

INSTITUTION

UPPORT FOR

0

7,700. WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

INSTITUTION

SUPPORT FOR

Ö

223,157. WIRE TRANSFER

OPERATIONS OF

EAST ASIA AND THE

PACIFIC

INSTITUTION

SUPPORT FOR

34

EDUCATION IN ASIA

Page 2 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) (g) Amount of 0 0 0 0 。 。 。 0 non-cash assistance 13-5562367 cash disbursement (f) Manner of 23,032. WIRE TRANSFER 19,517. WIRE TRANSFER 153,025. WIRE TRANSFER 8,000, WIRE TRANSFER 35,000. WIRE TRANSFER 368,345. WIRE TRANSFER 1354399, WIRE TRANSFER 45,100. WIRE TRANSFER 393,277. WIRE TRANSFER of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount (d) Purpose of grant OPERATIONS OF SUPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION INSTITUTION INSTITUTION SUPPORT FOR INSTITUTION UPPORT FOR UPPORT FOR INSTITUTION SUPPORT FOR UPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION EAST ASIA AND THE (c) Region PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) Part II

35

(Schedule F (Form 990), Part II, line 1) 13-5562367 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. EDUCATION IN ASIA Schedule F (Form 990) Part II

(i) Method of valuation (book, FMV, appraisal, other) Page 2 (h) Description of non-cash assistance (g) Amount of 0 0 0 0 。 。 。 0 non-cash assistance cash disbursement (f) Manner of 35,800. WIRE TRANSFER 24,600. WIRE TRANSFER 16,500, WIRE TRANSFER 15,525. WIRE TRANSFER 15,156. WIRE TRANSFER 51,775. WIRE TRANSFER 18,454. WIRE TRANSFER 9,000, WIRE TRANSFER 9,600, WIRE TRANSFER of cash grant (e) Amount (d) Purpose of grant PERATIONS OF OPERATIONS OF OPERATIONS OF OPERATIONS OF OPERATIONS OF OPERATIONS OF OPERATIONS OF PERATIONS OF OPERATIONS OF SUPPORT FOR INSTITUTION INSTITUTION SUPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION INSTITUTION SUPPORT FOR INSTITUTION SUPPORT FOR INSTITUTION SUPPORT FOR UPPORT FOR INSTITUTION SUPPORT FOR SUPPORT FOR INSTITUTION EAST ASIA AND THE (c) Region SOUTH ASIA PACIFIC (b) IRS code section and EIN (if applicable) (a) Name of organization

UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA Schedule F (Form 990)

13-5562367

(i) Method of valuation (book, FMV, appraisal, other) Page 2 (h) Description of non-cash assistance Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance 0 of cash grant cash disbursement 6,000, WIRE TRANSFER (f) Manner of (e) Amount (d) Purpose of grant (c) Region SOUTH ASIA (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

13-5562367

Page 3

Schedule F (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

F	'art∣	IV	Foreign	<b>Forms</b>

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)	Yes	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)	Yes	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)	Yes	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) 2019

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:
THE UNITED BOARD REQUIRES GRANT AWARDEES TO COMPLETE AND SUBMIT ANNUAL
FINANCIAL AND NARRATIVE REPORTS. UNITED BOARD PROGRAM STAFF MAKE ANNUAL
VISITS TO SUPPORTED ORGANIZATIONS TO EVALUATE SUPPORTED PROGRAMS.

932075 10-12-19 Schedule F (Form 990) 2019

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

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

				3.904/1 01111330 14	יו וווכ ומנכאר ווווסוווי	Idilolli.		
Name c	Name of the organization UNITED BO.	ARD FOR C	UNITED BOARD FOR CHRISTIAN HIGHER	GHER				Employer identification number
	ŀ	I IN ASIA						13-5562367
Part I	General Information on Grants and Assistance	and Assistance						
<b>-</b>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	•
O	criteria used to award the grants or assistance?	stance?						X Yes No
2 D	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II		Domestic Organi	izations and Domestic	Governments.	Somplete if the orga	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
=	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
,	or government		(if applicable)	, cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
6	Enter total nimber of cartion EQL(c)(3) and concernment organizations lies	od dowerment or	And the second of the	in the line 1 table				4
	Enter total number of other organizations listed in the line 1 table	s listed in the line	gamzations iisted iii tir 1 table	- 1				
ر ا	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

41

EDUCATION IN ASIA

Schedule I (Form 990) (2019)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) AGREEMENT. UPON RECEIPT OF THE GRANT REPORTS THE DATABASE IS UPDATED. PAST THE PROGRAM ASSOCIATE IN HONG Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. DEPARTMENT FOR PROCESSING. THE GRANT MANAGEMENT DATABASE IS UPDATED WITH SUBMITTED TO THE ACCOUNTING PAYMENT INFORMATION AND FLAGGED FOR FOLLOW-UP REPORTING FROM THE UNITED BOARD FELLOW, PROJECT COORDINATOR AND MENTOR AS REQUIRED IN THE GRANT DUE REPORTS ARE MONITORED AND THE PROGRAM ASSOCIATE WILL FOLLOW UP 0 (d) Amount of non-cash assistance 317,852 (c) Amount of cash grant AND 5 P 19 (b) Number of recipients SUBMITTED APPROVED BY THE PROGRAM OFFICERS, OBTAIN A GRANT REPORT AS APPROPRIATE REIMBURSEMENT ARE (a) Type of grant or assistance TRAVEL/STIPENDS/HONORARIA/LODGING PAYMENTS TO FELLOWS FOR REQUESTS FOR LINE H Part IV Part III PART KONG,

Schedule I (Form 990) (2019)

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<u> 2019</u>

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.
UNITED BOARD FOR CHRISTIAN HIGHER
EDUCATION IN ASIA

Employer identification number 13-5562367

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel				Yes	No
First-class or charter travel	<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Ib D  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  If "Yes" to niline Sa or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the orga		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  2 X  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Written employment contract  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  B Participate in, or receive payment from, a supplemental nonqualified retirement plan?  C Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5 ao r 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Written employment contract Independent compensation or somultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  5a  X  A X  A DAY related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Written employment contract Independent compensation or somultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  5a  X  A X  A DAY related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee  3 Indicate which, if any, of the following the organization is certainly any or study or study.  4 Indicate which, if any, of the following the organization is part III.  5 Indicate which, if any, of the following the organization is decided organization to establish compensation committee.  5 Indicate which, if any, of the following the organization is part III.  5 Indicate which, if any, of the following the expension and provide the applicable amounts for each item in Part III.  5 Indicate which, if any, of the following the organization pay or accrue any compensation contingent on the revenues of:  5 Indicate which, if any, of the following the organization pay or accrue any compensation organization is pay or accrue any compensation.  5 Indicate which, if any, of the following the compensation are related organization?  5 Indicate which, if any, of the following the applicable amounts for each item in Part III.  5 Indicate which, if any, of the following the applicable amounts for each item in Part III.  5 Indicate which, if any or study are accrue any compensation organization are related organization.  5 Indicate which, if any organization a	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  2 X  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Written employment contract  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  5 A X  5 A X  5 A Y  5 Participate in, or receive payment from, an equity-based compensation arrangement?  5 A X  6 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  5 A X  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Independent compensation consultant  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   X   Written employment contract   Independent compensation consultant   X   Compensation survey or study   Form 990 of other organizations   X   Approval by the board or compensation committee     4   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   a   Receive a severance payment or change-of-control payment?   4a   X     b   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X     c   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.     5   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   5a   X     b   Any related organization?   5a   X     b   Any related organization?   5b   X     If "Yes" on line 5a or 5b, describe in Part III.     6   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   X   Written employment contract   Independent compensation consultant   X   Compensation survey or study   Form 990 of other organizations   X   Approval by the board or compensation committee     4   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   a   Receive a severance payment or change-of-control payment?   4a   X     b   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X     c   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.     5   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   5a   X     b   Any related organization?   5a   X     b   Any related organization?   5b   X     If "Yes" on line 5a or 5b, describe in Part III.     6   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   X   Written employment contract     Independent compensation consultant   X   Compensation survey or study     Form 990 of other organizations   X   Approval by the board or compensation committee	3				
X   Compensation committee   X   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   A   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:    A   Receive a severance payment or change-of-control payment?   4a   X					
Independent compensation consultant Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Form 990 of other organizations  Approval by the board or compensation committee			
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4	During the year, did any parson listed on Form 000, Part VII. Section A. line 1s, with respect to the filing			
a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	а		42		x
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	b				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	c				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	а	The organization?			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	b	•	5b		X
		, and the second			
	6				
contingent on the net earnings of:			_		37
a The organization?  b Any related organization?  6a X  6b X					X
, ,	b	-	6b		
If "Yes" on line 6a or 6b, describe in Part III.	7	·			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes." describe in Part III  7 X	′		7		У
	Q		,		Α
	o		ρ		x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	·	3		
Regulations section 53.4958-6(c)?	3	D. 111 11 FO 4050 0/ VO	9		

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

Schedule J (Form 990) 2019

EDUCATION IN ASIA

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denems	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) NANCY E. CHAPMAN	Θ	371,790.	0	0	42,000.	25,859.	439,649.	0
SIDENT	≘		0	0	0		0	0
(2) RUSSELL DOLPH	Ξ	209,380.	0	0	31,407.	29,983.	270,770.	0
VP FINANCE & ADMIN	(ii)	0	• 0	0	0	0	0.	0
(3) TRUDY LOO	(i)	117,46	• 0	0.	17,620.	18,929.	154,018.	0
SENIOR DEVELOPMENT MANAGER	( <u>ii</u> )	0.	• 0	0.	• 0	0.	0.	0.
	Θ							
	(ii)							
	(i)							
	(E)							
	Ξ							
	Œ							
	Ξ							
	€							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	( <u>i</u> )							
	( <u>ii</u> )							
	(i)							
	Ξ							
	Ξ							
	Œ							
	Ξ							
	Œ							
	Ξ							
	Œ							
	Ξ							
	(ii)							
	Ξ							
	Œ							
							Schedu	Schedule J (Form 990) 2019

13-5562367

UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA

**Employer identification number** 13-5562367

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VALUES AND OUR COLLABORATION WITH ASIAN COLLEGES AND UNIVERSITIES.
TOGETHER WE PREPARE INDIVIDUALS FOR LIVES OF PROFESSIONAL AND PERSONAL
FULFILLMENT AND MEANINGFUL SERVICE IN COMMUNITY WITH OTHERS. THE UNITED
BOARD WORKS WITH A BROAD NETWORK OF INSTITUTIONS IN 15 COUNTRIES AND
REGIONS OF ASIA. WE ENDEAVOR TO RESPOND TO THE DIVERSE CHALLENGES AND
OPPORTUNITIES FACING OUR COLLEAGUES IN HIGHER EDUCATION IN ASIA,
ESPECIALLY WHERE THE NEEDS ARE GREAT. WE SHARE THEIR INTERESTS IN
DEVELOPING INSTITUTIONS THAT OFFER MULTIDISCIPLINARY EDUCATION AND THAT
NURTURE A SPIRIT OF COMPASSION, EQUITY, RECONCILIATION, SOCIAL
RESPONSIBILITY, AND MUTUAL RESPECT AMONG RELIGIOUS AND CULTURAL
TRADITIONS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BOARD MONITORS THE APPROPRIATE USE OF ALL FUNDS BY REQUIRING REPORTS
FROM THE INSTITUTIONS ABOUT HOW ITS GRANTS, INCLUDING DESIGNATED
GRANTS, ARE USED.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INSTITUTIONAL GRANT PROJECTS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE UNITED BOARD ALSO ACCEPTS CONTRIBUTIONS IN SUPPORT OF WORK WITH

UNITED BOARD FELLOWS PROGRAM. THE UNITED BOARD FELLOWS PROGRAM

INSTITUTIONS IN ITS NETWORK IN ASIA, INCLUDING ITS GRANT PROGRAMS AND

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

FACULTY AND LEADERSHIP DEVELOPMENT INITIATIVES.

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

THESE INCLUDE:

Name of the organization UNITED BOARD FOR CHRISTIAN HIGHER **Employer identification number** 13-5562367 EDUCATION IN ASIA PROVIDES EMERGING LEADERS AT INSTITUTIONS IN ITS NETWORK WITH EXPOSURE TO BEST PRACTICES IN UNIVERSITY ADMINISTRATION AND LEADERSHIP. THIS IS ACHIEVED THROUGH PARTICIPATION IN AN INTENSIVE, THREE-WEEK SUMMER INSTITUTE ON UNIVERSITY LEADERSHIP, A ONE- TO FOUR-MONTH PLACEMENT AT A COLLEGE OR UNIVERSITY IN ASIA, AND OTHER ACTIVITIES THROUGHOUT THE PROGRAM YEAR. FELLOWS LEARN NEW APPROACHES TO TEACHING, LEARNING AND MANAGEMENT, WHICH THEY CAN SHARE WITH COLLEAGUES AT THEIR HOME INSTITUTIONS. IN THE PROCESS, THEY DEVELOP PROFESSIONAL RELATIONSHIPS AND ENDURING NETWORKS AND GAIN GREATER CONFIDENCE, DECISION-MAKING ABILITIES AND A WILLINGNESS TO EMBRACE NEW CHALLENGES. SINCE 2002, OVER 250 MID-LEVEL FACULTY AND ADMINISTRATORS FROM COLLEGES AND UNIVERSITIES IN ASIA HAVE COMPLETED THE UNITED BOARD FELLOWS PROGRAM AND RETURNED TO THEIR HOME INSTITUTIONS. IN FISCAL YEAR 2020, THE UNITED BOARD SUPPORTED 15FELLOWS ALONG WITH 4 NEW PRESIDENTS, WITH EXPENDITURES FOR THE PROGRAM TOTALING \$ 317,852.21. UNITED BOARD FACULTY SCHOLARSHIP PROGRAM. THE UNITED BOARD FACULTY SCHOLARSHIP PROGRAM HELPS DEVELOP AND RETAIN OUTSTANDING EDUCATORS AT ASIAN COLLEGES AND UNIVERSITIES BY OFFERING YOUNG FACULTY MEMBERS THE OPPORTUNITY TO PURSUE ADVANCED DEGREES. HOST UNIVERSITIES IN AUSTRALIA, CHINA, INDONESIA, JAPAN, KOREA, HONG KONG, TAIWAN, THE PHILIPPINES AND THAILAND OPEN THEIR CAMPUSES TO FACULTY SCHOLARS FROM LESS DEVELOPED INSTITUTIONS, OFFERING THEM COURSEWORK, RESEARCH GUIDANCE, EXPOSURE TO NEW STYLES OF TEACHING AND LEARNING, AND A NETWORK OF THEIR PEERS. THE SCHOLARS RETURN TO THEIR HOME INSTITUTIONS WITH PHD OR MASTER'S DEGREES AS WELL AS INNOVATIVE IDEAS AND AN INTERNATIONAL NETWORK THAT ENRICHES THEIR CLASSROOMS FOR YEARS TO COME. IN FISCAL YEAR 2020, 23 SCHOLARS BENEFITED FROM THIS PROGRAM, WITH TOTAL SPENDING OF \$206,512.79. AN ADDITIONAL 22 FACULTY MEMBERS

Name of the organization UNITED BOARD FOR CHRISTIAN HIGHER **Employer identification number** 13-5562367 EDUCATION IN ASIA STUDIED IN INTENSIVE ENGLISH LANGUAGE PROGRAMS AND PEACE EDUCATION TRAINING PROGRAMS WITH UNITED BOARD SUPPORT TOTALING \$39,200 CONFERENCES, WORKSHOPS, AND SEMINARS. THE UNITED BOARD ORGANIZES AND SPONSORS NUMEROUS LEADERSHIP AND FACULTY DEVELOPMENT ACTIVITIES, USUALLY IN COLLABORATION WITH AN ASIAN COLLEGE OR UNIVERSITY. THESE PROGRAMS GATHER TOGETHER SELECTED LEADERS, FACULTY, AND ADMINISTRATORS FROM COLLEGES AND UNIVERSITIES IN THE UNITED BOARD'S NETWORK FOR EXPLORATION OF PRESSING ISSUES IN ASIAN HIGHER EDUCATION. IN 2020, THE UNITED BOARD ORGANIZED 14 CONFERENCES, WORKSHOPS, AND SEMINARS, INCLUDING THE WHOLE PERSON EDUCATION ACADEMY, 12 FACULTY TRAINING PROGRAMS ON VARIOUS THEMES IN SOUTH ASIA, A TRAINING PROGRAM ABOUT TEACHING CHINESE STUDIES IN INDIA, THE WOMEN'S LEADERSHIP FORUM, AND PROGRAMS FOCUSED ON DIGITAL LEARNING AND TECHNOLOGY IN EDUCATION. CLOSE TO 1,000 FACULTY MEMBERS BENEFITED FROM THESE PROGRAMS. THE UNITED BOARD EXPENDED \$97,962 ON THESE INITIATIVES IN FY 2020. INSTITUTE FOR ADVANCED STUDY OF ASIAN CULTURES AND THEOLOGIES (IASACT). GIVEN THE UNCERTAINTIES OVER THE PANDEMIC, IT HAS NOW BEEN CONVERTED INTO A HYBRID PROGRAM COMBINING ONLINE RESEARCH AND DISCUSSION, AND A CONCLUDING WEEK-LONG RESIDENTIAL SYMPOSIUM TO TAKE PLACE IN EARLY-JANUARY 2021. THERE ARE SEVEN TEAMS SELECTED, WITH A TOTAL OF 20 SCHOLARS, JOINING THIS OCCASION. THE EVENT SCHEDULE FOR SEVERAL SCHOLARS OF 4 DIFFERENT RELIGIONS FROM 5 ASIAN COUNTRIES JOINED THE IASACT PROGRAM IN FISCAL YEAR 2020. SCHOLARS REPRESENTED VARIOUS ACADEMIC DISCIPLINES, INCLUDING THEOLOGY, CHRISTIAN AND RELIGIOUS STUDIES, AND VARIOUS FIELDS IN THE SOCIAL SCIENCES. ASHA GRANTS PROGRAM. SINCE THE 1970S, THE UNITED BOARD HAS WORKED WITH

Name of the organization UNITED BOARD FOR CHRISTIAN HIGHER **Employer identification number** 13-5562367 EDUCATION IN ASIA THE AMERICAN SCHOOLS AND HOSPITALS ABROAD (ASHA) PROGRAM OF THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT TO IMPROVE CAMPUS INFRASTRUCTURE THROUGH CAMPUS ACCESS PROJECTS AND THE CONSTRUCTION OF DORMITORIES AND CLASSROOM BUILDINGS, AS WELL AS IMPROVING LIBRARY AND INFORMATION TECHNOLOGY AT PARTNER INSTITUTIONS. IN FISCAL YEAR 2020, THE UNITED BOARD DID NOT RECEIVE OR DISBURSE ASHA GRANTS. PROGRAM EVALUATION THE UNITED BOARD REGULARLY CONDUCTS INTERNAL EVALUATIONS OF PROGRAM EFFECTIVENESS AND, FROM TIME TO TIME, WE ENGAGE INDEPENDENT SCHOLARS TO CONDUCT EVALUATIVE STUDIES ON PROJECTS WE FUND IN COLLEGES AND UNIVERSITIES IN ASIA AS WELL AS ON UNITED BOARD-ADMINISTERED PROGRAMS. WE REVISE OUR PROGRAM ADMINISTRATION AND ANNUAL REQUESTS FOR PROPOSALS BASED ON THIS FEEDBACK FROM THE FIELD, AS WELL AS THE REPORTS WE RECEIVE DIRECTLY FROM OUR GRANTEES. BASED ON THE FIVE-TIER MODEL OF PROGRAM EVALUATION OF JACOBS ET AL, THE UNITED BOARD DOES TIER 1 (NEEDS ASSESSMENT), TIER 2 (MONITORING AND ACCOUNTABILITY) AND TIER 3 (QUALITY REVIEW AND PROGRAM CLARIFICATION) ON A REGULAR BASIS. (JACOBS, EASTERBROOKS, BRADY AND MISTRY [2005]). EXPENSES \$ 2,251,273. INCLUDING GRANTS OF \$ 764,232. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S 990 IS REVIEWED WITH THE BOARD OF TRUSTEES BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED EVERY YEAR AT THE ANNUAL BOARD

MEETING. MEMBERS EACH RECEIVE A COPY OF THE POLICY AND REAFFIRM BY THEIR

Name of the organization UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA	Employer identification number 13-5562367
SIGNATURE THAT THEY HAVE RECEIVED IT, KNOW AND UNDERSTAND	WHAT IT SAYS, AND
THAT THEY WILL COMPLY. THEY ALSO LIST AT THAT TIME ANY INT	EREST THAT COULD
BE CONSTRUED AS A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FINANCE AND ADMINISTRATION COMMITTEE OF THE BOARD OF T	RUSTEES PERFORMS
AN INTERMEDIATE SANCTIONS REVIEW OF EXECUTIVE SALARIES AND	UALLY AND
FORWARDS ITS FINDINGS TO THE COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	JPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	9,468.
UNUSED GRANTS	104,728.
TOTAL TO FORM 990, PART XI, LINE 9	114,196.
PART XII, LINE 2C	_
THE PROCESS BY WHICH THE ORGANIZATION APPOINTS A COMMITTEE	THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED	FROM THE
PRIOR YEAR.	

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. UNITED BOARD FOR CHRISTIAN HIGHER

EDUCATION IN ASIA

Name of the organization

Department of the Treasury Internal Revenue Service

**Employer identification number** 13-5562367

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

(g) Section 512(b)(13) controlled ٩ × entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity 11 **Exempt Code** section 501(C)(3) Legal domicile (state or foreign country) MASSACHUSETTS VARIOUS ORGANIZATIONS PROVIDING SUPPORT TO Primary activity HARVARD-YENCHING INSTITUTE - 04-2062394 VANSERG HALL, SUITE 20, 25 FRANCIS AVE. Name, address, and EIN of related organization CAMBRIDGE, MA 02138

Part II

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

Schedule R (Form 990) 2019

UNITED BOARD FOR CHRISTIAN HIGHER

EDUCATION IN ASIA Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

13-5562367

Seneral or Percentage managing ownership 3 managing partner? Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
I Direct controlling entity Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	1			ı			ı				
	įį	o)(13)	ž								
	)	Section 512(b)(13) controlled	Yes								
	(y)	Percentage ownership									
	(6)	Share of end-of-year									
	(f)	Share of total income									
	(e)	Type of entity (C corp, S corp,	or trust)								
	(p)	Direct controlling Type of entity S (C corp., S corp.)									
	(c)	Legal domicile (state or	country)								
ig ti ie tak yeai.	(q)	Primary activity									
———— Olganizations treated as a colporation of thust during the tax year.	(a)	Name, address, and EIN of related organization									

932162 09-10-19

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V

Page 3

Yes

EDUCATION IN ASIA Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 × × × 르 19 <u>e</u> 무 ٩ 우 ş ¥ Method of determining amount involved ¥ = If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 932163 09-10-19 \_ ۵ b 8 3 ପ 4 Ξ 3 ៙

Page 4 13-5562367

EDUCATION IN ASIA

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

tage ship				
(k) Percent owners				
(j) General or le managing partner? Yes No				
Ger -1 pa / Ye				
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				
) oor ((a) amc (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
ne par 1, 50 1, 10 1, 60 1, 10 1, 10				
(d) Predominant income preclated, unrelated, excluded from tax under sections 512-514)				
omicile foreign (				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
g F				
_	$ \  \  \  $			$ \  \  \  $
(a) Name, address, and EIN of entity	$ \  \  \  $			$ \  \  \  $
(a) address, & of entity	$ \  \  \  $			$ \  \  \  $
ne, ad	$ \  \  \  $			$ \  \  \  $
Nar	$ \  \  \  $			$ \  \  \  $

54

Schedule R (Form 990) 2019

932165 09-10-19 Schedule R (Form 990) 2019