Form **990** 

# **Return of Organization Exempt From Income Tax**

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

**Open to Public** 

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

Intern	nal Revent	ue Service	▶ Go to www.irs.gov/Form990 for instructions and the latest info	ormation.		Inspection
Α	For the	e 2018 cal	endar year, or tax year beginning, and endir	ng		
В	Check if a	applicable	C Name of organization Friends of Shanghai American School Foundation	D Emplo	yer identificat	ion number
$\Box$	Address	change	Doing business as			
		-	Number and street (or PO box if mail is not delivered to street address) Room/suite	52-19572	33	
ן וַ	Name cha	ange	PO BOX 5910		one number	
П.	nitial retu	um	City or town State ZIP code	<b>—</b>		
			Princeton NJ 08543-5910	609-452-	0990	
F	inal return	n/terminated	Foreign country name Foreign province/state/county Foreign postal code	e		
$\Box$	Amended	d return			eceipts \$	137,248
					-	
	Applicatio	on pending		i) Is this a group retu	rn for subordinat	es? Yes X No
			Deirdre A Simon 15 Roszel Road, PO Box 5910, Princeton, NJ 08540 н(ь	b) Are all subordin	ates included?	Yes No
i Ta	ax-exem	pt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	i list (see instr	uctions)
1 V	Vohsito	e: ▶ non		c) Group exemption	n number	
KF	orm of or	rganization	X Corporation Trust Association Other ▶ L Year of for	formation 199	5 M State	of legal domicile DE
P	art l	Sur	nmary			
	1	Briefly d	escribe the organization's mission or most significant activities Organize	ed & operated	for charita	ble and
8			nal purposes, and its primary purpose shall be furnishing financial and other			
Activities & Governance			ce to educational institutions located within and outside of the United States			
E.	١ ۾			than 250	/ af .ta = at	
õ	2		is box • I if the organization discontinued its operations or disposed of n	nore man 25%	1 - 1	a>>=15
ن مع	3		of voting members of the governing body (Part VI, line 1a)		3	<u> </u>
Ş	4		of independent voting members of the governing body (Part VI, line 1b)		4	4
Ę	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
춪	6	Total nur	nber of volunteers (estimate if necessary)		6	
ĕ	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 38		7b	0
				Prior Year		Current Year
•	8	Contribu	tions and grants (Part VIII, line 1)	1	48,245	110,672
Ž	9		service revenue (Part VIII, line 2g,		0	0
Revenue	10		ent income (Part VIII, column (A), lines & and 7d)		67,278	26,576
æ	11		venue (Part VIII, column (A), lines 5, cd, 8c, 9c, 10c, and 11e)	-	0	0
	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,523	137,248
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	<del>_</del>	0	225,243
	14				- 6	223,243
			paid to or for members (Part IX, column (A), line 4)		<del></del>	
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
ű	16a		onal fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0
×	b		draising expenses (Part IX, column (D), line 25) ▶0			
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,602	45,530
	18	Total exp	enses Add lines 13–17 (must equal Par X Cathy (140) line 25)		43,602	270,773
	19_	Revenue	less expenses Subtract line 18 from line 12	1	71,921	-133,525
ē 8			Be	ginning of Curre	nt Year	End of Year
25 gradu	20	Total ass	ets (Part X, line 16)  ets (Part X, line 26)  APR 3 0 2019	1,7	24,346	1,561,514
P 8	21		ulities (Part X, line 26)		8,500	8,900
Net Assets or Fund Batances	22		ts or fund balances Subtract line 21 from the 20 I IT	1.7	15,846	1,552,614
Pa	rt II		nature Block			
			I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my	knowledge	
			t, and complete_Declaration of preparer (other than officer) is based on all information of which pre			
		<b>A</b>	Deina 10 (1. 1 mm)		4/9/20	019
3ig			Signature of officer	Date		<del></del>
ler	e	1	Deirdre A Simon - Treasurer		• •	
		<b>1</b>	Type or print name and title			
		1221		Date		PTIN
ai	Ч	<b>6</b>	- Transport of Signature		Check	if   Till
					self-employed	1
	parer	_	name ►	Firm's EIN	·	<u></u> ^
JSE	Only	/ 9				'/\ <u>`</u>
			address •	Phone no		<del></del> )
			this return with the preparer shown above? (see instructions)			Yes   No

Part III	Friends of Shanghai American School Foundation	52-1957233	Page
	Statement of Program Service Accomplishments		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
	escribe the organization's mission		
	n financial and administrative aid and support educational programs to		
organiz	tions located in the U.S. and abroad		
D.d.th.			
	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	□ vaa	
	describe these new services on Schedule O	Yes	X No
	rganization cease conducting, or make significant changes in how it conducts, any program		
services		Yes	X No
	describe these changes on Schedule O		
	the organization's program service accomplishments for each of its three largest program services	. as measured by	
	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
	expenses, and revenue, if any, for each program service reported		
	5.perioso, and reserved, warry, research programme are represented as a second programme are represented as		
a (Code	) (Expenses \$ 225,243 including grants of \$ 225,243 ) (Revenu	e \$	)
	inancial and other assistance to educational institutions located both in the USA and		/
	inally Support American Education overseas, by providing textbooks, school supplies	-	
	r financial support Supporting approximately 2791 students Shanghai American School		
		* 4 * 4	-
c (Code	) (Expenses \$ including grants of \$ ) (Revenue	e\$	)
	······		
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### Part IV Checklist of Required Schedules

Form 990 (2018)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- **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*
- 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
- 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
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- **12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* 
  - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

	Yes	No
	,	
2	X	
3		Х
4		Х
5		Х
6		х
7_		x
8		х
9		X
10		×
11a		X
11b		х
11c		х
11d		X X
11e		
11f	_	х
12a	Х	
12b		Х
13		X
14a		
14b	_ <u>×</u>	
15	Χ_	
16		Х
17		Х
18		Х
19 20a		X X
20a 20b		^
21		Х
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Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		х
a	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 1-		<u> </u>
LUA	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		×
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<del>  ^</del>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
	conservation contributions? If "Yes," complete Schedule M	30 31	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		<u> </u>
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		Ė
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 Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	Х
b	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	36		x
27	organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
		<u> </u>		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			1
للنكسي	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	_1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	<b>→</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b>—</b>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		×
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		├
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		F
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>↓</b>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		<del></del>
^	sponsoring organization have excess business holdings at any time during the year?	<b> </b>		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	100		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1	İ	l
a	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	44-		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N		$\vdash \vdash \vdash$	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	<u> </u>		

Part VI

Friends of Shanghai American School Foundation 52-1957233 Page 6

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

_	Check in Contradic Contradict Con								
<u>Sect</u>	ion A. Governing Body and Management			V					
_		4- 4	r	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4							
	If there are material differences in voting rights among members of the governing body, or								
	If the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O	41							
ь	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
2									
	any other officer, director, trustee, or key employee?		2	_	<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х				
6	Did the organization have members or stockholders?		6		Χ				
7a									
	one or more members of the governing body?		7a		X				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members								
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during							
-	the year by the following	-							
а	The governing body?		8a	Χ					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (	ode	)					
<u> </u>	on bit one of the oddien biographic months and a person of the oddien biographic			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			- 1				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
	describe in Schedule O how this was done	•	12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and appro	val bv							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a						
b	Other officers or key employees of the organization		15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
100	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe								
	the organization's exempt status with respect to such arrangements?	,	16b						
Sect	ion C. Disclosure								
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)						
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable,		J /(U)						
		plaın ın Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	-	cv an	d					
13	financial statements available to the public during the tax year	Johnnot of interest poli	ا بن ر	-					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•						
ŁU		000 450 0000	-						
	International Schools Services, Inc 15 Roszel Road, Princeton, N.I 08540	330 102 0000							

	_
Page	1

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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	ὸοx,	unle: er an	Pos heck ss pe d a d	erson lirect	than both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) York-chi Harder	5 00		İ	İ	ļ —					
President	0 00	Х	ŀ	X						
(2) Deirdre A Simon	5 00									
Treasurer	0 00	Х	l	Х						
(3) Marcel Gauthier	5 00									
Director	0 00	X								•
(4) Elizabeth A Duffy	5 00									
Secretary	0 00	х		Х						
(5) (6)										
(7)										
(8)										
(9)										
(10)									•	
(11)										
(12)										
(13)										
(14)										

'	Section A. Onicers, Directors, Tit	stees, Key Lin		.03,	(	C)			T T T T T T T T T T T T T T T T T T T	pioyees (contin	ueu)
	(A) Name and title	(B) Average hours per	box.	unle	neck ss pe	erson	e than is both or/trus	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)					_						
(16)											
(17)											
(18)											
(19)					-					-	
(20)											
(21)					_						
(22)											-
(23)											
(24)							-				
(25)											
1b c d	Sub-total  Total from continuation sheets to Part VII, Se  Total (add lines 1b and 1c)					l		<b>&gt; &gt; &gt;</b>	0 0	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a		e) v 0	vho	recei	ved	more than \$100	),000 of	
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ule J for such inc	dividu	ıal							Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									h	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									vidual	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compe compensation from the organization Report co year										ax
	(A) Name and business addr	ess							(B) Description of sen	vices C	(C) compensation
									_		0
	<del></del>									<del></del>	0
	<del></del>								<del>_</del>		0
						_					0
2	Total number of independent contractors (including more than \$100,000 of compensation from the	-	ed to	thos	se li	stec	abo	ve)	who received		•

	990 (20		rican School Fol	indation			<u> </u>	233 Page 3
Par	t VIII							
	<u>`</u>	Check if Schedule O contain	s a response or	note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	0				
	Ь	Membership dues	1b				}	}
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ī, Ā	ď	Related organizations	1d	<del> </del>				
⊙ =	e	Government grants (contribution	<del></del> -					
en S				<del>                                     </del>			1	
he te	l f	similar amounts not included ab		110 672				
돌δ	_			110,672			1	ļ
SE	g	Noncash contributions included in	lines 1a–1f <sup>-</sup> \$		440.070			
	<u>h</u>	Total. Add lines 1a-1f		Business Code	110,672	<del></del>	<del> </del>	<del> </del>
Program Service Revenue	-			Business Code				
<u>8</u>	2a				0			
Ř	b				0	<u> </u>		
5	C				0			
Ser	ď				0			
펿	е				0			ļ
Ę,	f	All other program service revenu	he		0			
	g	Total. Add lines 2a-2f		<b>•</b>	0			
	3	Investment income (including di	vidends, interest	, and				
	ŀ	other similar amounts)		▶	26,576			26,576
	4	Income from investment of tax-e	exempt bond proc	ceeds ►	0		<u></u>	
	5	Royalties		<b>•</b>	0			
			(ı) Real	(ıı) Personal	ļ			
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		<b>•</b>	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	0	0				
	b	Less cost or other basis						
		and sales expenses		ol				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)		<b>•</b>	0			<u> </u>
		(1000)						
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	0				
the	ь	Less direct expenses	b	0				
Ō		Net income or (loss) from fundra	using events	<b>D</b>	0			
		Gross income from gaming activ	_					
		See Part IV, line 19	а	l				
	ь	Less direct expenses	b					
		Net income or (loss) from gamin	_	<b>D</b>	0			!
		Gross sales of inventory, less	g dollvilles					
	104	returns and allowances	а	اه				
	h	Less cost of goods sold	a b	0				
		_					·	! <del></del>
	<u> </u>	Net income or (loss) from sales	or inventory	Business Code				
	44:-	Miscellaneous Revenue		Business Code	—— <u> </u>		·	
	11a			<del></del>	0	<del> </del>		<del></del>
	b			<u> </u>	0			<del></del>
	С			<u> </u>	0			
	d	All other revenue			0	<del></del>		
	е	Total. Add lines 11a-11d		▶	0			
	12	Total revenue. See instructions		<u>▶</u>	137,248	0	0	26,576

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	04	CO4/-1/OL CO4/-1/41		L All - All		4 1	
	Section	1 5011(c)(3) and 5011(c)(4) ord	anizations must complete all c	columns. All other or	aanizations must comble	te column (A)	
	0000.0.	001(0)(0) 4114 001(0)(4) 019	dinzations indst complete an o	solution of the outer of	garnzanone made compre	to ociumni (m)	

Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	_0			<del></del>
2	Grants and other assistance to domestic				
3	Individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	225,243	225,243		
4	Benefits paid to or for members	223,243	223,243		
5	Compensation of current officers, directors,			<del></del>	
•	trustees, and key employees	o		ol	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)	-			
а	Management	14,119		14,119	
b	Legal	0			
C	Accounting	10,450		10,450	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	17,598		17,598	
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	0		- 0	
12	Advertising and promotion	0		0.405	
13	Office expenses	2,465		2,465	
14 15	Information technology	0			
16	Royalties Occupancy	0		<del></del> +	
17	Travel	0	· · · · · ·		<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0	-		
20	Interest	0			
21	Payments to affiliates	0		***	
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	898		898	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ŀ	ł		
	line 24e amount exceeds 10% of line 25, column				ı
	(A) amount, list line 24e expenses on Schedule O)				
а		0			
b		0			
C		0			
d	An	0			
e	All other expenses	0	205.045	4= ===	
25	Total functional expenses. Add lines 1 through 24e	270,773	225,243	45,530	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		Ì		
	from a combined educational campaign and				
	fundraising solicitation Check here If				
	following SOP 98-2 (ASC 958-720)				5 000

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 529,805 2 393,540 2 Savings and temporary cash investments 3 0 3 Pledges and grants receivable, net ol 4 0 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 0 6 0 7 0 Notes and loans receivable, net 0 8 8 Inventories for sale or use 490 408 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 0 Ol 10c 0 b Less accumulated depreciation 1,194,051 11 1,167,566 11 Investments—publicly traded securities ol Investments—other securities See Part IV, line 11 12 0 12 Investments—program-related See Part IV, line 11 ol 13 0 13 ol 0 14 14 Intangible assets 0 ol 15 15 Other assets See Part IV, line 11 1,724,346 16 1,561,514 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,500 17 Accounts payable and accrued expenses 17 8,900 Ol 18 18 Grants payable ol 19 Deferred revenue 19 ol 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Ol 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 0 22 disqualified persons Complete Part II of Schedule L ol Secured mortgages and notes payable to unrelated third parties 23 0 23 Unsecured notes and loans payable to unrelated third parties 0 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 8,900 8,500 26 Total liabilities. Add lines 17 through 25 ▶ X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 717,913 27 554,522 Unrestricted net assets 297,933 28 298,092 Temporarily restricted net assets 28 700,000 29 700,000 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 01 31 31 Paid-in or capital surplus, or land, building, or equipment fund ol 32 32 Retained earnings, endowment, accumulated income, or other funds

1,552,614

1,561,514

1,715,846

1,724,346

33

Part	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1		137	7,248
2	Total expenses (must equal Part IX, column (A), line 25)	L	2		270	),773
3	Revenue less expenses Subtract line 2 from line 1		3		-133	3,52 <u>5</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_	4		1,715	5,846
5	Net unrealized gains (losses) on investments	_	5		-29	9 <u>,707</u>
6	Donated services and use of facilities	<u> </u>	6			
7	Investment expenses		7			
8	Prior period adjustments	L	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	L	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))		10		1,552	2 <u>,614</u>
art	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					Yes	No
1	Accounting method used to prepare the Form 990			_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın				
	Schedule O				<b> </b>	
2a	· · · · · · · · · · · · · · · · · · ·			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			ļ	
	reviewed on a separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	n a			i	
	separate basis, consolidated basis, or both				1	
	X Separate basis Consolidated basis Both consolidated and separate basis				!	
С		ersiaht of			Ì	
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account			2c		X
	If the organization changed either its oversight process or selection process during the tax year, ex			<u> </u>	1	
	Schedule O	•			l	
3a		orth in				
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	the same of the sa	go the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such			3b		

Form 990 (2018), Friends of Shanghai American School Foundation

52-1957233 Page **12** 

Form **990** (2018)

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name of the organization Employer identification number										
	Friends of Shanghai American School Foundation 52-1957233							_		
Part								_		
The c	organization is not a private foundati A church, convention of churche						07			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )									
3	A hospital or a cooperative hosp					i).				
4	A medical research organization hospital's name, city, and state	_					ter the			
5 [	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 governi	•	tal unit described in se	ction 170	)(b)(1)(A)(	v).				
7 [	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental u	ınıt or from the gene	ral public			
8	A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II)						
9	An agricultural research organiz or university or a non-land-gran university	ation described in s t college of agricult	section <b>170(b)(1)(A)(ix</b> ure (see instructions)	) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or			
10										
11	An organization organized and	operated exclusivel	y to test for public safe	ty See se	ection 509	9(a)(4).				
12	An organization organized and of one or more publicly supports Check the box in lines 12a throi	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).			
а	Type I. A supporting organization(sorganization You must com	ation operated, sup  the power to regu  plete Part IV, Sect	ervised, or controlled blarly appoint or elect a ions A and B.	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting			
b	Type II. A supporting organize control or management of the organization(s) You must control organization (s)	e supporting organi omplete Part IV, Se	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported			
С	Its supported organization(s)						rated with,			
d	Type III non-functionally into that is not functionally integral requirement (see instructions	tegrated. A support ated The organizat s) You must comp	ting organization opera ion generally must sati llete Part IV, Sections	ited in cor sfy a distr <b>A and D,</b>	nnection was bution red and Part	oth its supported org quirement and an att <b>V</b> .	entiveness			
e	Check this box if the organiz	ation received a wri	itten determination from	n the IRS	that it is a	Type I, Type II, Type	e III			
•	functionally integrated, or Tyle  Enter the number of supported of		ily integrated supportir	ig organiz	alion			0		
q	Provide the following information		ed organization(s)					ت		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	_		
				Yes	No					
(A)		-						_		
(B)								_		
(C)								_		
(D)								_		
(E)				-				_		
Total	-	To Leaville VASE	TWA 188 4.2	P. P. T. S.	d'	0		0		

Friends of Shanghai American School Foundation e for Organizations Described in Sections 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 unde
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,940	188,943	85,004	148,245	110,672	557,804
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	24,940	188,943	85,004	148,245	110,672	557,804
6	Public support. Subtract line 5 from line 4						557,804
	ction B. Total Support					· · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	24,940	188,943	85,004	148,245	110,672	557,804
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,930	2,008	47,134	96,696	26,576	206,344
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		<u>.</u> ,				0
11	Total support. Add lines 7 through 10						764,148
12 13	Gross receipts from related activities, etc. (si First five years. If the Form 990 is for the o organization, check this box and stop here		econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	<b>&gt;</b>
Sec	ction C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Sched	ule A, Part II, line 1	4		4/20/	15	73 00% 74 44%
	33 1/3% support test—2018. If the organiz and stop here. The organization qualifies as 33 1/3% support test—2017. If the organiz	s a publicly support	ed organization				► X
_	box and stop here. The organization qualifie					,	▶ _
	a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2017 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and	-circumstances" te	st, check this box a	and stop here.		▶ [
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b>&gt;</b>

### 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.)

	If the organization fails to qu	lality under the	tests listed bei	ow, please corr	ipiete Part II )		
	ction A. Public Support		<del></del>	1	1 1 2 2 2 2		<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						'.
_	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					/	1
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the					//	
	organization's benefit and either paid to				/	<b>{</b> /	
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					_	0
6	Total. Add lines 1 through 5	\ 0	0	0	0	_ 0	0
7a	Amounts included on lines 1, 2, and 3			,			
	received from disqualified persons			7			0
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/		1	
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	_ \ 0	0	0	0	0
8	Public support (Subtract line 7c from		\ \	/			
	line 6 )		X				0
Sec	ction B. Total Support		/ `	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	/ 0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses	/		1			
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	/ 0	0	0	\ 0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	/					
	or not the business is regularly carried on	/					0
12	Other income Do not include gain or				\	\	
	loss from the sale of capital assets						
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here					\	▶
Sec	tion C. Computation of Public Su	pport Percenta	age			/	
15	Public support percentage for 2018 (line 8, c			(f))		15	0 00%
16	Public support percentage from 2017 Sched					16	0 00%
_	tion D. Computátion of Investmen						\
17	Investment incomé percentage for 2018 (line			column (f))		17	0 00%
18	Investment income percentage from 2017 S			• • •		18	0 00%
	33 1/3% support tests—2018. If the organi			14, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s						<b>\▶</b> □
b	33 1/3% support tests—2017. If the organi					33 1/3%, and	\_
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	licly supported org	anization	<b>▶</b> \

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# 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

2018

Open to Public Inspection

Name	of the organization		Employer identification number
Frien	ds of Shanghai American School Foundation		52-1957233
Par		Advised Funds or Other Similar Fu	
		ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal control	l? Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	iny other purpose
	conferring impermissible private benefit?		Yes No
Par	Conservation Easements.	<del>-</del>	
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	ecreation or education)	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year	7	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or tern	minated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy reg		· —
_	violations, and enforcement of the conservatio		Yes No
6	Staff and volunteer hours devoted to monitoring, in:	specting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing cons	constant accompate during the year
•	Through or expenses incurred in monitoring, inspect	ting, handling of violations, and emorcing cons	ervation easements during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	of section 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?	Time 2(a) above satisfy the requirements	Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	
•	balance sheet, and include, if applicable, the te		· ·
	organization's accounting for conservation eas	_	
Parl			r Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under		evenue statement and balance sheet
	works of art, historical treasures, or other simil-	ar assets held for public exhibition, educati	ion, or research in furtherance of
	public service, provide, in Part XIII, the text of t	the footnote to its financial statements that	describes these items
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	ar assets held for public exhibition, educati	ion, or research in furtherance of
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, li	ne 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of ar	t, historical treasures, or other similar asse	
	following amounts required to be reported under	er SFAS 116 (ASC 958) relating to these it	ems
а	Revenue included on Form 990, Part VIII, line		<b>&gt;</b> \$
	Assets included in Form 990, Part X		▶ \$

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land	0	0		0				
b	Buildings	0	0	0	0				
С	Leasehold improvements	0	0	0	0				
d	Equipment	0	0	0	0				
е	Other	0	0	0	0				
Tota	otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)								

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

Part VII	Complete if the organization answere	ed "Yes" on Form 990.	Part IV. line 11b See Form	990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	raluation
(1) Financia	al derivatives	0		
	held equity interests	0		
• • •				
(0)				
(D)				
(E)				
(F)				
( <u>G</u> )				
(H)				
	nn (b) must equâl Form 990, Pârt X, cól (B) liñe 12) 🕨	Ù	July to Mark 1997 the Life	
Part VIII				
	Complete if the organization answere	ed "Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
			0031 07 6110-07-9621	That value
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
<u>(6)</u> (7)		-		
(8)				
(9)				
	nn (b) must equal Form 990 Part x col (B) line 1.3.1	ň	- 関本。 (編 )   1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	27 To 10 10 10 10 10 10 10 10 10 10 10 10 10
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d See Form	
	(a) De	escription	. <u>-</u> -	(b) Book value
(1)				
_(2)				
_(3)			<u> </u>	
_(4)				
(5)				
(6)			<del></del>	
_(7)			·	<del> </del>
(8)				<u> </u>
(9)	# 15 000 B 14 14 14 14 14 14 14 14 14 14 14 14 14	- 451		
	mn (b) must equal Form 990, Part X, col (B) lin	e 15)		
Part X	Other Liabilities.	d "Vee" on Farm 000	Dort IV/ line 11e or 11f Coo	Form 000 Bort V
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line Tie or Til See	ronn 990, Pan A,
	line 25	#1 Paul		
1.	(a) Description of liability	(b) Book value		
	l income taxes	U		
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Par	ΙX	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV		•	turn.	
1	Total	revenue, gains, and other support per audited financial statements	v, 1111C	124	1	107,541
2		· · · · · · · · · · · · · · · · · · ·				107,541
		unts included on line 1 but not on Form 990, Part VIII, line 12	2-	20.707		
a		inrealized gains (losses) on investments	2a	-29,707		
b		ted services and use of facilities	2b			
C		veries of prior year grants	2c			
d		r (Describe in Part XIII )	2d		<del></del> -	00.707
		ines 2a through 2d			2e	-29,707
3		ract line 2e from line 1	1	}	3	<u>1</u> 37,248
4		unts included on Form 990, Part VIII, line 12, but not on line 1				
		tment expenses not included on Form 990, Part VIII, line 7b	_4a	<del></del>		
b		r (Describe in Part XIII )	_4b		<del></del>	_
C		ines 4a and 4b			4c	0
5		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	137,248
Part	XII	Reconciliation of Expenses per Audited Financial Statements			Return.	•
1	Takal	Complete if the organization answered "Yes" on Form 990, Part IV	, line	ıza	4	070.770
		expenses and losses per audited financial statements			1	270,773
2		unts included on line 1 but not on Form 990, Part IX, line 25	اید			
		ted services and use of facilities	2a			
b		year adjustments	2b			
C .	-	rlosses	2c			
d		r (Describe in Part XIII )	2d			_
		ines 2a through 2d		}	2e	0
3		ract line 2e from line 1	1	}	3	270,773
4		unts included on Form 990, Part IX, line 25, but not on line 1	_			
		tment expenses not included on Form 990, Part VIII, line 7b	_4a		İ	
		(Describe in Part XIII )	4b		<del></del> -	_
_		ines 4a and 4b			4c	0
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.			_5	270,773
		descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Paines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi				4, Paπ X, line
				^		

Schedule D (Fo		Friends of Shanghai American School Foundation	52-1957233	Page 5
Part XIII	Suppleme	ental Information (continued)		
•				
		•		

### **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.

OMB No 1545-0047 Open to Public

Internal Revenue Service

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 52-1957233 Friends of Shanghai American School Foundation Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance

(a) Region	(b) Number of	(c) Number of	an be duplicated if additional s	(e) If activity listed in (d) is	(f) Total
(a) Region	offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
South Asia			educational support	÷	
(1)					225,243
_(2)	-				
(3)					
\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-					
<b>(5)</b>		,			
(5)	-				
(6)					
-					
(7)	<del>                                     </del>				
	**	,		····	-
(9)					
(40)					
(10)	<del>                                     </del>				
(11)					
(12)	-				
(13)					
(13)			-	<u>-</u>	
(14)				<u> </u>	
(15)				<del></del>	
(16)					
(17)					
3a Subtotal	0	0			225,243
b Total from continuation sheets to Part I	o	0			0
Sheets to Part 1		0	1		225 243

52-1957233

Schedule F (Form 990) 2018 Friends of Shanghai American School Foundation

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 Part II

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)
(1)		South Asia	Educational Support	225,243	WIRE			
(2)								
(3)								
(4)								
(5)								
(9)								
(7)		i						
(8)								
(6)								
(10)								
(11)								
(12)	· · · · · · · · · · · · · · · · · · ·							
(13)								
(14)	:							
(15)								
(16)								
	her of recipient	Enfer total number of recipient organizations listed above that	that are recognized	oc charities by the	tamovo vet se horiamonor vatarion amorah by the formation and partial properties	tamovo vet ac born		

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

Enter total number of other organizations or entities

52-1957233

Friends of Shanghai American School Foundation

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, June 16 Part III can be duplicated if additional space is needed.

(h) Method of , valuetion (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ð 2 3 ₹ 9 (11) (15) (18) 9 8 8 6 (10) (12) (13) 14 (16) (17)

Schedule F (Form 990) 2018

art	IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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

rt V	<b>Supplemental Information</b> Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column	
	amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III, column (c) (estimated number of recipients), as applicable. Also complete this padditional information. See instructions	art III (accounting method),
		,
		-

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Friends of Shanghai American School Foundation	52-1957233				
Form 990, Part VI, Section B, Line 11B Copies of the Form 990 are sent to all board members					
for review before the Form 990 is submitted to the Internal Revenue Service					
Form 990, Part VI, Section B, Line 12C. The Conflict of Interest Policy is reviewed annually					
by all the board members					
Form 990, Part VI, Section C, Line 19 The Corporate documents and tax forms are kept at 15					
Roszel Road, Princeton, NJ 08540 and are available upon reguest					

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Friends of Shanghai American School Foundation	52-1957233
	•
·	
·	