Form 990	
(Rev January 2020)	

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 ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning JUL 1, 2019 2020and ending JUN 30, D Employer identification number C Name of organization Check if Address change EULBRIGHT UNIVERSITY VIETNAM USA, X Name change 45-5152480 Doing business as Initial Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number Final (781)292-47101763 GREAT PLAIN AVENUE, CURIE HOUSE termin ated 8,694,063. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEEDHAM, MA 02492 H(a) Is this a group return F Name and address of principal officer BENJAMIN WILKINSON Applica-Yes X No for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? 501(c) (Tax-exempt status X 501(c)(3) 4947(a)(1)) ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.FUVUSA.ORG H(c) Group exemption number ▶ K Form of organization. X Corporation Year of formation 2012 M State of legal domicile, MA Trust Association Other > Part I Summary TO PROVIDE FINANCIAL SUPPORT FOR Briefly describe the organization's mission or most significant activities Governance HIGHER EDUCATION IN VIETNAM. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 12 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 7,032,517 8,671,949. Contributions and grants (Part VIII, line 1h) O. 0 Program service revenue (Part VIII, line 2g) 2,095 2,063. 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) 8,674,012. 7,034,612 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,977,277. 3,302,475 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 590,214 774,899. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,000. 240,685. 16a Professional fundraising fees (Part IX, column (A), line 11e) 370,242. b Total fundraising expenses (Part IX, column (D), line 25) 2,897,184 1,276,052. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,030,558. 9,078,228. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -404,216. 4,054 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,070,607. 2,534,192. 20 Total assets (Part X, line 16) 1,834,316 775,275. 21 Total liabilities (Part X, line 26) Net/ 295,332. 699,876. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury / 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 prepare, (other than officer) is based on all information of which preparer has any knowledge Sign WYLKINSON, EXECUTIVE DIRECTOR BENJAMIN Here Type or print name and title Preparer's signature Print/Type preparer's name 5/7/2021 P00288314 RICHARD J. LOCASTRO, CPA Paid ▶ GELMAN, ROSENBERG 52-1392008 & FREEDMAN Firm's EIN Preparer Firm's name 4550 MONTGOMERY AVE SUITE 800N Firm's address Use Only 951-9090 BETHESDA, MD 20814-2930 X Yes JNo May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2019)

LHA For Paperwork Reduction Act Notice, see the separate instruction

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Form **990** (2019)



Part IV Checklist of Required Schedules

			res	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	Х	
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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2010)

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Part IV Checklist of Required Schedules (continued)

•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<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	х	
24 a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	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)			ļ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			٠,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
•	contributions? If "Yes," complete Schedule M	30		$\frac{\Lambda}{X}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	- 	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	32		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	3		 -
5	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	Х	
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		X_
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
	-		Yes	No
	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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Par	t 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 Statements,										
	filed for the calendar year ending with or within the year covered by this return		٠	,							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>							
	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		Х							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	ļ							
b	If "Yes," enter the name of the foreign country VIETNAM			1							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_	- -								
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		Х							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5¢									
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		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b		<u> </u>							
7	Organizations that may receive deductible contributions under section 170(c).	-		١,,							
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							
	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 required	_									
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	.χ̈́							
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		^							
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		l							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		-							
		-									
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	-	-							
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b									
10	Section 501(c)(7) organizations. Enter	-55		 							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter										
 a	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note: See the instructions for additional information the organization must report on Schedule O										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand		_								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-,								
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see instructions and file Form 4720, Schedule N										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							

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Form **990** (2019)

If "Yes," complete Form 4720, Schedule O

FULBRIGHT UNIVERSITY VIETNAM USA, INC. Form 990 (2019) 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 Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 11 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 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 give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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State the name, address, and telephone number of the person who possesses the organization's books and records

BENJAMIN WILKINSON - (781)292-4710 1763 GREAT PLAIN AVENUE, CURIE HOUSE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization n	or any related	orga	anıza	ation	cor	mpe	nsat	ted any current officer,	director, or trustee	· · · · · ·
(A)	(B)				<u>)</u>			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one pox, unless person is both an					Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe id a d	rson irecto	is bot or/trus	h an itee)	compensation	compensation	amount of
	week (list any	ä	I		1		Ė	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W 2/1099-MISC)	from the
	related	ee or	stee			nsate	!	(W-2/1099-MISC)	(*** 5, ********************************	organization
	organizations	trust	al tru		a),	ad mo				and related
	below	Individual trustee or director	institutional trustee	ĕ	Key employee	Highest compensated employee	듩			organizations
-	line)	Ē	ıısı	Officer	ş	돌	ই		····	
(1) THOMAS VALLELY	10.00	ļ.,		١	1					٥.
CHAIRMAN	1.00	Х	_	Х				0.	0.	0,.
(2) NGA TRAN	3.00	Į			ł		l			
TREASURER	1.00	X	_	X	<u> </u>	<u> </u>	ļ	0.	0.	0.
(3) LEON BOTSTEIN	1.00	ļ.,			1					
DIRECTOR	1.00	X	₽	_	-	<u> </u>	<u> </u>	0.	0.	0.
(4) FRANCES ZWENIG	1.00	 			ł			0.	٥.	_
DIRECTOR	1.00	Α.	Ь	<u> </u>			<u> </u>	0.		0.
(5) FRANK JAO	$\begin{array}{c c} 1.00 \\ \hline 1.00 \end{array}$	X			ì		1	0.	0.	0.
DIRECTOR	4	^	-	⊢	-	├-		0.	0.	<u> </u>
(6) LE HOAI NAM	1.00	Į.,					1	0.	٥.	0.
DIRECTOR (7) CYPT COURT NOVEMBER 1	1.00	^		-	-		-	0.	U •	0.
(7) CHRISTOPHER NGUYEN DIRECTOR (UNTIL 1/2020)	1.00	Į.,						0.	0.	0.
(8) HOANG THI MAI HUONG	1.00	<u> </u>	-	⊢	_		┢	0.		
DIRECTOR	1.00	X						0.	\ o.	0.
(9) TRANG TRONG KIEN	1.00	 	┢	\vdash		\vdash				
DIRECTOR	1.00	$ \mathbf{x} $						0.	٥.	0.
(10) CHRISTOPHER MALONE	1.00	╁	\vdash	┢	 		┢	•		
DIRECTOR	1.00	\mathbf{x}						0.	٥.	0.
(11) LE VIET QUOC	1.00		┢	-			 		-	
DIRECTOR	1.00	\mathbf{x}	ļ					0.	0.	0.
(12) HENRY NGUYEN	1.00	Ħ	1	 		\vdash	t			
DIRECTOR	1.00	X	!					0.	0.	0.
(13) BENJAMIN WILKINSON	32.00	T								
EXECUTIVE DIRECTOR, BOARD CLERK	8.00	1		X				193,869.	0.	36,360.
(14) PETER WELSH	40.00									
CHIEF OPERATING OFFICER	0.00	1			Х			168,820.	0.	17,528.
(15) ANNE DOYLE	40.00									
DIR., INST. ENGAGE. (UNTIL 12/2019)	0.00	1				X		141,802.	0.	15,492.
					L	L				
]				1	1			

Form 990 (2019)

932008 01-20-20

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129,413.

110,039.

Form 990 (2019)

DUAN BLVD, HO CHI MINH, VIETNAM

\$100,000 of compensation from the organization

50 WASHINGTON STREET, WESTBOROUGH, MA 01581ACCOUNTING

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

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			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
-			Official in ochequie of contains a response of	in Hote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	All other contributions, gifts, grants, and similar amounts not included above	65,250.				,
		h	Total. Add lines 1a-1f		8,671,949.			
				Business Code			<u></u>	·
Program Service Revenue	2	b c d e f	All other program service revenue					
			Total. Add lines 2a-2f	_				
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pre Royalties	oceeds	2,114.			2,114.
		þ	Gross rents Less rental expenses Rental income or (loss) (i) Real 6a 6b 6c	(II) Personal			r	
			Net rental income or (loss)	•				,
9	7	а	Gross amount from sales of assets other than inventory Less cost or other basis (i) Securities 7a 20,000.	(II) Other				
Ž			and sales expenses 7b 20,051.					
eve			34.17 (1000)		-51.	, , ,		-51.
Other Revenue			Net gain or (loss) Gross income from fundraising events (not including \$	<u> </u>	-31.			-31.
		b	Less direct expenses 8b					·
		С	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 9a	>			-	
	10	С	Less direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns	•		,		
		b	and allowances Less cost of goods sold Net income or (loss) from sales of inventory		-			
		<u> </u>		Business Code			•	
Miscellaneous Revenue	11	a b						
Rev		С					ļ	
Ξ			All other revenue				· · · · · · · · · · · · · · · · · · ·	
		е	Total. Add lines 11a-11d		8 674 012	0.	0.	2.063.

Form 990 (2019) FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45

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)

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	000 560	202 552		
	and domestic governments. See Part IV, line 21	809,562.	809,562.		
2	Grants and other assistance to domestic				•
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	6 167 715	6 167 715		
	individuals See Part IV, lines 15 and 16	6,167,715.	6,167,715.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	441,686.	364,212.	26,160.	51,314
_	trustees, and key employees	441,000.	304,212.	20,100.	31,314
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	226,710.	132,678.	10,451.	83,581
7 8	Other salaries and wages Pension plan accruals and contributions (include	220,110.	132,070.	10, 101	03,301
ō	section 401(k) and 403(b) employer contributions	19,616.	11,480.	904.	7.232
^	1 1	42,894.	31,008.	2,409.	9 477
9 10	Other employee benefits Payroll taxes	43,993.	32,465.	2,403.	7,232 9,477 9,125
11	Fees for services (nonemployees)	40,000	32,1031	2,1001	3,223
	, , , ,				
a b	Management	78,561.	59,280.	9,408.	9,873
	Legal Accounting	171,461.	129,379.	20,533.	21,549
	Lobbying	49,600.	22370731		49,600
u	Professional fundraising services. See Part IV, line 17	50,000.			50,000
f	Investment management fees	375.		375.	
, g					
9	column (A) amount, list line 11g expenses on Sch O.)	762,718.	613,252.	97,324.	52,142
12	Advertising and promotion	<u> </u>			
13	Office expenses	13,612.	2,926.	7,628.	3,058
14	Information technology				·
15	Royalties			<u> </u>	
16	Occupancy	53,505.		53,145.	360
17	Travel	121,456.	90,955.	10,683.	19,818
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,807.	9,177.		1,630
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,566.	9,566.		
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)		,	t.	
а	MISCELLANEOUS	2,588.	1,376.	93.	1,119
b	PAYROLL PROCESSING FEES	1,754.	1,294.	96.	364
c d	SUBGRANT ADMINISTRATION	49.		49.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	9,078,228.	8,466,325.	241,661.	370,242
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 990 (2019

932010 01-20-20

Pa	rt X	Balance Sheet				
-		Check if Schedule O contains a response or not	e to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		171,404.	1	_80,327.
	2	Savings and temporary cash investments	1,701.	2	1,327.	
	3	Pledges and grants receivable, net		2,214,086.	3	871,873.
	4	Accounts receivable, net		, 13,736.	4	705.
	5	Loans and other receivables from any current or	former officer, director,			
	ļ	trustee, key employee, creator or founder, subst	antial contributor, or 35%			<u></u>
	1	controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	I in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∢	9	Prepaid expenses and deferred charges		10,323.	9	11,703.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a	,		,
	b	Less accumulated depreciation	10b		10c	,
	11	Investments - publicly traded securities		122,942.	11	104,672.
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15	1 0 5 0 6 0 5	
	16	Total assets. Add lines 1 through 15 (must equa	2,534,192.	16	1,070,607.	
	17	Accounts payable and accrued expenses		1,834,316.	17	775,275.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	•		20	
	21	Escrow or custodial account liability Complete F			21	
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst		'		-
<u>ia</u>		controlled entity or family member of any of thes			22	
_	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated	*		24	<u> </u>
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X	1	25	
		of Schedule D		1,834,316.	26	775,275.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ak bara 🕨 X	1,031,3101	20	7,372,31
es		and complete lines 27, 28, 32, and 33.	CK Here			
SE.	27	Net assets without donor restrictions		399,755.	27	59,002.
Bali	28	Net assets with donor restrictions		300,121.	28	236,330.
臣	20	Organizations that do not follow FASB ASC 9	58 check here			
Ŀ		and complete lines 29 through 33.				
ŏ	29	Capital stock or trust principal, or current funds		*	. 29	
iets	30	Paid-in or capital surplus, or land, building, or eq	uipment fund	******	30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		699,876.	32	295,332.
~	33	Total liabilities and net assets/fund balances		2,534,192.	33	1,070,607.
	<u>, </u>					

Form **990** (2019)

Form	990 (2019) FULBRIGHT UNIVERSITY VIETNAM USA, INC.	45-5	<u> 152480</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
<u></u>	Check if Schedule O contains a response or note to any line in this Part XI				<u>Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,07		
3	Revenue less expenses Subtract line 2 from line 1	3	-40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69	9,8	
5	Net unrealized gains (losses) on investments	5		- 3	28.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			_ ′_	
	column (B))	10	29	5,3	<u>32.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				پی
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both			1	ļ
	Separate basis Consolidated basis X Both consolidated and separate basis]	į	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			í
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		v	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit		x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0046)
			Form	330 ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Employer identification number Name of the organization 45-5152480 FULBRIGHT UNIVERSITY VIETNAM USA, INC. Part T Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 LX 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 l 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1 10 support (see instructions) support (see instructions) organization above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480 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)

Se	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude any "unusual grants ")	567,465.	5,131,053.	12,367,322.	7,032,517.	8,671,949.	33,770,306.				
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	567,465.	5,131,053.	12,367,322.	7,032,517.	8,671,949.	33,770,306.				
5	The portion of total contributions	1		•							
	by each person (other than a				•						
	governmental unit or publicly		•								
	supported organization) included		•								
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)		^								
	Public support. Subtract line 5 from line 4	•		<u> </u>			33,770,306.				
_	ction B. Total Support			····· γ							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	567,465.	5,131,053.	12,367,322.	7,032,517.	8,671,949.	33,770,306.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,		100	1 055	0 005		F				
	and income from similar sources	1.	108.	1,257.	2,095.	2,114.	5,575.				
9	Net income from unrelated business										
	activities, whether or not the			`							
	business is regularly carried on										
10	Other income Do not include gain										
	or loss from the sale of capital					^					
	assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10	<u></u>					33,775,881.				
12	Gross receipts from related activities	•				12					
13	First five years. If the Form 990 is fo	=	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	,				
Se	organization, check this box and stor ction C. Computation of Pub	o here lic Support Pe	rcentage			 	<u> </u>				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	99.98 %				
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14	1	:	15	99.99 %				
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line ¹	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				▶X				
k	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box				
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶				
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ization				
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	l organization		▶ .				
t	10% -facts-and-circumstances tes										
	more, and if the organization meets t										
	organization meets the "facts-and-cir	cumstances" test	The organization of	jualifies as a public	cly supported orga	anızatıon	▶ٰ				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b							
	Schedule A (Form 990 or 990-EZ) 2019										

45-5152480 Page 3 Schedule A (Form 990 or 990-EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (d) 2018 (e) 2019 (f) Total (b) 2016 (c) 2017 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business, is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 % Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Jinvestment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 % investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

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)

0 1: 1	A. All Supporting	^
Section D	המודה המחווציונטיני	(Irganizatione

- Yes No 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 1 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) 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 За 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 3b 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 Зс 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 4a 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 4b 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) 4c 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) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c 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 6 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) 7
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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.)

8

932024 09-25-19

Sche	dule A (Form 990 or 990-EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-51	.5248	0 Pa	age 5
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	<u> </u>	<u> </u>
	A family member of a person described in (a) above?	11b		-
	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		
Sec	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,			1
	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			ĺ
	the supported organization(s)	1 1	L	Щ
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	1 .		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	/		٠
	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	ļ	-
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		İ	
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_	1	
	supported organizations played in this regard	3		L
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 yea(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 ins	struction		
2	Activities Test Answer (a) and (b) below.		Yes	No
, a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	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	, ,			İ
	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	1		
	activities but for the organization's involvement	2b	 	
3	Parent of Supported Organizations Answer (a) and (b) below.	1 '	Ι΄	1
а				١ -
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a) substantial degree of direction over the policies, programs, and activities of each	- <u>-</u>		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Щ.	Щ_

45-5152480 Page 6 Schedule A (Form 990 or 990-EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 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 (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 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) 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) 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 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) Net value of non exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year

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

Schedule A (Form 990 or 990-EZ) 2019

instructions)

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

emergency temporary reduction (see instructions)

45-5152480 Page 7 Schedule A (Form 990 or 990 EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (1) (ii) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D. a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Part	VΙ	Suppl Part IV, line 1, F Section	Section A, I Part IV, Sect	Informa lines 1, 2, 3 ion D, lines	i tion. Pi 3b, 3c, 4 s 2 and 3	rovide the b, 4c, 5a, i, Part IV,	explanatio 6, 9a, 9b, 9 Section E, l	ns requir 0c, 11a, 1 lines 1c, 1	ed by Pa 1b, and 2a, 2b, 3	art II, line 11c, Part a, and 3b	IO, Part II, line IV, Section B, Part V, line 1,	C. 45-5152 17a or 17b, Part III, lin lines 1 and 2, Part IV, Part V, Section B, line dditional information	e 12, Section C,
SCH	EDU	LE A	, PART	II -	SHO	RT YE.	AR:					,	
THE	OR	GANI	ZATION	CHAN	GED :	ITS Y	EAR EN	ID FR	.ОМ 9	/30 т	0 6/30,	EFFECTIVE	
6/30)/2	019.	THERE	FORE,	THE	INFO	RMATIC	N IN	THE	2018	COLUMN	REPRESENTS	THE
SHOR	۲T :	YEAR	10/1/	2018	- 6/:	30/20	19.						
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

) (see separate instructions), then					
	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			Emple	oyer identification number
man	ne of organization	um initiinnatmii iii		TNO	Empio	•
Б		HT UNIVERSITY VI			77 0	45-5152480
Pè	art I-A Complete if the org	ganization is exempt und	der section 50 I(c)	or is a section :)Z/ ()	yanızatıon.
	Provide a description of the organiz	•	cal campaign activities	ın Part IV		
	Political campaign activity expendit				▶\$	
3	Volunteer hours for political campai	gn activities				
_				/a\		
		janization is exempt und		(3).		
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5	▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?			Yes No
48	Was a correction made?					L Yes
	If "Yes," describe in Part IV		· · · · · · · · · · · · · · · · · · ·		PA37	1/0)
Pa	art I-C Complete if the org	janization is exempt und	der section 501(c)	, except section		s)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	-1		
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and er	nployer identification number (E	IN) of all section 527 po	olitical organizations t	o which	n the filing organization
	made payments. For each organization	ition listed, enter the amount pa	id from the filing organi	zation's funds. Also e	nter th	e amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political org	janization, such as a	separat	e segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	i IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
				filing organization		contributions received and
				funds If none, ent	ter -0-	promptly and directly delivered to a separate
						political organization
						If none, enter 0
_						
_				 		

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990 EZ) 2019 FULB Part II-A Complete if the organiza section 501(h)).	tion is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under
A Check ► if the filing organization belo	ongs to an aff	iliated group (and list ii	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of exc	ess lobbying	expenditures)			
B Check ► if the filing organization che	cked box A a	nd "limited control" pre	ovisions apply		
Limits on Lo (The term "expenditures"	bbying Expe means amo)	ا (a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence a	•		ļ		
c Total lobbying expenditures (add lines 1a	-	, , , , ,			
d Other exempt purpose expenditures	•				
e Total exempt purpose expenditures (add li	nes 1c and 1	d)			
f Lobbying nontaxable amount Enter the ar			th columns		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	cess over \$500,000				
Over \$1,000,000 but not over \$1,500,000	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000					
				·	
g Grassroots nontaxable amount (enter 25%	of line 1f)		-		-
h Subtract line 1g from line 1a. If zero or less	-		-		
i Subtract line 1f from line 1c If zero or less			L		
j If there is an amount other than zero on en	ther line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?	4 37 4		0 1: 504(1)		Yes No
(Some organizations that made S	le a section 5	eraging Period Under 601(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
Lo	bbying Expe	ndıtures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total ، ;
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				·	
(150% of line 2d, column (e))					<u> </u>
f Grassroots lobbying expenditures				Schedule C (For	,

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480 Page 3

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (b)			
of the	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or	<u> </u>	-	_	
• ,	local legislation, including any attempt to influence public opinion on a legislative matter				,
	or referendum, through the use of				
а	Volunteers?	_	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	Х		4.9	9,600.
j	Total Add lines 1c through 1i		,	4.9	9,600.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912			-	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	,			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				1
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	(5), or se	ction	
	501(c)(6).				1
				Yes	No
1,	Were substantially all (90% or more) dues received nondeductible by members?		1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Did Company of the carry over lobbying and political campaign activity expenditures from the Did Company of the carry over lobbying and political campaign activity expenditures from the Did Company of the carry over lobbying and political campaign activity expenditures from the Did Company of the Company o	he prior yea	r? 3	otion	<u> </u>
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) ROTH Port III. A lines 1 and 2 are appropriately				0 2 ic
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	i NO OF	1 (b) Part	III-A, III	ie 3, 15
					
1	Dues, assessments and similar amounts from members	1	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	-		
_	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4		
Par			5		
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n list\ Part I	LA lines 1	and 2 (coo	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	plisty, ranti	I'A, IIIIES I i	anu 2 (5ee	,
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	(1 11 5) 51113 1, 50551110 11011/11115				
COL	NTRACTED WITH AN OUTSIDE CONSULTANT TO ADVISE ON DE	EVELOP	ING AN	D	
IMI	PLEMENTING STRATEGIES FOR SUSTAINING FEDERAL FUNDIN	IG TO	FUV. E	NGAGEI)
WI?	TH THE EXECUTIVE BRANCH AND CONGRESS IN SUPPORT OF	THESE	STRAT	EGIES	• \
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					:

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

FULBRIGHT UNIVERSITY VIETNAM USA TNC Employer identification number 45-5152480

Par	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Irr	ed Funds or Other Similar Fund	s or Acco	unts.Complete if the
	. 3	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			<u> </u>
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
	Did the organization inform all grantees, donors, and donor a		used only	
	for charitable purposes and not for the benefit of the donor of		-	
	impermissible private benefit?		3	Yes No
Par		ganization answered "Yes" on Form 990,	Part IV, line	
	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a historicall	y important land area
	Protection of natural habitat	· —		istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a consen	vation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture	
	listed in the National Register		2d	
	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organizatio	on during the tax
	year >			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?		L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	iservation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that de	scribes the
	organization's accounting for conservation easements			
Par	t III Organizations Maintaining Collections o		Other Simi	ilar Assets.
	Complete if the organization answered "Yes" on Form	····		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance o	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	therance of p	public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, provi	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		•	\$

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 FULBRIG	HT UNIVERS	ITY VIETNA	M USA, INC	·	45-51	52480	D Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (contin	ued)
. 3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant	use of its		
	collection items (check all that apply)		_					
а	Public exhibition	d	I <u> </u> Loan or exc	hange program				
ь	Scholarly research	е	Other					
С	Preservation for future generations		-					
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other assets no	ot included		_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
	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 liab	olity?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation has been	provided on Part XI	11			
Par	t V Endowment Funds. Complete it	f the organization an	nswered "Yes" on Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	99,325.	97,561.	96,669.				
ь	Contributions] 1	02,103.		
С	Net investment earnings, gains, and losses	1,209.	1,764.	892.		-5,434.		
d	Grants or scholarships							
е	Other expenditures for facilities		,					
	and programs							
f	Administrative expenses							
g	End of year balance	100,534.	99,325.	97,561.		96,669.		
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1g, column (a)) held as				
а	Board designated or quasi-endowment	.00	%	,,				
b	Permanent endowment ► 100.00	%	_					
С	Term endowment ▶ .00 €							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse		ation that are held a	and administered for	the organi	zation		
	by	Ū			J		ſ	Yes No
	(i) Unrelated organizations				,	,	3a(ı)	X
	(ii) Related organizations						3a(II)	X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•						
	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		0, Part IV, line 11a	See Form 990, Pàrt 3	X, line 10			
	Description of property	(a) Cost or o	other (b) Cost	or other (c)	Accumulate	ed	(d) Book	value
		basis (investr	''	(other) d	epreciation	ı		
1a	Land							
	Buildings							
	Leasehold improvements			<u> </u>				
	Equipment					<u> </u>		
	Other					-		
	Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X column (B) line	10c)				0.

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 FULBRIGHT UNIVERSITY VIET	NAM USA	. INC.	45-!	5152480	Page 4
Par						5-
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		•			
1	Total revenue, gains, and other support per audited financial statements			1	8,673	<u>,309.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	-328.			
b	Donated services and use of facilities	2b		1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII)	2d		1		
е	Add lines 2a through 2d			2e	-	-328.
3	Subtract line 2e from line 1			3	8,673	,637.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	375.			
b	Other (Describe in Part XIII)	4b]		
С	Add lines 4a and 4b	<u> </u>		4c		375.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	8,674	,012.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a				
1	Total expenses and losses per audited financial statements			1	9,077	<u>,853.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	9,077	<u>,853.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	375.			
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c		375.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	9,078	<u>,228.</u>
	t XIII Supplemental Information.		_			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, $\sf F$	Part IV, lines 1b	and 2b, Part V, line	4, Part	X, line 2, Part	XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	additional inform	nation			
PAI	RT V, LINE 4:					
FU	USA INTENDS TO USE ITS ENDOWMENT FOR FUT	TURE SCH	OLARSHIPS.	TH	E ENDOW	MENT
COI	ISISTS OF DONOR-RESTRICTED ENDOWMENT FUNI	OS. AS R	EQUIRED BY	GA	AP, NET	

FUVUSA INTENDS TO USE ITS ENDOWMENT FOR FUTURE SCHOLARSHIPS. THE ENDOWMENT

CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS. AS REQUIRED BY GAAP, NET

ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED

ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE BOARD OF

DIRECTORS HAS INTERPRETED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL

FUNDS ACT (UPMIFA) AS ALLOWING FUVUSA TO EITHER APPROPRIATE FOR

EXPENDITURES OR ACCUMULATE SO MUCH OF THE ENDOWMENT FUND AS FUVUSA

DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES AND DURATION FOR

WHICH THE ENDOWMENT FUND IS ESTABLISHED, SUBJECT TO THE INTENT OF THE

DONOR AS EXPRESSED IN THE GIFT INSTRUMENT. UNLESS STATED OTHERWISE IN THE

GIFT INSTRUMENT, THE ASSETS IN THE ENDOWMENT FUND WILL BE DONOR-RESTRICTED

932054 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480 Page 5 Part XIII Supplemental Information (continued)
ASSETS UNTIL APPROPRIATED FOR EXPENDITURE BY THE BOARD OF DIRECTORS. THE
REMAINING PORTION OF THE DONOR-RESTRICTED NET ASSETS IS CLASSIFIED AS
TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR
EXPENDITURE IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE
PRESCRIBED BY UPMIFA.
PART X; LINE 2:
FOR THE YEAR ENDED JUNE 30, 2020, TUIV HAS DOCUMENTED ITS CONSIDERATION OF
FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING
UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN
TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS.
)
,

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

FULBRIGHT UNIVE				45-515248	
		ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	es" on
/ Form 990, Part I\					
-	-		ds to substantiate the amount of its gra		Yes No
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance/	res No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
United States	TIDE IIII AIT V IIIE	organization 3	procedures for mornioning the use or ki	grants and other decidance out	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region,	or service(s) in the region	in the region
EAST ASIA AND THE	١ .		GRANTS TO RECIPIENTS		6 167 715
PACIFIC	<u> </u>	0	LOCATED IN REGION		6,167,715.
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				-	
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.=					
				•	
3 a Subtotal	'0	0			6,167,715.
b Total from continuation				-	
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0	ر .		6,167,715.

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

Schedule F (Form 990) 2019

Page 2

45-5152480

FULBRIGHT UNIVERSITY VIETNAM USA, INC.

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

(i) Method of valuation (book, FMV, appraisal, other)				,					0	1	Schedule F (Form 990) 2019
(h) Description of noncash assistance											Sched
(g) Amount of noncash assistance	0.					`			xempt	•	
(f) Manner of cash disbursement	WIRE	,							recognized as tax-e	,	
(e) Amount of cash grant	6,167,715.WIRE								foreign country, er		
(d) Purpose of grant	SUPPORT OF EDUCATIONAL DEVELOPMENT		•		,			ا ر	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		
(c) Region	EAST ASIA AND THE E							-	Enter total number of recipient organizations listed above that are r by the IRS, or for which the grantee or counsel has provided a sect	or entities	
(b) IRS code section and EIN (if applicable)					,				recipient organization In the grantee or cou	other organizations o	
1 (a) Name of organization	·						,		2 Enter total number of a by the IRS, or for whice	3 Enter total number of other organizations or entities	

34

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Page 3

Schedule F (Form 990) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480

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

1	1	<u> </u>		i	.		ļ	₽
(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2019
(g) Description of noncash assistance								Sched
(f) Amount of noncash assistance								
(e) Manner of cash disbursement					į			
(d) Amount of cash grant								
(c) Number of recipients		`						
(b) Region		,						
(a) Type of grant or assistance (b) Region	1	-	,					

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Schedule F (Form 990) 2019

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:
FUVUSA MONITORS ITS GRANTEE THROUGH A COMBINATION OF REPORTING
REQUIREMENTS AND SITE VISITS. FUVUSA REQUIRES DETAILED MONTHLY FINANCIAL
REPORTS. FUVUSA MONITORS RISKS ASSOCIATED WITH THE FOREIGN GRANTEE,
FULBRIGHT UNIVERSITY VIETNAM. FUVUSA ALSO REQUIRES QUARTERLY PROGRAMMATIC
REPORTS TO MONITOR PROGRESS ON ACTIVITIES IT FUNDS. FUVUSA EXERCISES
ADDITIONAL OVERSIGHT OF THE GRANTEE'S INTERNAL PROCEDURES AND POLICIES BY
ADVISING ITS GRANTEE ON POLICIES IT NEEDS TO ESTABLISH AND THE TYPE OF
BEST PRACTICES RECOMMENDED FOR VARIOUS POLICY AREAS. FINALLY, FUVUSA
REQUIRES DOCUMENTED REVIEWS OF THE GRANTEE'S FINANCIAL STATEMENTS,
PROCESSES, AND AUDIT REPORTS AND FINDINGS. FUVUSA FOLLOWS UP AND MONITORS
ANY MATERIAL ISSUES. IN ADDITION TO REVIEWING WRITTEN REPORTS AND
POLICIES, FUVUSA'S SENIOR LEADERSHIP TAKES FREQUENT TRIPS TO VIETNAM TO
CONDUCT ON-SITE REVIEWS AND MEETINGS. DUE TO THE COVID-19 PANDEMIC,
FOLLOW UP WAS CONDUCTED VIRTUALLY.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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.

Name of the organization FULBRIGHT UNIVERSITY VIETNAM USA, INC.

Employer identification number 45-5152480

Part I Fundraising Activities required to complete this pa	Complete if the organization answirt	ered "Y	es" o	n Form 990, Part IV,	line 17 Form 990-EZ	I filers are not
a Mail solicitations b Minternet and email solicitation c Phone solicitations d Min-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e X Solicita f X Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with pividuals or entities (fundraisers) purs	tion of tion of fundra (inclui profess	non-g gover using ding o ional t	overnment grants riment grants events fficers, directors, tru fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ROBERT SCHIFFER - 3805	HELPING TO DEVELOP	Yes	No		· · · · · · · · · · · · · · · · · · ·	
RAYMOND ST, CHEVY CHASE, MD	RELATIONSHIPS AND	res	X	0.	50,000.	-50,000.
Total			<u> </u>		50,000.	-50,000.
List all states in which the organization or licensing MA	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from re	egistration
PIA						
	·-··					
						<u> </u>
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Sch Pa	edu art i	le G (Form 990 or 990-EZ) 2019 FULBRIG II Fundraising Events. Complete if the				5152480 Page 2
		of fundraising event contributions and gro				
<u> </u>		\$	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
ā			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
Irect E	7	Food and beverages				
	8	Entertainment		,		
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through			•	
Pá	irt l	Net income summary Subtract line 10 from lill Gaming. Complete if the organization a		990 Part IV line 19 or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue	1		•	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
Direc	4	Rent/facility costs		,		
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	<u> </u>
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain		-	year?	Yes No
9320	82 09	9-11-19			Schedule G (Fo	m 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility <u>13b</u> <u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party >\$
c If "Yes," enter name and address of the third party
Name ▶
Address ▶
16 Gaming manager information
Name ▶
Gaming manager compensation > \$
December of converse arounded N
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: ROBERT SCHIFFER
(I) ADDRESS OF FUNDRAISER: 3805 RAYMOND ST, CHEVY CHASE, MD 20815
(II) ACTIVITY: HELPING TO DEVELOP RELATIONSHIPS AND POTENTIAL FUTURE DONORS

Schedule G	G (Form 990 or 990-EZ)	FULBRIGHT	UNIVERSITY	VIETNAM	USA,	INC.	45-5152480	Page 4
Part IV	G (Form 990 or 990 EZ) Supplemental Infor	mation (continued))			_		
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Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 45-5152480 ► Go to www.irs.gov/Form990 for the latest information. INC. FULBRIGHT UNIVERSITY VIETNAM USA, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service Part

1 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 criteria used to award the grants or assistance?	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	ror me grants or ass	ilstance, and the selec	TION X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mont	toring the use of grant	funds in the United	States]
۱≅۱	Domestic Organi	zations and Domestic	Governments. Co	omplete if the orga	ınızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	ed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE GRADUATE
HARVARD UNIVERSITY							SCHOOL OF PUBLIC POLICY
1350 MASSACHUSETTS AVENUE		•					AT FUV WITH CURRICULUM
CAMBRIDGE, MA 02138-3846	04-2103580	501(C)(3)	611,259.	.0			DEVELOPMENT AND POLICY
							TO SUPPORT A FACULTY
BARD COLLEGE							EXCHANGE PROGRAM IN THE
30 CAMPUS ROAD							DEVELOPMEN OF LIBERAL
ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501(C)(3)	198,303.	0.	•		ARTS AND SCIENCES
				,			
			-				
							•
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	e line 1 table				2.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) FUVUSA MONITORS ITS GRANTEE THROUGH A COMBINATION OF REPORTING REQUIREMENTS Part IV 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 (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GRADUATE SCHOOL OF PUBLIC POLICY AT FUV WITH CURRICULUM DEVELOPMENT AND POLICY RESEARCH (d) Amount of non-cash assistance AND PERIODIC COMMUNICATION REGARDING THE PROGRAM ACTIVITIES NAME OF ORGANIZATION OR GOVERNMENT: HARVARD UNIVERSITY (c) Amount of cash grant (b) Number of recipients COLUMN (H): (a) Type of grant or assistance 7 PART I, LINE 2: LINE PART II,

Schedule I (Form 990) (2019)

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932102 10-26-19

Page 2

45-5152480

FULBRIGHT UNIVERSITY VIETNAM USA, INC.

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) FULBRIGHT UNIVERSITY VIETNAM USA, INC. 45-5152480 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: BARD COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A FACULTY EXCHANGE
PROGRAM IN THE DEVELOPMEN OF LIBERAL ARTS AND SCIENCES EDUCATION.
,
,

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public

Inspection
Employer identification number

45-5152480

Name of the organization

Department of the Treasury

Internal Revenue Service

FULBRIGHT UNIVERSITY VIETNAM USA, INC.

Questions Regarding Compensation Yes No 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 Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 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 Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 4a a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 a The organization? 5a 5b 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 net earnings of X 6a a The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments Х not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2019

Regulations section 53 4958-6(c)?

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 W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c) (a)(c)	reported as deferred on prior Form 990
(1) BENJAMIN WILKINSON	Ξ	193,869.	0	0	17,439.	18,921.	230,229.	0
EXECUTIVE DIRECTOR, BOARD CLERK	: <u>E</u>	0	0	0	0	0	0	0
(2) PETER WELSH	Ξ	168,820.	0	0	16,117.	1,411.	186,348.	0
CHIEF OPERATING OFFICER	Ξ	0	0	0		0	ı	
(3) ANNE DOYLE	Ξ	141,802.	0	0	6,480.	9,012.	157,29	
DIR., INST. ENGAGE. (UNTIL 12/2019)	Ξ	0	0	0	0	0	0	0
	Θ							
	(1)							
	(1)							
	Ξ							
	(i)							
	(ii)							
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Schedule J (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 **|9** Open to Public Inspection

Name of the organization

FULBRIGHT UNIVERSITY VIETNAM USA. INC.

Employer identification number 45-5152480

TODBRIONI ONLYBRATI VEBINE ODIT, ENOV
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VIETNAM. FUVUSA PLAYS A LEADERSHIP ROLE IN THE DEVELOPMENT OF FULBRIGHT
UNIVERSITY VIETNAM (FUV). FUVUSA IS DEDICATED TO SUPPORTING FUV'S
EMERGENCE AS AN INNOVATIVE, FINANCIALLY SUSTAINABLE VIETNAMESE ACADEMIC
INSTITUTION, FOUNDED ON PRINCIPLES OF GOOD GOVERNANCE AND COMMITTED TO
ACADEMIC FREEDOM AND INTELLECTUAL PLURALISM.
FORM 990, PART VI, SECTION A, LINE 4:
THE ARTICLES OF INCORPORATION WERE UPDATED TO CHANGE THE ORGANIZATION'S
NAME FROM TRUST FOR UNIVERSITY INNOVATION IN VIETNAM, INC., TO FULBRIGHT
UNIVERSITY VIETNAM USA, INC.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY FUVUSA
MANAGEMENT. A COPY WAS THEN PROVIDED TO THE THE BOARD BEFORE FILING WITH
THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
WHENEVER A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST IN ANY

MATTER COMING BEFORE THE BOARD OF DIRECTORS, THE AFFECTED PERSON DISCLOSES THE NATURE OF THE INTEREST, WITHDRAWS FROM ANY DISCUSSIONS, LOBBYING OR

VOTING ON THE MATTER. ANY TRANSACTION OF VOTE INVOLVING A POTENTIAL

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

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

932211 09-06-19

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection 2019

OMB No 1545-0047

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

FULBRIGHT UNIVERSITY VIETNAM USA, INC.

Employer identification number 45-5152480

Schedule R (Form 990) 2019 (g) Section 512(b)(13) ž controlled entity? Direct controlling Yes × 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 entity Ξ Direct controlling entity End-of-year assets 'UVC Public charity status (if section 501(c)(3)) <u>e</u> Total income Exempt Code € section 501(C)(3) 9 Legal domicile (state or Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) /IETNAM Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY E4-2 D2, LONG THANG MY, DISTRICT 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity FULBRIGHT UNIVERSITY VIETNAM CHI MINH CITY, VIETNAM Part II Part ទ

45-5152480 ' Page 2

Schedule R (Form 990) 2019 FULBRIGHT UNIVERSITY VIETNAM USA, INC.

Part III 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

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 720 of Schedule 2 K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d) | Direct controlling | entity (c)
Legal
domicite
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u>

part iv 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

									١
(a)	(Q) 	<u></u>	(P)	(e)		(6)	Ξ		,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	(state or foreign	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	2 <u>6.3</u> 3
		country)		OI IIOSI)	•	dosels		Yes	£
FULBRIGHT UNIVERSITY VIETNAM CORPORATION									
LO E4-2 D2, LONG THANH MY, DISTRICT 9									
HO CHI MINH CITY, VIETNAM	UNIVERSITY	VIETNAM	FUVUSA	C CORP	10,932,597.	6,408,285.	100.00%		×
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Schedule R (Form 990) 2019

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932162 09-10-19

Part V 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					Yes	Š
1 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?	s with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1p	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)			-	9		×
e Loans or loan guarantees by related organization(s)				9		×
					1	,
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				£		×
 Exchange of assets with related organization(s) 				=		×
j Lease of facilities, equipment, or other assets to related organization(s)			,	Ė		×
k Lease of facilities, equipment, or other assets from related organization(s)				<u>,</u> *	î,	, ×
i Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			두		×
 Sharing of paid employees with related organization(s) 				٩		×
				1	3	۱
 Reimbursement paid to related organization(s) for expenses 				₽	;	4
 Reimbursement paid by related organization(s) for expenses 				루	×	
To Other transfer of each or propositive to voluted average and a				٤ ا		×
				= 4		: ×
Outer transfer of cash of property from related organization(s)				2		
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	r information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) FULBRIGHT UNIVERSITY VIETNAM CORPORATION	В	6,167,715.ACTUAL	ACTUAL COST			
(2) FULBRIGHT UNIVERSITY VIETNAM CORPORATION	ц	2,298,611.ACTUAL	ACTUAL COST			
(3) FULBRIGHT UNIVERSITY VIETNAM CORPORATION	α	169,928.	ACTUAL COST			
(4)						
ie.						
(9)						
932163 09-10-19	52		Schedule R (Form 990) 2019	R (Forn	990	2019

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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)

Name, address, and EIN		2)	(a)	€	<u> </u>	È	=	3	3
of entity	Primary activity	Legal domicile	(related, unrelated, 501(c)(3)	Share of	Share of end-of-vear	Dispropor- tonate	Code V-UBI General or Percentage amount in box 20 managing ownership	seneral or nanaging	Percentage ownership
oi enury		country)	excluded from tax und sections 512-514)	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	5
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932164 09-10-19

Schedule R	(Form 990) 2019	FULBRIGHT	UNIVERSITY	VIETNAM	USA,	INC.	45-5152480	Page 5
Part VII	(Form 990) 2019 Supplemental Infor	rmation						
	Provide additional inform	ation for responses to	o questions on Sched	ule R See instru	ctions			
								
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Page 2/5

IDENTIFICATION
no. 001077889
C1 2 \$15.00

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Name Approved

М

R.A.

ec.

Examiner

We, Thomas J. Vallety	_, *President / Wice President,
and Benjamin Haxton Wilkinson	. *Clerk / *Assistant Clerk,
Frust for University Innovation in Vietnam, Inc.	
of	-
located at 1763 Great Plain Avenue, Curie House, Needham, MA 02492	1
(Address of corporation in Massachusetts)	
do becaby certify that these Articles of Amendment affecting articles numbered:	
1	
(Number those so ticles 1, 2, 3, and/or 4 burng amended)	
of the Articles of Organization were duly adopted at a meeting held onMarch 5	20 21 , by vote of:
memhers, 8 directors, or	
Being at least two-thirds of its members legally qualified to vote in meetings of the co Reing at least two-thirds of its directors where there are no members pursuant to Gen Chapter 180, Section 3; OR In the case of a corporation having capital stock, by the holders of at least two-thirds the right to vote therein.	etal Laws,
Article I shall be amended in its entirety to read	
The exact name of the corporation is: Fulbright University Vietnam USA, Inc.	
*Click only was beer but applies. Notes If the space provided under any article or sum on this form is insufficient, additions shall be set firsh on a only of reparate h 1/2 x 11 sheets of paper with a left usangle of as less I inch. Additions to more than one articles and article requiring each addition is clearly indicated.	me stde Se may he mude on a sûngle sheet so

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Hurwit & Associates

Page 4/5

The foregoing amendment(s) will become effective when these Articles of Amendment are filled in accordance with General Laws, Chapter 180. Section 7 unless these articles specify, in accordance with the vote adapting the amendment, a later effective date in at more than thirty days after such fibrig, in which event the amendment will become effective on such later date.								
Lupr effective care.	•	,	,					

Thomas & Wally

Thomas J. Vallely Prendent / Wien Provident

Benjamin Haxton Wilkinson

, "Clera I Menorain Cécile.

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