WEGNER CPAS LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

> AMERICAN STUDIES CENTER 1100 NORTH GLEBE ROAD, 900 ARLINGTON, VA 22201

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Form <b>990</b>
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## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2022 calendar year, or tax year beginning and	d ending					
B C	heck if pplicab	e: C Name of organization		D Employer identification number				
	Addre	AMERICAN STUDIES CENTER						
	Name Chang		51-0232804					
	Initial Return Number and street (or P.O. box if mail is not delivered to street address) Room/suite							
	  return	1100 NORTH CLEBE ROAD	(703) 302	2-1000				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	11,022,523.			
	Amen return			H(a) Is this a group return				
	Applic tion	F Name and address of principal officer: MICIIALL FARADISO		for subordinates? Yes X No				
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1	) or 📃 527		list. See instructions			
JV	Vebsi	te: AMSTUDIESCENTER.ORG		H(c) Group exemption	n number			
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1978 N	I State of legal domicile: VA			
Pa	nrt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$ H	ENGAGE	IN NONPARTIS	SAN			
Activities & Governance		ANALYSIS, STUDY, AND RESEARCH INTO THE I	NTERREI	ATIONSHIP O	F			
rna	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net ass	ets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			13			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		12				
s se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			24			
vitie	6	Total number of volunteers (estimate if necessary)		6	12			
∖cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			5,273,737.			
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		3,681,228.	4,433,892.			
Revenue	9	Program service revenue (Part VIII, line 2g)		907,309.	1,260,395.			
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,126.	17,420.			
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,845,836.	5,310,816.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,436,499.	11,022,523.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,513,278.	2,695,347.			
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		448,919.	365,896.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,106,7						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,728,375.	6,383,570.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,690,572.	9,444,813.			
		Revenue less expenses. Subtract line 18 from line 12		745,927.	1,577,710.			
s or			Be	ginning of Current Year	End of Year			
t Assets d Balanc	20	Total assets (Part X, line 16)		3,565,094.	6,747,715.			
t As	21	Total liabilities (Part X, line 26)	·····	987,125.	2,592,392.			
Euc		Net assets or fund balances. Subtract line 21 from line 20		2,577,969.	4,155,323.			
	nrt II	Signature Block						
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of my	knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here MICHAEL PARADISO, PRESIDENT AND CEO										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid	GLENN MILLER, CPA	GLENN MILLER, CPA	09/05/23 self-employed P0	0086726						
Preparer	Firm's name WEGNER CPAS LLP		Firm's EIN 39-09	74031						
Use Only	Firm's address 419 N LEE ST									
	ALEXANDRIA, VA 22	314-2301	Phone no. (703)	519-0990						
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		Yes No						
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2022) AMERICAN STUDIES CENTER	51-0232804 Page 2
	rt III Statement of Program Service Accomplishments	· ····································
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO ENGAGE IN NONPARTISAN ANALYSIS, STUDY, AND RESEARCH	ΓΝΤΟ ΤΗΕ
	INTERRELATIONSHIP OF GOVERNMENTAL SYSTEM ACTIVITIES AND	
		RESULTS
	AVAILABLE TO THE PUBLIC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$4,271,701. including grants of \$0. (Rev	enue \$ 0 •
4a	(Code:) (Expenses \$4,271,701. including grants of \$0. (Rev RADIO AMERICA PRODUCES AND DISTRIBUTES DAILY AND WEEKLY	
	COMMENTARIES ON PUBLIC POLICY ISSUES, TOTALING MORE THAN	· ·
	BROADCAST TIME PER YEAR AND AIRING ON OVER 500 STATIONS	•
	THE INTERNET.	, SAIEDDIIE, AND
	INE INTERNET.	
	2 021 470	1 260 205
4b	(Code:) (Expenses \$3,931,478. including grants of \$0.) (Rev THE AMERICAN VETERANS CENTER'S MISSION IS TO PRESERVE A	
	LEGACY OF THE AMERICA'S MILITARY MEN AND WOMEN OF EVERY	
	CENTER WORKS DIRECTLY WITH VETERANS TO PROVIDE A FORUM	
	SHARE THEIR LESSONS AND EXPERIENCES WITH THE PUBLIC AND	
	GENERATIONS. PROGRAMMING INCLUDES DOCUMENTARIES, SPEAKED	
	MAGAZINE AMERICAN VALOR QUARTERLY FEATURING FIRST-HAND	
	DIRECTLY FROM VETERANS, ITS ANNUAL VETERANS CONFERENCE A	
	MEMORIAL DAY PARADE, THE NATIONS' LARGEST MEMORIAL DAY	
	CENTER HOUSES THE WORLD WAR II VETERANS COMMITTEE, WHICH	
	FOCUSES ON THOSE VETERANS OF THE GREATEST GENERATION AS	
	NATIONAL VIETNAM VETERANS COMMITTEE, WHICH HONORS THE SI	ERVICE AND
	SACRIFICE OF ALL THOSE WHO SERVED IN VIETNAM.	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$
A.!	Other program can lines (Describe on Color-tule $O$ )	
40	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses     8,203,179.	- 000 /
		Form <b>990</b> (2022
232002	2 12-13-22 <b>3</b>	

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Form 990	1 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	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			
5	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		х
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, VII, VII, 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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	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	240		
U		040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
<b>L</b>	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
30		26		х
07	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
•-	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			. –/

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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,				100	
	filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country		(55.4.5)			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	<b>F</b> -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
Ua				6a		х
h	any contributions that were not tax deductible as charitable contributions?			Ua		
5	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the pavor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	10-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:					
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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		1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	• i.e	202	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	i incon	ne <i>r</i>	16		Δ
17	If "Yes," complete Form 4720, Schedule O.	+iv/i+;~-				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activation that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
232005	12-13-22			Form	990	(2022)
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Form	990	(2022)
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## AMERICAN STUDIES CENTER

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

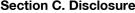
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				

	<b>o</b> <i>i i i i i</i>			1
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		



17	List the states with which a copy of this Form 990 is required to be filedAL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI
18	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.
	X Own website Another's website Upon request Other (explain on Schedule O)
19	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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records $HASSAN SULTAN - 703-302-1010$
	1100 NORTH GLEBE ROAD, STE 900, ARLINGTON, VA 22201
23200	6 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2022)
	7

2022.04020 AMERICAN STUDIES CENTER 150

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)				Jour	(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o		Reportable	Reportable	Estimated
	hours per week							compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	ıtional	_	nploy	st con iyee	5	1099-NEC)		organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			er gan Laner ie
(1) JAMES ROBERTS	40.00									
EXECUTIVE CHAIRMAN		х		х				329,941.	0.	0.
(2) MICHAEL PARADISO	40.00									
PRESIDENT & CEO		Х		Х				277,154.	0.	8,159.
(3) JENNIFER POTTER	40.00									
VP OF BUSINESS DEVELOPMENT					Х			247,573.	0.	2,882.
(4) TIM HOLBERT	40.00									
PRESIDENT - AMERICAN VETERANS CENTER					Х			167,567.	0.	2,739.
(5) RICHARD MCFADDEN	40.00									
VP OF OPERATIONS					Х			153,856.	0.	8,524.
(6) SETH NICHOLS	40.00									
VP OF DEVELOPMENT						X		117,882.	0.	6,442.
(7) DAVID JOHNSON	1.00								_	_
VICE CHAIRMAN		Х		Х				0.	0.	0.
(8) JULIAN GINGOLD	1.00									-
TREASURER		х		X				0.	0.	0.
(9) CATHERINE WINDELS	1.00								•	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(10) ROBERT AGOSTINELLI	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(11) SUSAN ALLEN	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) TIMOTHY DONNER	1.00	v						0	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(13) SUHAIL KHAN DIRECTOR	1.00	х						0.	0.	0.
(14) ALLAN RYSKIND	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) J. ROBERT SEBO	1.00	^						0.	0.	0.
DIRECTOR	<b>1.00</b>	x						0.	0.	0.
(16) DIANNE SEHLER	1.00							0.	0.	<u> </u>
DIRECTOR	<u> </u>	х						0.	0.	0.
(17) GENERAL ROBERT RUARK	1.00						-			<u> </u>
DIRECTOR		х						0.	0.	0.
232007 12-13-22	1		L		I	I	1			Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

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					2804 Page 8					
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title Average			(do not check more than one					Reportable	Reportable	Estimated
hours per			box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any			a a a		1 404	,	- from	from related	other
	hours for	director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(00-2/1099-1013C/ 1099-NEC)	organization
	organizations	ruste	l trus		ee	mpen		1099-NEC)	1033-1120)	and related
	below	In dividual trustee or	Institutional trustee	L.	Key employee	est co oyee	er	,		organizations
	line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former			
(18) ANDREW ROBERTS	1.00									
DIRECTOR (FROM 12/2022)		Х						0.	0.	0.
(19) COL. MIGUEL HOWE	1.00									
DIRECTOR (THRU 12/2022)		Х						0.	0.	. 0.
1b Subtotal								1,293,973.	0.	28,746.
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c)								1,293,973.	0.	
2 Total number of individuals (including but no										
compensation from the organization					,	, 		,		6
·										Yes No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	ıch individual								-	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	oma	any i	unre	late	ed organization or individ	lual for services	
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	oersc	on				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	ctor	s th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith o	or wit	hin		ear.	
(A)								(B)		(C)
Name and business	address						_	Description of s		Compensation
COTR, LLC		~		_		~ ~ .		RADIO & PODCA	AST	
<u>1970 E 109TH STREET, INDI</u>					462	204	_			571,040.
DANA LOESCH, 2140 E. SOUT		LV.	D.	,				RADIO & PODCA	AST	
SUITE L659, SOUTHLAKE, TX							_	PROGRAM HOST		534,331.
JM BEST ENTERTAINMENT, IN			~	~ ~ .					_	242 600
					343,600.					
LYNCH PINNACLE GROUP, LLC					222 222					
<u>3 BETHESDA METRO CENTER,</u>	BETHESD.	Α,	M	ַ ט	208	o⊥4				320,000.
GRAHME THOMAS BENSON		1 0	<b>っ</b>					RADIO & PODCA	HO.T.	167 247
	PO BOX 4877, ARIZONA CITY, AZ 85123 PROGRAM HOST 167,347.					10/,34/.				
2 Total number of independent contractors (ir	-	ot lin	nited	to t	-		ed	above) who received mo	ore than	
\$100,000 of compensation from the organiz	alion				9	,				Form <b>990</b> (2022)

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Form **990** (2022)

		Check if Schedule O	conta	ains a respo	onse	or note to any line	e in this Part VIII			
			001110				(A) Total revenue	<b>(B)</b> Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Manakanakia akara		1b						
ي و	c	Fundraising events								
ifts ar A	d									
ية ali	е	Government grants (conti				519,327.				
ŝ	f	All other contributions, gifts,								
outi		similar amounts not included				3,914,565.				
Ö	g	Noncash contributions included in	lines 1	la-1f <b>1g</b>	\$	90,000.				
	h	Total. Add lines 1a-1f	<u></u>				4,433,892.			
						Business Code				
e	2 a	ANNUAL VETERANS CON	FERE	INCE		900099	665,911.	665,911.		
, zio	b	PARADE				900099	594,484.	594,484.		
Se	с	:								
am	d									
Program Service Revenue	е									
д	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					1,260,395.			
	3	Investment income (inclue	ding o	dividends, i	ntere	est, and				
		other similar amounts)					17,420.			17,420.
	4	Income from investment of		-	-	Г				
	5	Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>							
				(i) Rea	.1	(ii) Personal				
	6 a		6a							
	b	1	6b							
	С		6c							
		Net rental income or (loss	s) <u></u>			(ii) Oth ar				
	7 a	Gross amount from sales of	_	(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
0	b	Less: cost or other basis								
Revenue		and sales expenses	7b 7c							
eve		Gain or (loss)								
er B		Net gain or (loss)			······					
Othe	8 a	<ul> <li>Gross income from fundraisi including \$</li> </ul>	ng ev							
0		contributions reported on	line	of						
				,	0					
	h	Part IV, line 18			8a 8b					
	c			raising eve						
		Gross income from gamir		-						
	0 u	Part IV, line 19	-		9a					
	b				9b					
		Net income or (loss) from								
			-	-						
		Gross sales of inventory, less returns and allowances <b>10a</b>								
	b	Less: cost of goods sold 10b								
		Net income or (loss) from				I				
						Business Code				
sno	11 a	ADVERTISING INCOME				541800	4,491,842.		4491842.	
scellaneo Revenue	b	SYNDICATION INCOME				541800	781,895.		781,895.	
ills: eve	с									
Miscellaneous Revenue	d	All other revenue				900099	37,079.			37,079.
~	е	Total. Add lines 11a-11d					5,310,816.			
	12	Total revenue. See instruction	ons				11,022,523.	1,260,395.	5273737.	54,499.
23200	9 12-13	3-22								Form <b>990</b> (2022)

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232009 12-13-22

Form 990 (2022) AMERICAN STUDIES CENTER
Part VIII Statement of Revenue

AMERICAN STUDIES CENTER Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 100 205	1 1 2 2 2 5	42 906	22 22
_	trustees, and key employees	1,198,395.	1,122,265.	42,896.	33,234
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	1,183,799.	1 100 176	41,524.	22 700
7	Other salaries and wages	т,тоз,/уу.	1,109,476.	41,324.	32,799
3	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	165,039.	148,088.	12 1/0	1 903
9	Other employee benefits	148,114.	138,815.	<u>12,148.</u> 5,195.	4,803 4,104
)	Payroll taxes	140,114.	130,013.	J,19J.	4,104
1	Fees for services (nonemployees):				
	Management	9,905.	9,905.		
b		73,970.	45,960.	28,010.	
	Accounting	15,510.	43,500.	20,010.	
	Lobbying Professional fundraising services. See Part IV, line 17	365,896.			365,890
f	Investment management fees	109.		109.	505,050
	Other. (If line 11g amount exceeds 10% of line 25,	105.		105.	
g	column (A), amount, list line 11g expenses on Sch 0.)	810,553.	144,847.	75.	665.631
2	Advertising and promotion	153,310.	153,076.	7.5.	<u>665,631</u> 234
3	Office expenses	88,790.	86,780.	2,010.	
4	Information technology	131,967.	131,967.		
5	Royalties				
6	Occupancy	379,977.	379,977.		
7	Travel	110,504.	110,504.		
3	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,325,468.	1,325,468.		
0	Interest	, ,			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,054.	4,054.		
3	Insurance	32,401.	29,602.	2,799.	
ł	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMMING	1,649,017.	1,649,017.		
b	PROGRAMMING AND EDUCATI	1,473,114.	1,473,114.		
с	STUDIO AND PRODUCTION	139,277.	139,277.		
d					
е	All other expenses	1,154.	987.	167.	
5	Total functional expenses. Add lines 1 through 24e	9,444,813.	8,203,179.	134,933.	1,106,701
6	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)				

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Form 990 (2022)

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Total liabilities and net assets/fund balances

33

Form 990 (2022)

AMERICAN STUDIES CENTER

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

(A) Beginning of year (B) End of year 804,970. 1,695,560. 1 1 Cash - non-interest-bearing 2,797,572. 1,780,260. 2 Savings and temporary cash investments 2 18,776. 6,910. 3 3 Pledges and grants receivable, net 940,447. 869,306. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 33,816. 0. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 299,589. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 244,293. 8,099. 55,296. b Less: accumulated depreciation 10b 10c 99,145. Investments - publicly traded securities 0. 11 11 Investments - other securities. See Part IV, line 11 0. 498. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 24,408. 1,177,746. Other assets. See Part IV, line 11 15 15 3,565,094. 6,747,715. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 563,247. 1,010,710. Accounts payable and accrued expenses 17 17 18 18 Grants payable 175,542. 160,450. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 248,336. 1,421,232. 25 of Schedule D 987,125. 2,592,392. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,577,969. 27 4,155,323. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,577,969. 4,155,323. Total net assets or fund balances 32 32 3,565,094. 6,747,715.

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Form 990 (	2022	)	
Part X	Ba	ance	Sheet

Form	990 (2022) AMERICAN STUDIES CENTER	51-0	232804	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,022		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,444		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,577		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,577		
5	Net unrealized gains (losses) on investments	5		- 3	56.
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	4,155	5,3:	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

OMB No. 1545-0047
2022
Open to Public Inspection

Т

Name of the	organization
-------------	--------------

Nan	ne of t	the organization							identification number
			ICAN STUDI						1-0232804
Ра	rt I	Reason for Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed bv a do	vernmental un	it describe	ed in
-		section 170(b)(1)(A)(iv). (C		5		, ,			
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)		
	X	An organization that norma	•				. ,	a gonoral r	ublic described in
'	- 23			illai part of its support if	on a yove			e general p	
•		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
		university:							
10		An organization that norma							
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acquii	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	ipporting
		organization. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	(s), by hav	ring
		control or management o	-				•		-
		organization(s). You mus					C C		
с		Type III functionally inte	-		in connect	tion with. a	and functionally	v integrate	d with.
-		its supported organization						,	,
d		Type III non-functionally		-				ed organiz	ration(s)
u		that is not functionally int	•						
		requirement (see instructi		• •	•		-	anationti	
			-						
e		Check this box if the orga					турет, турет	, type iii	
	E at a	functionally integrated, or		<i>y c i i</i>	0 0				
T		er the number of supported o	•						
<u> </u>		vide the following informatior (i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	`	organization	(1) 2.13	(described on lines 1-10		ing document?	support (see ins		support (see instructions)
		5		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,
_									
Tota									

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3332811.	3506991.	3761528.	3681228.	4433892.	18716450.
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	2220011	2506001	2001000	2601000	4422000	
	Total. Add lines 1 through 3	3332811.	3506991.	3761528.	3681228.	4433892.	18716450.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						18716450.
	ction B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3332811.	3506991.	3761528.	3681228.	4433892.	18716450.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	16,332.	20,735.	7,046.	2,126.	17,420.	63,659.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2814875.	2384805.	2721042.			7920722.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	120,411.					120,411.
11	Total support. Add lines 7 through 10						26821242.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,932,324.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stor					<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	())		14	<u>69.78</u> %
	Public support percentage from 2021					15	62.26 %
<b>1</b> 6a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		0				
b	<b>33 1/3% support test - 2021.</b> If the c	-			line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A	(Form	990)	2022
Schedule A	FOILI	330)	2022

## 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.)

Sec	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (					15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for <b>20</b> Investment income percentage from					17 18	<u>%</u>
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
23202	23 12-09-22					Schedule /	A (Form 990) 2022
			16				

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1

Yes No

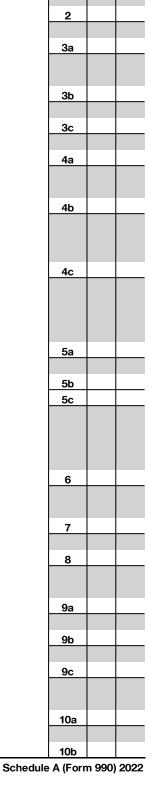
## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

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#### Schedule A (Form 990) 2022 AMERICAN STUDIES CENTER

Yes No

1

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
с	A 35%	o controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion B	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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.	

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C	. Туре	II Supp	orting	j Or	găr	nizati	ons								

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Section D. All Type III S	Supporting Organizations	
--	---------------------------	--------------------------	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22 2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

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	and paid to perform activity that directly furthers exemp	t purposes of supported			
organ	nizations, in excess of income from activity			2	
3 Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4 Amou	unts paid to acquire exempt-use assets			4	
5 Qualif	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6 Other	r distributions (describe in Part VI). See instructions.			6	
7 Total	annual distributions. Add lines 1 through 6.			7	
8 Distrit	butions to attentive supported organizations to which th	e organization is responsive			
(provi	ide details in Part VI). See instructions.			8	
	butable amount for 2022 from Section C, line 6			9	
10 Line 8	3 amount divided by line 9 amount			10	
Section E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1 Distrik	butable amount for 2022 from Section C, line 6				
2 Under	rdistributions, if any, for years prior to 2022 (reason-				
	cause required - explain in Part VI). See instructions.				
	ss distributions carryover, if any, to 2022				
<b>a</b> From					
<b>b</b> From					
c From					
d From					
e From					
	of lines 3a through 3e				
	ed to underdistributions of prior years				
	ed to 2022 distributable amount				
	over from 2017 not applied (see instructions)				
	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	butions for 2022 from Section D,				
line 7:					
	· Ψ ed to underdistributions of prior years				
	ed to 2022 distributable amount				
	ainder. Subtract lines 4a and 4b from line 4.				
	aining underdistributions for years prior to 2022, if			-	
•	Subtract lines 3g and 4a from line 2. For result greater				
	zero, <i>explain in</i> <b>Part VI.</b> See instructions. aining underdistributions for 2022. Subtract lines 3h				
	0				
	Ib from line 1. For result greater than zero, <i>explain in</i> VI. See instructions.				
	ss distributions carryover to 2023. Add lines 3j				
and 4					
	kdown of line 7:				
	ss from 2018				
	ss from 2019				
	ss from 2020				
	ss from 2021				
e Exces	ss from 2022				

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**1** Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

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1

**Current Year** 

Schedule A			AMERICAN			·	
Part V	i ype III	Non-Function	onally integrat	ea 509(a)(3)	Supporting	Organizations	(continued)

Section D - Distributions

Schedule A (Form 990) 2022
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LIST ROYALTY INCOME	
2018 AMOUNT: \$ 120,411.	
2019 AMOUNT: \$ 0.	
2020 AMOUNT: \$ 0.	
2021 AMOUNT: \$ 0.	
2022 AMOUNT: \$ 0.	
232028 12-09-22 30905 788028 15026.3AU01	Schedule A (Form 990) 202 21 2022.04020 AMERICAN STUDIES CENTER 15026

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# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CENTER		

51-0232804

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

AMERICAN STUDIES

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

51-0232804

## AMERICAN STUDIES CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$285,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>90,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>145,290.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$450,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12230905 788028 15026.3AU01

23 2022.04020 AMERICAN STUDIES CENTER 15026.31

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Provide the Provide terms of	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	AIRLINE MILES		
		\$90,000.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

## 12230905 788028 15026.3AU01

24 15026.31 2022.04020 AMERICAN STUDIES CENTER

Page 3

Employer identification number

51-0232804

AMERICAN STUDIES CENTER

Name of organization

	B (Form 990) (2022)		Page <b>4</b>				
Name of c	organization		Employer identification number				
AMERI	CAN STUDIES CENTER		51-0232804				
Part III		through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	<u> </u>				
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
_							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
	Transferee's name, address, a		Relationship of transferor to transferee				
223454 11-1	5-22		Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022)

## 12230905 788028 15026.3AU01

25 2022.04020 AMERICAN STUDIES CENTER 15026.31

	I	Our real and a state			OMB No. 154	5.00/17	
	HEDULE D	• •	al Financial Statements			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	ment of the Treasury I Revenue Service	Α	Ittach to Form 990. 0 for instructions and the latest information.		Open to F Inspectio		
	e of the organizatio			Employer	identification		
		AMERICAN STUDIES C	ENTER		1-023280		
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts.	Complete if the	;	
	organizatior	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds (l	<b>b)</b> Funds and	d other accoun	ts	
1		d of year					
2		contributions to (during year)					
3 4		grants from (during year) end of year					
5			L I I I I I I I I I I I I I I I I I I I	s			
Ū	-		exclusive legal control?		Yes	No	
6			dvisors in writing that grant funds can be used or				
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng			
	impermissible priva				Yes	No	
Pa	rt II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.			
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).				
		of land for public use (for example, recrea		• •			
		natural habitat	Preservation of a certif	ied historic :	structure		
•		of open space					
2	day of the tax year.	<b>o o</b> 1	ied conservation contribution in the form of a con ا		asement on the at the End of the		
а				2a			
a b				2a 2b			
c	-	-	ucture included in (a)	2c			
		vation easements included in (c) acquired a					
				2d			
3		•	eased, extinguished, or terminated by the organiz	ation during	the tax		
	year			-			
4	Number of states w	where property subject to conservation eas	sement is located				
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	,	prcement of the conservation easements it			Yes	No No	
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	s during the yea	ar	
_		<del></del>					
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ements duri	ng the year		
8			e satisfy the requirements of section 170(h)(4)(B)(i	;)			
0					Yes	No	
9			on easements in its revenue and expense stateme				
		•	note to the organization's financial statements tha		the		
	organization's acco	ounting for conservation easements.	-				
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other Si	milar Ass	sets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	0	· •	8, not to report in its revenue statement and bala		orks		
		· ·	blic exhibition, education, or research in furtherand	ce of public			
•-	•		ncial statements that describes these items.	abactured	of		
a	-		8, to report in its revenue statement and balance				
		ng amounts relating to these items:	exhibition, education, or research in furtherance	or public se	IVICE,		
	•	с с		\$			
2			asures, or other similar assets for financial gain, p				
		ints required to be reported under FASB A					
а	-		~	\$			
b							

h	Assets	included	in	Form	aan	Pa
D D	ASSELS	included		I UIIII	330,	, , 0

#### Schedule D (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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2022.04020	AMERICAN	STUDIES	CENTER

Partill       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained in the organization acquisition is a contained by the organization acquisition is collection than or exchange program         b       Choing the vear. did the organization is collections and explain how they further the organization accession.       Ves       No         c       Provide acciption of the organization is oblicitor receive diorations of art, historical ressures, or other similar assets to the solid the organization is oblicitor.       Ves       No         Particle anamount on Don 900, Part X, line 21.       Te control of the organization and collection?       Ves       No         b       If the organization and operation is collection?       Ves       No         b       If ves," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Id       Id       Image and the organization analytic the organization and the organization analytic t	Sche		N STUDIES (						51-02			age <b>2</b>
collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> </ul> Provide description of the organization solutions and explain how they further the organization's exempt purpose in Part XIII.         During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         Part II Escrow and Custodial Arrangements. Complete if the organization's collection?       Yes       No         Part II Escrow and Custodial Arrangements. Complete if the organization's collection?       Yes       No         If 'Yes,' explain the arrangement in Part XIII and complete the following table:               Arnount            C Beginning balance       Ist                Arnount                     Prose (check all that apply):                 Arnount                 Arnount                 Arnount               Ist III                         Arnount	Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Schlarly research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the f	ollowing that	make s	ignificant ι	use of its			
b       Scholary research       e       Other		collection items (check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	c	I 🗌 Lo	an or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Bedining balance     Celleginning balance     Intermediary for contributions or other assets not included     on Form 900, Part X2     Distributions during the year     Intermediary for contributions or custodial account liability?     Ves     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization include an one of the organization and the organization include an one of the organization include an one of the organization include an one of the organization and the organization and the organization include an one of the organization and the organization include an one of the organization and the organization and the organization include an one of the organization and the organi	b	Scholarly research	e	e 🗌 Ot	her							
5       During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization is collection?       No         Part M       Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or       reported an amount on Form 990, Part X, line 21.         1       Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included       on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1 <td< th=""><th>с</th><th>Preservation for future generations</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	с	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         14         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Yes         No.           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         10         10           c         Beginning balance         10         11         10         11         10         10         11         10         11         10         10         10         11         10         10         11         10         10         11         10         10         10         11         10         10         11         10         10         11         10         10         11         10         10         11         10         10         11         10         10         11         10         10         10         10         10         10         10         10         10         10         10         10         10         10         10         10         10	4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organizatio	on's exer	mpt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>10</li> <li>11</li> <li>21</li> <li>24</li> <li>24</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>28</li> <li>28</li> <li>28</li> <li>29</li> <li>20</li> <li>24</li> <li>24</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>28</li> <li>28</li> <li>29</li> <li>20</li> <li>20</li> <li>20</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>24</li></ul>	5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical treas	sures, or othe	er similar	assets		_		_
reported an amount on Form 990, Part X, line 21.          1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:        Amount          c       Beginning balance        Amount          d       Additions during the year        1d          a       Distributions during the year        1d          Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?        Yes          Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back          1a       Beginning of year balance        (e) Ourent year        (b) Prior year        (c) Two years back        (e) Four years back          1a       Beginning of year balance        (f) Ourent year end balance lline 1g, column (a) head as:        a daria or scholarships        (f) Ourent year end balance lline 1g, column (a) head <td< th=""><th></th><th></th><th></th><th><u>u</u></th><th></th><th></th><th></th><th></th><th></th><th>_</th><th></th><th>No</th></td<>				<u>u</u>						_		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ves" on Form 900, Part IX, line 10.       Image: Complete the comparison answered "Ve	Par			ete if the o	rganizatio	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Distributions during the year       1d         e       Distributions       Complete if the organization inswered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         a       Beginning of year balance       (e) Ourrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a trans or scholarships         e       Other expenditures for facilities and programs       1d       1d         e       Other expenditures for facilities and programs       1d       1d         f       Administrative expenses       1d       1d       1d <t< th=""><th></th><th>· · ·</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		· · ·										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Im       Im         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990. Part XI, line 10.       Image: State in the year in the provided on Part XIII.       Image: State in the year in the provided on Part XIII.       Image: State in the year in the provided on Part XIII.       Image: State in the provided on Part XIII.       Image: State in the provided on Part XIII.       Image: State in the provide in the prover in the provide in the provide in the provide in the provide i									L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' vapilan the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (b)       (c) Two years back       (e) Four years back         a       Grants or scholarships       (c)       (c) Two years back       (e) Four years back         f       Administrative expenditures for facilities       (c)       (c) Two years back       (e) Four years back         f       Administrative expenses       (c)       (c)       (c) Two years back       (e) Four years back         g       End of year balance       (c) <t< th=""><th>b</th><th>If "Yes," explain the arrangement in Part XIII</th><th>and complete the fol</th><th>llowing tab</th><th>le:</th><th></th><th></th><th></th><th></th><th><b>A</b></th><th></th><th></th></t<>	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:					<b>A</b>		
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif 'Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII       Yes'       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Other expenditures for facilities       1       1       1       1       1         and programs       1       1       1       1       1       1         9 End of year balance       9       1       <										Amoun	[	
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Two years back         a       Grants or scholarships       (a) Current year end balance (line 1g, column (a) held as:       (a) Grant year balance       (fine 1g, column (a) held as:         a       Board designated or quasi-endowment       //////////////////////												
f       Ending balance												
2a       Did the organization include an amount on Form 980, Part X, line 21, for escrow or custocial account lability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 980, Part X, line 21, for escrow or custocial account lability?       Yes       No         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b)       Contributions       Contributions       Control years back       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       Control years       (c)       Control years back       (c)       Three years back       (c) Two years back       (d) Three years back       (e) Four years back         a       Control years of schedular stress of the contrast years of schedular stress of schedular streschedular stresschedular stress of schedular												
b. If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b. Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c. Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f. Administrative expenses       (a)												1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Orants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         (b) Control the extinated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Control the extinated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Board designated or quasi-endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       (a) (i) Intelated organizations       (a) (i) Intelated organizations         (i) Unrelated organizations       (i)		-						• • • • • • • • • • • • • • • • • • • •				] <b>NO</b> ]
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance	_											
1a       Beginning of year balance									ears back	(e) Four	vears	hack
b       Contributions	10	Reginning of year balance	(u) ourrone your	(6)1110	, you	(0) 1110 you	o buok	(4) 11100 )		(0) i oui	youro	buon
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs initial init	h											
d Grants or scholarships	С											
e Other expenditures for facilities and programs	d d											
and programs												
f       Administrative expenses	č											
g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment  %   b Permanent endowment  %   c Term endowment  %   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   (ii) Related organizations   3a(ii)   b If "Yes" on line 3a(ii), are the related organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   152, 859.   152, 859.   150, 110.   2, 749.   e Other	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(iii) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(d) Cost or other basis (other)</li> <li>(d) Book v</li></ul>												
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rent vear end balance	e (line 1a. c	column (a)	) held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:						,						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Intelated organizations</li> <li>(iii) Related organizations</li> </ul> <ul> <li>(i) Unrelated organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(d) Book value basis (other)</li> <li>(i) Book value basis (other)</li> <li>(i) Cost or other basis (other)</li> <li>(i) Cost or other basis (o</li></ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization set organization's endowment funds.</li> </ul> <ul> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(i) Cost or other basis (other)</li> <li>(i) Cost or other basis (other)</li> <li>(i) Book value</li> <li>(ii) Buildings</li> <li>(ii) Land</li> <li>(ii) Related</li></ul>	с		%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization set organization's endowment funds.</li> </ul> <ul> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(i) Cost or other basis (other)</li> <li>(i) Cost or other basis (other)</li> <li>(i) Book value</li> <li>(ii) Buildings</li> <li>(ii) Land</li> <li>(ii) Related</li></ul>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       14 Land       152,859.       150,110.       2,749.         d Equipment       146,730.       94,183.       52,547.	3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held ar	nd administer	ed for th	ne		_		
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       1       1       2       7       4         c       Leasehold improvements       152,859.       150,110.       2,749.         d       Equipment       146,730.       94,183.       52,547.		organization by:									Yes	No
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       1       1       2       7       4         c       Leasehold improvements       152,859.       150,110.       2,749.         d       Equipment       146,730.       94,183.       52,547.		(i) Unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		(ii) Related organizations								3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	4			wment fun	ds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
basis (investment)         basis (other)         depreciation           1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, li	ne 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings         152,859         150,110         2,749           c Leasehold improvements         146,730         94,183         52,547           e Other         0         0         0         0		Description of property					• •		ed	(d) Bool	< value	Э
b Buildings         152,859         150,110         2,749           c Leasehold improvements         146,730         94,183         52,547           e Other         0         0         0         0	1a	Land										
c Leasehold improvements       152,859.       150,110.       2,749.         d Equipment       146,730.       94,183.       52,547.         e Other       146,730.       146,730.	b	Buildings										
e Other	с											
	d	Equipment			14	6,730.		94,18	83.	52	2,54	<u>47.</u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)				55	5,29	96.

Schedule D (Form 990) 2022

232052 09-01-22

	(Form 990) 2022	AMERICAN	<u> </u>	CENTER
Part VII	Investments -	<ul> <li>Other Securities</li> </ul>		

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total</b> , (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	24,408.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	1,153,338.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,177,746.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1	) Federal income taxes	
(2	OPERATING LEASE LIABILITY	1,421,232.
(3		
(4		
(5		
(6		
(7		
(8		
(9		
Total	· (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,421,232.

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

Schedule D (Form 990) 2022

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Sche	Schedule D (Form 990) 2022 AMERICAN STUDIES CENTER			51-	0232804	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Re				6
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	11,022	,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-356.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d			-109.			
е	Add lines 2a through 2d			2e		-465.
3	Subtract line 2e from line 1			3	11,022	<u>,523.</u>
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				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,022	<u>,523.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	9,444	,704.
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	9,444	,704.
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	109.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		109.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,444	.813.
	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 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 additional information.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES INCLUDED ON PART IX, LINE 11F

-109.

232054 09-01-22

SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990)		e organization answered "Yes" or organization entered more than \$	or if the	2022						
Department of the Treasury		Attach to Form 990	or Form	n 990	-EZ.			Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instru	ictions	and t	he latest information	n		Inspection		
Name of the organization								ntification number		
		N STUDIES CENTER					51-0232			
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not		
1 Indicate whether th	e organization rais	sed funds through any of the followi	ng activ	vities.	Check all that apply.					
a 🚺 Mail solicitat	tions	e X Solicita	ation of	non-g	overnment grants					
<b>b</b> X Internet and	email solicitations	s f X Solicita	ation of	gover	mment grants					
c X Phone solici	tations	g 🗔 Specia	al fundra	aising	events					
d X In-person so	licitations									
2 a Did the organization	on have a written o	or oral agreement with any individua	l (includ	ling of	fficers, directors, trus	tees,	or			
key employees list	ed in Form 990, P	art VII) or entity in connection with p	orofessi	onal fi	undraising services?		X Yes	s 🗌 No		
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) purs	uant to	agree	ments under which th	he fun	draiser is to be	e		
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres	s of individual		(iii)	Did raiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid		
or entity (fund		(ii) Activity		ustody ntrol of	from activity	) f	undraiser	to (or retained by) organization		
			contrib	utions?		listed in col. (i		organization		
EBERLE ASSOCIATES	- 1420		Yes	No						
SPRING HILL ROAD, M	MCLEAN, VA	DIRECT MAIL FUNDRAISING		X	2,635,073.		105,896.	2,529,177.		
LYNCH PINNACLE GROU	JP - 5424	IN PERSON, PHONE, EMAIL								
WISCONSIN AVENUE, S	SUITE 600,	FUNDRAISING		X	780,750.		230,000.	550,750.		
ACTIVE ENGAGEMENT	- 113 EAST									
MARKET ST, STE 300	, LEESBURG,	EMAIL FUNDRAISING		x	361,181.		30,000.	331,181.		
			_							
		1								
<u>Total</u>					3,777,004.		365,896.	3,411,108.		
<ol> <li>List all states in whit or licensing.</li> </ol>	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from re	gistration		

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

Ш	Fundraising Events.	Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 18, c	r reported more than \$15,000	
	of fundraising event contril	outions and gross income on	Form 990-FZ, lines 1 and	1.6b List events with ar	oss receipts greater than \$5,000	)

		of fundraising event contributions and gro			events with gross receip	ts greater than \$5,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
Pa	rt I		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (material		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe	4	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	9 Yes %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	Νο	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	0	Not gaming income summer Subtract line 7	from line 1 column (-1)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a	· · · ·			Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				
						dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	AMERICAN	STUDIES	CENTER	51-0	232804	Page 3
	Does the organization conduct ga					Yes	No
	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	No No
	Indicate the percentage of gaming						
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of th	e person who prepa	ires the organiz	ation's gaming/special eve	nts books and records:		
	Name						
	Address						
15a	Does the organization have a con	tract with a third pa	rty from whom	the organization receives g	aming revenue?	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue receive	d by the organi	zation \$	and the amount		
	of gaming revenue retained by the						
С	If "Yes," enter name and address	of the third party:					
	Name						
	Address						
	Audress						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
а	Is the organization required under	r state law to make o	charitable distri	butions from the gaming pr	oceeds to		
	retain the state gaming license?					Yes	No No
b	Enter the amount of distributions	required under state	e law to be dist	ibuted to other exempt org	anizations or spent in the		
	organization's own exempt activit						
Pa					, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pro	ovide any addit	ional information. See instr	uctions.		
<b>c</b> .c		тт <b>ме 2</b> р <sup>.</sup>		MEN UTCUECH D	ס משיט דג מתואווש מדג	۰.	
50	HEDULE G, PART I,	LINE 2D,	LISI OF	IEN HIGHESI P.	AID FUNDRAISERS		
(I	) NAME OF FUNDRAIS	SER: EBERL	E ASSOCI	ATES			
<u> </u>							
(I	) ADDRESS OF FUND	RAISER: 14	20 SPRIN	G HILL ROAD, 1	MCLEAN, VA 221	02	
. –	\						
<u>(I</u>	) NAME OF FUNDRAIS	SER: LYNCH	PINNACL	E GROUP			
/ -							
<u>(I</u>	) ADDRESS OF FUND	VATORK:					
51	24 WISCONSIN AVENU	ייידע און	ה ה00 הביי		815		
<u>_</u>	23 MIDCOMDIN VARM	SE, SOTIE			<u></u>		
23204	33 10-27-22				Sched	ule G (Form	990) 2022
_0200				32	Coned		

Schedule	G	(Form	990

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ACTIVE ENGAGEMENT

(I) ADDRESS OF FUNDRAISER: 113 EAST MARKET ST, STE 300, LEESBURG, VA 20176

Schedule G (Form 990)

232084 04-01-22

SCHEDULE J		Compensation Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>_</b>	-		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organization		Employer i			mber		
		AMERICAN STUDIES CENTER	51-0	23280	4			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	·	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
	_	ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ir, chet)					
h	If any of the haves	on line to an abacked did the exception follow a written policy recording powerst or						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16				
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and onice			2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.	511 10					
	Compensation							
	·	compensation consultant						
	·	ther organizations I I I Approval by the board or compensation of I	ommittee					
			ommittee					
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 re							
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X		
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
		ation?				X		
	If "Yes" on line 5a o	or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r	et earnings of:						
а	The organization?			<u>6a</u>		X		
	Any related organiz	ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe					
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2022		

232111 10-18-22

Schedule J (Form 990) 2022

## 51-0232804

#### 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	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES ROBERTS	(i)	329,941.	0.	0.	0.	0.	329,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	277,154.	0.	0.	0.	8,159.	285,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	247,573.	0.	0.	0.	2,882.	250,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIM HOLBERT	(i)	167,567.	0.	0.	0.	2,739.	170,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD MCFADDEN	(i)	153,856.	0.	0.	0.	8,524.	162,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.	
Attach to Form 990.	

Department of the Treasury Internal Revenue Service

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

Employer identification number 51-0232804

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L

Name of the organization

## AMERICAN STUDIES CENTER

Pa	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			00.000			
25	Other (AIRLINE MILES)	X	<u>3,000,000</u>	90,000.	F.WA		
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organize						
	for which the organization completed Form 828	53, Part V, D	onee Acknowledg	ement			<b></b>
00-				autodia Daut I. Jiaaa 4 Abuarra	h 00 that it	Ye	s No
30a	During the year, did the organization receive by			-			
	must hold for at least 3 years from the date of the			·		20.0	x
L	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a	
	Does the organization have a gift acceptance p	olicy that re	ouires the review (	of any nonstandard contribut	ions?	31	x
31 32a	Does the organization hire or use third parties o					31	
JZd			•			32a	x
h	contributions? If "Yes," describe in Part II.					520	
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Part II	Suppler	nental Info	rmation.	Provide the inf	ormation requi
Schedule	M (Form 990)	2022 AME	ERICAN	STUDIES	CENTER

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2022 232142 09-09-22 38

SCHEDULE O (Form 990)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AMERICAN STUDIES CENTER

Employer identification number 51-0232804

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOVERNMENTAL SYSTEM ACTIVITIES AND POLICIES ON THE PRIVATE SECTOR OF

THE UNITED STATES AND TO MAKE THE RESULTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS HAD A CONFLICT OF INTEREST POLICY SINCE 2007 AND

REQUIRES ANNUAL DISCLOSURE BY EACH STAFF MEMBER, OFFICER, AND DIRECTOR OF THE ORGANIZATION.

IN SUCH CASE IN WHICH A CONFLICT OF INTEREST OCCURS, ANY STAFF MEMBER DIRECTOR OR OTHER DISQUALIFIED PERSON WHO HAS (OR WHOSE CLOSE OFFICER, FAMILY RELATION HAS) A FINANCIAL INTEREST IN OR RECEIVED COMPENSATION FROM THE FOR-PROFIT ENTERPRISE, SUCH STAFF MEMBER, OFFICER, DIRECTOR OR OTHER DISOUALIFIED PERSONAL SHALL DISCLOSE HIS FINANCIAL INTEREST AND SHALL RECUSE HIMSELF FROM THE DECISION-MAKING PROCESS AND FROM THE PRESENTATION OF ANY FACT FAVORING SUCH CONTRACT. NO LOANS SHALL BE MADE BY THE CORPORATION TO ANY DIRECTOR OR OFFICER, UNLESS PERMITTED BY LAW.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE PRESIDENT OF THE ORGANIZATION IS APPROVED BY THE

BOARD OF DIRECTORS AND/OR THE COMPENSATION COMMITTEE ANNUALLY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS

DECIDED BY MANAGEMENT AND DEPEND ON THE MARKET VALUE OF THE POSITION AND

THE EMPLOYEE'S PERFORMANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE PROVIDED ON THE ORGANIZATION'S WEBSITE.