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	D&N_T		Exempt Organization Busin			Return		OMB No. 1545-0687					
Form	9 9 0-T	F1-	and proxy tax under s		,	. 1904	2	2018					
D		ror cale	ndar year 2018 or other tax year beginning 07/6 ▶ Go to www.irs.gov/Form9907 for instru										
•	nent of the Treasury Revenue Service	▶ Do	not enter SSN numbers on this form as it may be				Oper	to Public Inspection c)(3) Organizations O	for				
	Check box if address changed		Name of organization (identification numb	-4.				
		-	AMERICAN SCHOOL IN LONDON FOUNDA	_				s' trust, see instruction					
	npt under section 01(C) (3)	(A) Print Number, street, and room or suite no. If a P.O. box, see instructions.											
	08(e) 220(e)	Type	15 ROSZEL ROAD			EÜ		business activity coo	et				
☐ 4		Type	City or town, state or province, country, and ZIP or	foreign i	postal code		See instru	ictions.)					
5:													
	k yalue of all assets	F G	oup exemption number (See instructions.) ▶					_				
4.0	2,690,562		neck organization type 🕨 🗹 501(c) corp		n 🔲 501(c) trus	t 🗌 40	1(a) tru:	st 🔲 Other tn	us(
H Er	nter the number	of the	organization's unrelated trades or busines	ses. 🕨	•	Describe the	e only (or first) unrelated	$\overline{}$				
	ade or business				ly one, complete Pa								
			at the end of the previous sentence, com	plete l	Parts I and II, comp	lete a Sche	dule M	for each additio	nal				
tra	ade or business	, then c	omplete Parts III-V.										
I Di	uring the tax year	r, was th	e corporation a subsidiary in an affiliated grou	up or a	parent-subsidiary cor	trolled group	ا ?	► 🗌 Yes 🗹 N	10				
lf	"Yes," enter the	name :	and identifying number of the parent corp	oration	n. 🕨								
	ne books are in				Telephone	number 🕨		(609) 452-0990					
Par	tii Unrelate	d Trad	e or Business income		(A) Income	(B) Expens	es	(C) Net					
1a	Gross receipt:	s or sale											
b	Less returns and			1c	0								
2	_	-	Schedule A, line 7)	2	0								
3	-		t line 2 from line 1c	3	0			0					
4a			ne (attach Schedule D)	4a	0		\perp	0					
b	• , ,		4797, Part II, line 17) (attach Form 4797)	4b	0			0					
C	Capital loss d			4c	0			0					
5		-	tnership or an S corporation (attach statement)	$\overline{}$	0			0					
6	Rent income (-		6	0			0					
7			ced income (Schedule E)	7	0		0	0					
8			and rents from a controlled organization (Schedule F)	-	0	-	0	0					
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	-	0		0	0					
10	•	-	ivity income (Schedule I)	10	0		0	0					
11	Advertising in			11	0		9	0	—				
12	· ·	•	tructions; attach schedule)	12	0		. 	0	—				
13			3 through 12	13	0		0 <u> </u>	0	—				
Fait			Taken Elsewhere (See instructions for be directly connected with the unrelated			s.) (Except	ior con	unbutions,					
14			cers, directors, and trustees (Schedule K)				14	ol	—				
15	•						15	0					
16							16	0	—				
17	Bad debts						17	0					
18			<u>lule) (see instructions)</u>				18	0	—				
19	Taxes and to		<u>_ ' ' </u>				19	0	—				
20	Charitable ed	ninbutic	ins (SAA instructions for limitation rules)				20	0					
: 21	Depreciation ((attach	7970 4362) · · · · · · · · · · · · · · · · · · ·		. 21	ol							
22	Less debreda	ation cla	imed on Schedule A and elsewhere on re	turn .	22a	0	22b	o					
23	Decletion		TT. 7				23	0					
24	Contributions	Po defe	UT···]				24	0					
25			grams				25	0					
26			nses (Schedule I)				26	0					
			osts (Schedule J)				27	0	_				
27 28		•	ach schedule)				28	0	_				
29			•				29	0	_				
30			xable income before net operating loss de	ductio	n. Subtract line 29 fr	om line 13	30	0	_				
31			ating loss arising in tax years beginning on o				31						
32	Unrelated bus	siness t	axable income. Subtract line 31 from line:	30 .	<u> </u>	<u>.</u> .	32	0	_				
			Notice, see instructions.		Cat. No. 11291J			Form 990-T (20	718)				

						·	230 -
Part I	T To	otal Unrelated Business Taxable Income					
33-	Total of	f unrelated business taxable income computed from all unrelated trades or	businesses (s	ee			
	instruct	ions) , , , , , , , , , , , , , , , , , , ,			33	o	
34	Amoun	ts paid for disallowed fringes		ı	34	0	
		ion for net operating loss arising in tax years beginning before Janua			-		
		ions)			35	0	
		unrelated business taxable income before specific deduction. Subtract line			35		
		33 and 34			00	ا	
					36	0	
		deduction (Generally \$1,000, but see line 37 instructions for exceptions) .			37	0	
		ted business taxable income. Subtract line 37 from line 36. If line 37 is gre			İ		
	enter th	e smaller of zero or line 36	<u> </u>	i	38	0	
Part I	V Ta	ex Computation					
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	1	•	39	0	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation.	Income tax	on i	•		
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041) .		▶	40		
		ax. See instructions		•	41		
	•	tive minimum tax (trusts only)		L			
		•			42		
		Noncompliant Facility Income. See instructions			43		
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>		44	0	
Part		ax and Payments					
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a]		-
		redits (see instructions)	1]		ľ	
C	Genera	business credit. Attach Form 3800 (see instructions) 45c					
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827) 45d			٠,		
		redits. Add lines 45a through 45d			45e	o	
		at line 45e from line 44			46	0	
		kes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (47	0	
		ax. Add lines 46 and 47 (see instructions)	•			0	
				- }	48		
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin		ŀ	49		
		nts: A 2017 overpayment credited to 2018			- 1	1	
		stimated tax payments			·		
		posited with Form 8868			`		
ď	Foreign	organizations: Tax paid or withheld at source (see instructions) . 50d			- 1		
е	Backup	withholding (see instructions)			1	ĺ	
f	Credit f	or small employer health insurance premiums (attach Form 8941) . 50f		\neg			
g	Other c	redits, adjustments, and payments:		\neg			
v	☐ Form	14136 ☐ Other 0 Total ► 50g	اها		•		
		ayments. Add lines 50a through 50g		—	91	1,130	
		ed tax penalty (see instructions). Check if Form 2220 is attached		ᆔ	\$2	1,150	
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		╏	53		
53		,		- [.	.35	0	
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount			54	1,130	
		amount of line 54 you want: Credited to 2019 estimated tax ▶ 0	Refunded		\$5	1,130	
Part \		tatements Regarding Certain Activities and Other Information (see					
		time during the 2018 calendar year, did the organization have an interest in c					No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," th					- 4
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name of the	fore	eign cour	ntry	
	here 🕨	UK				1	
57	During ti	ne tax year, did the organization receive a distribution from, or was it the grantor of, o	r transferor to. a	forei	gn trust?		1
	_	see instructions for other forms the organization may have to file.	•		-		* l
		e amount of tax-exempt interest received or accrued during the tax year	\$			0 1	
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	e best	of my know		ef, nt is
Sign	true, co	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any knowle		May the ID	S discuss this i	
Here	 	Care M. Sall 14/29/20 PRESIDENT		ŀ		eparer shown l	
		re of officer Date Title		\dashv		ions)? [[Yes [
			Date			PTIN	
Paid		Print/Type preparer's name RACHEL SPURLOCK Preparer's signature Spurlock	Date 5/4/2020		ck Lif		720
Prepa	arer	TORONEE OF ONLOOK	L		employed	P005207	
Use C		Firm's name ► CROWE LLP		Firm	's EIN >	35-092168	
		Firm's address ► 488 MADISON AVENUE, FLOOR 3, NEW YORK, NY 10022-5702		Phor	e no.	(212 <u>)</u> (372-55	00

Pao	A	3
, 44	o	•

Schedule A-Cost of Goo	ds Sold. Ente	er method of in	ventory v	aluation >				<u> </u>
Inventory at beginning of the second se			6		it end of year	6	0	
2 Purchases			7	-	goods sold. Subtract			
3 Cost of labor					line 5. Enter here and			
4a Additional section 26	· · · · · ·		 		ne 2	7	o	
(attach schedule)		0	8	Do the rul	es of section 263A (with	<u> </u>		lo
b Other costs (attach sch	<u> </u>		└─		roduced or acquired for			
5 Total. Add lines 1 throu	· · · · · · · · · · · · · · · · · · ·			to the orga	nization?			7
Schedule C-Rent Income	-3··· ·- L	I	1 1	I Property I	eased With Real Pro	perty)		
(see instructions)						,		
Description of property				·		·		
(1)								
(2)								
(3)								
(4)					 -			
	2. Rent received	l or accrued	**		1			
(a) From personal property (if the per- for personal property is more than more than 50%)		(b) From real an percentage of rent to 50% or if the rent	or personal p	roperty exceeds	3(a) Deductions directly in columns 2(a) and			
(1)								
(2)								_
(3)					-			
(4)	İ							
Total	0 -	l'otal			0 (h) Total de ductions			
(c) Total income. Add totals of co	olumns 2(a) and	2(b). Enter			(b) Total deductions. Enter here and on page	1,		
here and on page 1, Part I, line 6,					Part I, line 6, column (B)	>		0
Schedule E—Unrelated De	ebt-Finance	d Income (see	instruction	s)				
1. Description of de	bt-financed proper	ty		ncome from or debt-financed		ced property		
			pn	operty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc		
(1)								
(2)								
(3)								
(4)	· · · · · · · · · · · · · · · · · · ·							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis locable to iced property schedule)	4 0	Column tivided tolumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	d of column	15
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,		
Totals				▶	0			0
Total dividends-received deduct	tions included in	column 8	<u> </u>	<u></u>	<u> </u>	•		0
						Form \$	90-T (20)18)

4)

Schedule F—Interest, Ann	uities,	noyalties,				Controlled Org	anizations (se	e instruc	tions)	
Name of controlled organization		Employer cation number	3. N	et unrela	ted income istructions)	4. Total of specified payments made	5. Part of colum- included in the c organization's gro	controlling	conn	eductions directly ected with income in column 5
(1)										
(2)										
(3)										
(4)									<u>.l</u>	
Nonexempt Controlled Organiz	zations				· · · · · · · · · · · · · · · · · · ·				+	
7. Taxable Income		Net unrelated incoss) (see instruct				ital of specified yments made	10. Part of column included in the coorganization's gro	controlling	conne	eductions directly cted with income in column 10
(1)										
(2)										
(3)										
(4)										
							Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).
Schedule G-Investment I		o of a Soot	ion	<u> </u>		or (17) Organi	eation (ass inst		<u>,</u>	0
Schedule G-Investillent i	ncom	e or a sect	1011	30 I (C		Deductions	4. Set-aside		•	otal deductions
1. Description of income		2. Amount of	inco	me	direc	ctly connected ach schedule)	(attach schedu		and set-asides (col. 3 plus col. 4)	
(1)										
(2)					ļ					-
(3)										
(4)										
		Enter here and Part I, line 9, c								re and on page 1, ne 9, column (B).
Tatala				۲ 7.	;			.1		, , ,
Schedule I—Exploited Exe	mnt /	Activity Inc.			or Than	Advorticing In	oomo /ooo inst	a setions	<u> </u>	0
Schedule I—Exploited Exe	subr v	Acavity inc	Dille	-			Come (see ms	Tuctions	<u>'</u>	f
1. Description of exploited activi	ity	2. Gross unrelated business inco from trade of business		di conne prodi uni	openses rectly octed with oction of related ss income	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)		Ī								
(2)										
(3)										
(4)										
		Enter here and page 1, Part line 10, col. (١,	page	ere and on 1, Part I,), col. (B).					Enter here and on page 1, Part II, line 26.
Totals		·	0		0					0
Schedule J—Advertising I										
Part I Income From P	eriodi	icals Repor	ted	on a	Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income	1		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
-										
Totals (carry to Part II, line (5))	▶	·	0		0	0				0
									F	om 990-T (2018)

rom 990-1 (2018)						Page 5	
Part II • Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ch periodical li	sted in Part II	, fill in columns	
Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totals from Part I ▶	0	0				0	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0	0				O	
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	ctions)		<u> </u>	
1. Name		2. Title		3. Percent of time devoted to business		Compensation attributable to unrelated business	
(1)				96	5		
(2)	- -			94	5		
(3)				94	5		
(4)				96	5		
Total Enter here and on page 1 Part II lin	14		•		.		

Form **990-T** (2018)