SCANNED APR 1 5 2021

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

%(0)**1** 9

OMB No 1545-0047

Open to Public

Inspection

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.

For the 2019 calendar year, or tax year beginning C Name of organization Ameriçan Schools of Alexandria Foundation D Employer identification number Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 52-1792584 Name change Telephone number PO Box 5910 ZIP code Initial return City or town (609) 452-0990 NJ 08543 Princeton inal return/terminated Foreign postal code Foreign country name Foreign province/state/county 2,870,541 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No H(a) Is this a group return for subordinates? Application pending Deirdre Simon 15 Roszel Road, Princeton, NJ 08540 H(b) Are all subordinates included? If "No," attach a list (see instructions) ΙXΙ **1**527 4947(a)(1) o Tax-exempt status 501(c)(3)) < (insert no) H(c) Group exemption number ▶ Website: ► None X Corporation Other ▶ L Year of formation M State of legal domicile Form of organization Trust Association 1992 DE Part I Summary Briefly describe the organization's mission or most significant activities 1 Activities & Governance furtherance of education at the Schutz American School in Alexandria, a school for children Approximately 352 students served Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 36 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Porm 990 Taine 39 RECEIVED 7b 0 Prior Year **Current Year** 0 SSO Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 208 Investment income (Part VIII, column (A), line 208 Investment income (A), line 2 APR 29 2020 2,488,610 2,777,841 9 10 355 92,700 s 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 0 11 Total revenue—add lines 8 through 11 (must equal Parts II) ceilinn 2,488,965 2.870.541 12 327,114 250.714 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,258,724 15 2.245.947 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,623 32,065 17 2,612,461 2,528,726 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -123,496 341,815 19 Revenue less expenses Subtract line 18 from line 12 Assets or **End of Year Beginning of Current Year** 606,980 948,795 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge on الع إلم on إلم on إلم on إلم preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than office Sign Signature of officer Here Deirdre A Simon Treasurer Type or print name and title PTIN Preparer's signature Pnnt/Type preparer's name Check **Paid** self-employed Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	<u>9</u> 0 (2019)	American Schools of Alexandria Foundation	52-1792584	Page 2
Pa	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 d	escribe the organization's mission		
•		Financial and Other Support services to schools in the U.S. and abroad		
	TOVICE	i mandar and Other Support services to scribbis in the O'O' and abroad		
			•	
2	Did the	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4		the organization's program service accomplishments for each of its three largest program services	s, as measured by	
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
	the total	expenses, and revenue, if any, for each program service reported		
	_			
4a	(Code) (Expenses \$ 2,504,962 including grants of \$ 250,714) (Revenue	ue \$ 2,777	',841)
	Provide	Staff & Assistance for the futherance of Education at the Schutz American School in		
	Alexand	ia, a school for children Approximately 274 students served		
		1		
	~			
	~			
46	(O = d =	\/Figures		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ъ)

		,		
	_			
4c	(Code) (Expenses \$ including grants of \$) (Revenu	ie \$)
4d		ogram services (Describe on Schedule O)	~ `	
4-	(Expens		0)	
40	LOTAL DEC	gram caniica aynancac 🕨 2 504 062		

Yes No

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If* "Yes," *complete Schedule C, Part II*
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If* "Yes," *complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - **d** Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? *If* "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	1	х	
	2		Х
	3		х
	4		x
	5		x
	6		x
	7		х
	8	,	х
	9		х
	10		X
	11a		х
	11b		_X_
	11c		Х
	11d 11e		X
	11f		X
	12a		Х
	12b		х
	13		Х
	14a 14b	X	
		X	
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	16		X
	17		X
	18	\dashv	_X_
	19		X
ļ	20a 20b	-	<u> </u>
-	200		
	21		Х

Par	t (V Checklist of Required Schedules (continued)			age .
			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	<u> </u>	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			1
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1.		١.,
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1	l	}
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	056		
20	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	 	X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			İ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		<u> </u>	
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		 ^-
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	 		
•	If"Yes," complete Schedule L, Part IV	28a	ļ	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			<u> </u>
_	If"Yes," complete Schedule L, Part IV	28c		х
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		х
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			1
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	i i		1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		ĺ
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par			1	
	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	վ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2019)

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Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)	_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 36			}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
-10	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	- Tu		<u> </u>
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			í <u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter			l
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			ļ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Ì	
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	l	ł	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans [Inter the amount of receives on head			
C 142	Enter the amount of reserves on hand Did the expansion receive any newmonts for indeed tanging convices during the tay year?	140		~
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "You " has it filed a Form 730 to report those payments? If "No " provide an explanation on Schodule O	14a	\dashv	Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- 1	
	excess parachute payment(s) during the year	15	}	X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes." complete Form 4720. Schedule O			

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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

_	Check if Contacting a respense of field to any line in this fact th			•	<u>ഥ</u> _		
Sect	ion A. Governing Body and Management	-					
		۱ .		Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 4	4				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar		l				
_	committee, explain on Schedule O		l	1	ļ		
b	Enter the number of voting members included on line 1a, above, who are independent	1b 3	┨				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship 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						
	supervision of officers, directors, trustees, or key employees to a management company or other p	person?	3_		_X_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Χ		
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	appoint					
	one or more members of the governing body?	•	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i.					
	stockholders, or persons other than the governing body?	•	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	1				
_	the year by the following						
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	<u> </u>				
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	caonca	9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (
0001	ton D. I oneics (This occitor B requests information about policies not required by the	memai revenue e	2000	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	chanters					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10ь				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy		11a	х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ire ming the form:	''a				
	· · · · · · · · · · · · · · · · · · ·		12a	$\overline{\mathbf{x}}$			
12a							
b		•	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done	165,	42-	v			
42			12c	X			
13	Did the organization have a written whistleblower policy?		13	X			
14	Did the organization have a written document retention and destruction policy?	-15	14	Χ			
15	Did the process for determining compensation of the following persons include a review and appro	•					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			ـــِــا		
a	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>		
b	Other officers or key employees of the organization		15b		<u>_X</u> _		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement					
	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						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard					
	the organization's exempt status with respect to such arrangements?		16b				
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	•	501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	•					
	Own website Another's website X Upon request Other (ex	plaın on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	ісу,				
	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 b	ooks and records	•				
	International Schools Services, Inc	(609) 452-0990					
	15 Roszel Road, Princeton, NJ 08540						

Form 990 (2019)	American Schools of Alexandria Fo	oundation								52-17925	584 Page 7
Part VII	Compensation of Officers, Dire		es, K	(ey	En	ple	oyee	s, ŀ	lighest Comp		DOT Fage 1
	Employees, and Independent C	ontractors		_					_		
	Check if Schedule O contains a r	_ 									
Section A.	Officers, Directors, Trustees, K										
1a Complete t organization's	his table for all persons required to be tax year	listed Report co	mper	nsat	ion 1	for t	he ca	lend	dar year ending v	with or within the	9
of compensati List all o List the who received organization a	of the organization's current officers, di on Enter -0- in columns (D), (E), and (of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of For and any related organizations	F) if no compens yees, if any Sec npensated emplo m W-2 and/or Bo	sation e insti oyees ox 7 d	waructi s (ot of Fo	s pa ions her orm	for thai	defin n an d 99-MIS	ition offici SC)	of "key employe er, director, trusto of more than \$1	ee " ee, or key emplo 00,000 from the	oyee)
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
organization, i See instruction	of the organization's former directors of more than \$10,000 of reportable compe has for the order in which to list the persion s box if neither the organization nor any	ensation from the ons above	e orga	anız	atıoı	n ar	nd any	rel	ated organizatio	ns	
(A) Name and title		(B) Average hours	(C) Position (do not check more th box, unless person is officer and a director/to					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael	Schooler	40 00									
Director		0 00	X	<u> </u>		<u> </u>	<u> </u>		132,774		
(2) Maged	Mansı	5 00	١.,								
President	Company	0 00	<u> </u>		X	<u> </u>	<u> </u>				
(3) Deirdre Treasurer	Simon	5 00 0 00	x		х						
	th Duffy	5 00	-	┢─	<u> </u>	_					
Secretary		0 00			Х						
(5)										-	
(6)											
(7)										-	
(8)											
(9)										-	
(10)											
(11)											
(12)		<u> </u>	-								

	(A) Name and title	(B) Average hours	(do i box, office	not cl unle:	Pos neck ss pe	c) intion more erson	than o	one n an	(D) Reportable compensation	(E) Reportal compensa	ble atron	Estim	(F) ated amo of other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-f	ions	f orga	npensation rom the nization a organizat	nd
(15)														
(16)														
(17)														
(18)							-					-		
(19)										<u> </u>				
(20)									-					
(21)											\neg			
(22)	-									<u> </u>	\rightarrow			
(23)							_		:					
(24)														
(25)														
1b	Subtotal	<u> </u>	<u></u>	l				>	132,774		0			0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						>	0 132,774		0			0
2	Total number of individuals (including but not lin		ted a	bov	e) w	/ho	recei	ved		,000 of				
	reportable compensation from the organization												Yes	1 No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu	•		•	ee, o	or h	ghes	t cc	ompensated		[
4	For any individual listed on line 1a, is the sum of				n a	nd c	ther	con	npensation from			3		<u> </u>
	the organization and related organizations grea	ter than \$150,00	00? If	"Ye	s," (com	plete	Sc	hedule J for sucl	7		<u> </u>		
5	Did any person listed on line 1a receive or accr									ıdual				<u>^</u> _
-	for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	SUC	h per	son				5		<u>X</u> _
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compe	nsated independ	dent o	cont	ract	ors	that r	ece	eived more than 9	\$100 000 o			.	
<u>. </u>	compensation from the organization Report co											ах уеа	ar	
	(A) (B) Name and business address Description of services							C	(C) ompens					
							_			_				0
_														0
														0
2	Total number of independent contractors (include	ling but not limite	ed to	thos	se li	ster	abo	ve)	who received					_ <u>0</u>
	more than \$100,000 of compensation from the				,			0						

Parisvill Statement of Revenu	Part VIII i	Stateme	ant ot	Reve	nue
-------------------------------	-------------	---------	--------	------	-----

		Check if Schedule O co	ntains	a respons	e or	note to any lin	ne ir	this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
10	1a	Federated campaigns			1a		0				0000000012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	-	0							
Sign	c	Fundraising events		ŀ	1b 1c	· - ·	0				
ts,	d	Related organizations		0							
a a	_	Government grants (contrib	hutions	, f	1d 1e		0				
ž E	e e	All other contributions, gifts		· .	16		_				
ror S	f	similar amounts not include			46	ļ	0				
bu	_			- F	<u>1f</u>		- 0				
FO	9	Noncash contributions incli	uaea ir	'	4						
a G		lines 1a–1f		L	1g	<u></u> \$	0				
	<u> </u>	Total. Add lines 1a-1f				Business Cod		0			
•	2-	Educational Sangon				611710	_	2,777,841	2,777,841		
Š.	2a	Educational Services				811710		2,777,041	2,111,041		
ž š	b				-		-	0			
E 2	0				-			0			
8 3	d			~				0			
Program Service Revenue	•	All other program service re	ovonus		-		\dashv				
•	' -	Total. Add lines 2a–2f	evenue	•			ightharpoonup	2,777,841		<u> </u>	
	<u>g</u> 3	Investment income (includi	na duu	donds int	oroc			2,111,041			
	3	other similar amounts)	ng aivi	uchus, ini	cics	i, and	92,700			92,700	
	4	Income from investment of tax-exempt bond proceeds						92,700	· · · · · · · · · · · · · · · · · · ·		32,700
	5	Royalties	lax-cx	empt bond	ı pic	ceeus		0			
	•	rtoyaldes		(i) Roal		(ii) Personal					<u>_</u>
	6a	Gross rents	6a			<u> </u>					
	b	Less rental expenses	6b								
	c	Rental income or (loss)	6c		0	 	- 0				
	d	Net rental income or (loss)		-	<u>~</u>		▶	0			
j	7a	Gross amount from	ГТ	(ı) Securit	es .	(II) Other					
		sales of assets									
		other than inventory	7a		ი		ol		- 1		
9	ь	Less cost or other basis							1		,
Revenue		and sales expenses	7b		0		o		ļ		
&	С	Gain or (loss)	7c		0		0				
re F	d	Net gain or (loss)		-			▶	0			
oth	8a	Gross income from fundrais	sing								
0		events (not including \$		0	,	ĺ	- [
		of contributions reported or	ı lıne 1	c)			į				
		See Part IV, line 18			8a		0	:		•	
	b	Less direct expenses		Ĺ	8b		이			· .	
ł	С	Net income or (loss) from for			<u>s</u>		▶	0			
- 1	9a	Gross income from gaming	activit	ies							
1		See Part IV, line 19			9a		의				
	b	Less direct expenses			9b		0			·	
J	С	Net income or (loss) from g		activities			▶	0			
	10a	Gross sales of inventory, le	SS								
		returns and allowances			<u>10a</u>		의				1
	b	Less cost of goods sold		_	10b		0			<u> </u>	
	c	Net income or (loss) from s	ales of	inventory		r	P	0			
Sn						Business Code	•	<u></u>			
	11a							0			
cellaneo Revenue	þ							0			
हें ह	C	A.D			- -			0		_	
Miscellaneous Revenue	d	All other revenue				L		0			
	e	Total. Add lines 11a-11d	4					0			
	12	Total revenue. See instruc	แดกร				-	2,870,541	2,777,841	0	92,700

Part*IX Statement of Functional Expenses

04	1/01 1 504/-1/	organizations must complete all columns All other organizations must complete column (A)
Section Stitle	CI/ XI QDA 5(17/C)/.	Arganizatione muet complete all collimne. All other organizatione muet complete collimn (A)
36611011 30 10	unon and ounch	Organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	ol			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	250,714	250,714		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	132,774	132,774	0	
6	Compensation not included above to disqualified				· · · · · ·
	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,559, <u>533</u>	<u>1,5</u> 59,533		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	437,239	437,239		
10	Payroll taxes	116,401	116,401		
11	Fees for services (nonemployees)				
а	Management	18,416		18,416	
b	Legal	25		25	·
С	Accounting	1,350		1,350	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			·
f	Investment management fees	6,796	6,796		
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion	0			
13	Office expenses	1,505	1,505		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17 18	Travel				
10	Payments of travel or entertainment expenses	o			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0			
20	Interest				
21	Payments to affiliates	0			<u> </u>
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	3,973		3,973	
24	Other expenses Itemize expenses not covered	0,070		5,570	
	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 O)				
а					
b		0			
С		0			
d		0			
е	All other expenses	0			
25_	Total functional expenses. Add lines 1 through 24e	2,528,726	2,504,962	23,764	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	}	}	^	
	from a combined educational campaign and				
	fundraising solicitation Check here If				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response of	r note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	
	2	Savings and temporary cash investments			605,018	2	946,784
	3	Pledges and grants receivable, net		Ţ	0	3	0
	4	Accounts receivable, net	ľ	0	4	0	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		h-	0	5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons describe	•	· -	0	6	
şţ	7	Notes and loans receivable, net			0	7	, 0
Assets	8	Inventories for sale or use		Ī	0	8	
₹	9	Prepaid expenses and deferred charges			1,962	9	2,011
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	ol			
	ь	Less accumulated depreciation	10b	0	0	10c	0
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	: 11		0	12	0
	13	Investments—program-related See Part IV, line		0	13	0	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	606,980	16	948,795
	17	Accounts payable and accrued expenses			0	17	·
	18	Grants payable			0	18	
	19	Deferred revenue		ľ	0	19	
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability Complete	0	21			
98	22	Loans and other payables to any current or forr		_			
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the		T	0	22	
_	23	Secured mortgages and notes payable to unrel	ated thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third p	arties	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17–24)	Complete			
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
S		Organizations that follow FASB ASC 958, ch	eck her	≥ X			
Š		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions		[606,980	27	948,795
Ö	28	Net assets with donor restrictions		0	28		
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🗍			,
Ę		and complete lines 29 through 33.	•	_			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0	29	
ets	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund	0	30	
155	31	Retained earnings, endowment, accumulated in			0	31	
9t /	32	Total net assets or fund balances	•	Γ	606,980	32	948,795
ž	33	Total liabilities and net assets/fund balances			606,980	33	948,795

Form 9	990 (2019) American Schools of Alexandria Foundation	52-17	92584	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,870),541
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,528	3,726
3	Revenue less expenses Subtract line 2 from line 1	3		341	<u>,815</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		608	<u>3,980</u>
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		948	<u>3,795</u>
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ 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		X
	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				
	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 or	f			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	}	Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	9 90 ((2019)

SCHEDULĖ A (Form:990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047
2019

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization American Schools of Alexandria Foundation 52-1792584 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization 0 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total 0

Pa	rt II Support Schedule for Orga						
	(Complete only if you checke				•		nder
	Part III If the organization fa	ils to qualify ur	nder the tests lis	sted below, ple	ase complete F	Part III)	/
	ction A. Public Support		T		 -	Г	_/
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/ (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants")						
2	Tax revenues levied for the		J .				
	organization'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						_
A		0	0	0	0	0	0
4 5	Total. Add lines 1 through 3	0					
3	The portion of total contributions by each person (other than a						•
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support		I <u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,				-		
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources				_		0
9	Net income from unrelated business			_			-
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)			<u></u>			0
11	Total support. Add lines 7 through 10		L				0
		,				12	 -
13	First five years. If the Form 990 is for the or	ganižation's first, s	second, third, fourth	n, or fifth tax year a	is a section 501(c)	(3)	. –
	organization, check this box and stop here	/					
	tion C. Computation of Public Suf						
	, 1 - Land	• •	-	7))		14	0 00%
	Public support percentage from 2018 Schedu					15	0 00%
16a	33 1/3% support test—2019. If the organization			, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as		•				▶
b	33 1/3% support test—2018. If the organization				s 33 1/3% or more	, check this	
	box and stop here. The organization qualifie		•				▶∟
17a	10%-facts-and-circumstances test—2019						
	10% or more, and if the organization meets the Part VI how the organization meets the "facts"						
	organization	and chountstalld	oo tost The Olyan	Lation qualifies as	a pasion support		▶
b	10%-facts-and-circumstances test—2018.	. If the organizatio	n did not check a b	ox on line 13, 16a	16b. or 17a. and li	ne	
_	15 is 10% or more, and if the organization me					-	
	Explain in Part VI how the organization meets					ly	
	supported organization						▶
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						▶
						Schedule A (Form	990 or 990-EZ) 2019

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

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

	ction A. Public Support	1,0045		() 0047	4 11 2040	4) 0040	
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		0.040.040	0.040.040	0.400.040	0.777.044	10 000 000
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities	2,275,479	2,348,040	2,342,916	2,488,610	2,777,841	12,232,886
	furnished in any activity that is related to the]					
•	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to		ł		ł		0
_	or expended on its behalf						0
5	The value of services or facilities	Į l					
	furnished by a governmental unit to the		ļ				•
_	organization without charge	0.075.470	0.040.040	0.040.040	0.400.040	0.777.044	10,000,000
6	Total. Add lines 1 through 5	2,275,479	2,348,040	2,342,916	2,488,610	2,777,841	12,232,886
7a	Amounts included on lines 1, 2, and 3	,					_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3		- 1				
	received from other than disqualified		J	<u> </u>			
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						12,232,886
	tion B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	2,275,479	2,348,040	2,342,916	2,488,610	2,777,841	12,232,886
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	,					
	royalties, and income from similar sources	54,024	28,531	92,064	355	92,700	267,674
b	Unrelated business taxable income (less	,					
	section 511 taxes) from businesses	,					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	54,024	28,531	92,064	355	92,700	267,674
11	Net income from unrelated business	•		1			
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	2,329,503	2,376,571	2,434,980	2,488,965	2,870,541	12,500,560
14	First five years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here						▶ _
Sec	tion C. Computation of Public Sup	port Percenta	ge			-	
15	Public support percentage for 2019 (line 8, c			7))		15	97 86%
16	Public support percentage from 2018 Schedu	,	-	"	ţ	16	98 20%
	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line			olumn (fl)		17	2 14%
18	Investment income percentage from 2018 Sc				ļ	18	1 80%
	33 1/3% support tests—2019. If the organiz			and line 15 is mor	ا re than 33 1/3% ء		
	not more than 33 1/3%, check this box and s						▶ X
b	33 1/3% support tests—2018. If the organiz					3 1/3%, and	
_	line 18 is not more than 33 1/3%, check this						▶ [
20	Private foundation. If the organization did n		_			1	

SCHEDULÈ F (Form 990)

Statement of Activities Outside the United States

2019 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	-	·· -		<u>-</u>	Employer identification number
American Schools of Alexan					52-1792584
Part I General Inform		vities Outside	e the United States. Com	nplete if the organization	answered "Yes" on
	antees' eligibility		ds to substantiate the amour r assistance, and the selection	•	Yes No
2 For grantmakers. Descoutside the United State		e organization's	procedures for monitoring the	e use of its grants and o	ther assistance
3 Activities per Region (The following Part	t I, line 3 table c	an be duplicated if additional	space is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in the region	expenditures for and investments
Middle East and North (1) Africa	0	36	Program Services	Staff & Assistance for furtherance of Education	on 2,504,962
(2)					
(3)	,				
(4)					
(5)					
(6)					
(7)					
(8)	-				
(9)					
(10)					
(11)		•			
(12)					
(13)			,		
(14)					
(15)					
(16)					
(17)					_
3a Subtotal b Total from continuation	0	36			2,504,962
sheets to Part I	lol	0		1	0

ol

2,504,962

C Totals (add lines 3a and 3b)

American Schools of Alexandria Foundation

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Middle East and North Educational Support Africa	Educational Support K-12	250,714	WIRE			
(2)								
(3)								
(4)		,						
(5)								
(9)								
(2)								
(8)								•
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)		•						
(16)								
2 Enter total num	umber of recipient	nt organizations listed abo	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	t are recognized as charities by the f	foreign country, recogn	ized as tax-exempt	_	

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities.

9

Schedule F (Form 990) 2019

Page 3

52-1792584

American Schools of Alexandria Foundation

Schedule F (Form 990) 2019

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)	į						
(4)							
(5)							
(6)							
(7)				,			
(8))						
(9)							
(10)							
(11)	,						
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2019

Part	IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 2019 Open to Public Inspection

Name of the organization Employer identification number American Schools of Alexandria Foundation 52-1792584 Form 990, Part VI, Section B, Line 11B. The Form 990 is sent to all Board of Directors for review prior to filing with the Interal Revenue Service Form 990, Part VI, Section B, Line 12C The Standard of Business Conduct & Corporate Goverance policies require that all members sign the annual conflict of interest form at the time of their appointment or re-appointment to the Board Form 990, Part VI, Section C, Line 19 All Corporate documents are available to the public upon request The Corporate documents and Tax Filings are kept at 15 Roszel Road, Princeton,

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
American Schools of Alexandria Foundation	52-1792584
7 WHEN CONSIDER ON NOVARIANT CONTRACTOR	02 11 02 00 1
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1	