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 990

** 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

AF	or the	and and a second a second and a second	enaing		
B C	heck if	c Name of organization		D Employer identific	ation number
	Addre	AMERICAN STUDIES CENTER			
	Name chang			51-023280	04
	Initial		Room/suite	E Telephone number	
	 Final return	1100 NORTH CLEBE BOAD	900	(703) 302	2-1000
	termir ated			G Gross receipts \$	7,291,860.
	Amen return			H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: MICHAEL PARADISO		for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
J۷	Vebsi	te: AMSTUDIESCENTER.ORG		H(c) Group exemption	n number
KF	orm o	organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1978 N	State of legal domicile: VA
Pa	rt I	Summary			
6	1	Briefly describe the organization's mission or most significant activities: TO E	NGAGE	IN NONPARTIS	SAN
Governance		ANALYSIS, STUDY, AND RESEARCH INTO THE IN	ITERREL	ATIONSHIP O	F
erna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove					14
5		Number of independent voting members of the governing body (Part VI, line 1b)			13
es {		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			26
viti	6	Total number of volunteers (estimate if necessary)			13
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			2,256,767.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
е		Contributions and grants (Part VIII, line 1h)		4,433,892.	3,574,402.
ent		Program service revenue (Part VIII, line 2g)		1,260,395.	1,226,518.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,420.	102,569.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,310,816.	2,263,661.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,022,523.	7,167,150.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,695,347.	1,787,195.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	365,896.	313,226.
ž		Total fundraising expenses (Part IX, column (D), line 25) <u>1,248,4</u>		C 202 570	F 111 004
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,383,570.	5,111,234.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,444,813.	7,211,655.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		1,577,710. ginning of Current Year	-44,505. End of Year
ts or nces					
t Assets	20	Total assets (Part X, line 16)	······	6,747,715.	5,982,832.
et A		Total liabilities (Part X, line 26)		2,592,392. 4,155,323.	<u>1,875,720.</u> 4,107,112.
		Net assets or fund balances. Subtract line 21 from line 20		4,100,040.	4,10/,112.
		Ities of periury. I declare that I have examined this return, including accompanying schedule:	and statema	nte and to the best of my	knowledge and belief it is
Und	מושעוכ	ulies of perjury, i deciare that i have examined this return, including accompanying schedules	ש מווט שנמנטוווט	וונס, מווע נט נווכ טכסו טו וווע	KIIUWIEUYE AIIU DEIIEI, IL 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	
-		NT 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 09/16	/24 self-employed P	00086726
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-0	974031
Use Only	Firm's address 419 N LEE ST				
	ALEXANDRIA, VA 22	314-2301		Phone no. (703)	519-0990
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 33200	01 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) AMERICAN STUDIES CENTER	51-0232804 Page 2
Par	t 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	
	INTERRELATIONSHIP OF GOVERNMENTAL SYSTEM ACTIVITIES AND	
	THE PRIVATE SECTOR OF THE UNITED STATES AND TO MAKE THE	E RESULTS
	AVAILABLE TO THE PUBLIC.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes X No
Ũ	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,906,940. including grants of \$) (R	evenue \$ 1,226,518.)
	THE AMERICAN VETERANS CENTER'S MISSION IS TO PRESERVE A	AND PROMOTE THE
	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	
		ER PROGRAMS, ITS
	MAGAZINE AMERICAN VALOR QUARTERLY FEATURING FIRST-HAND	
	DIRECTLY FROM VETERANS, ITS ANNUAL VETERANS CONFERENCE MEMORIAL DAY PARADE, THE NATIONS' LARGEST MEMORIAL DAY	
	·	CH SPECIFICALLY
	FOCUSES ON THOSE VETERANS OF THE GREATEST GENERATION AS	
	NATIONAL VIETNAM VETERANS COMMITTEE, WHICH HONORS THE	
	SACRIFICE OF ALL THOSE WHO SERVED IN VIETNAM.	
4b	(Code:) (Expenses \$1,871,828. including grants of \$0.) (R	evenue \$ 0 •)
	RADIO AMERICA PRODUCES SHORT FEATURES, WEEKLY RADIO PRO	OGRAMS,
	DOCUMENTARIES COVERING A WIDE RANGE OF CURRENT PUBLIC	
	EDUCATIONAL ISSUES, AND A JOURNALISM INTERN TRAINING PI	-
	OVER 500 RADIO STATIONS, SATELLITE RADIO, AND THE INTER	RNET.
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,778,768.	
		Form 990 (2023)
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Form 990 (AMERICAN		CENTER
Part IV	Checklist o	of Required Scheo	lules	

			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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		X
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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b	х	
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 11	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	<u> </u>
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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	
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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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, 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			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	25		
50	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		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>	- 51		
32		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
ог -	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51	х	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Δ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	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			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?		v	
Dar	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 44			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			Tes	NO
	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a				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	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X
b	If "Yes," enter the name of the foreign country		()			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	F -		v
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		<u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
0a	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 contribut					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided 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	as requ	uired			
	to file Form 8282?			7c		X
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		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, airplanes, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airpla			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by th	Ð	8		
9	sponsoring organization have excess business holdings at any time during the year?			0		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	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.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			ISa		
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	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Form	900	(2023)
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Form 990 (202	23)
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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
Section 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	14		
If there are material differences in voting rights among members of the governing body, or if the governi	ng			
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 13			
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 direct supervision			
	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 assets?	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 appoint one or			
	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		X
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	
9	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	9		X

Section 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		Х
	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		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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL, AR, AK, CA, CO, CT, DC, FL, GA	,HI,	,IL,	KS
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)	availat	ole

17	List the states with which a copy of this Form 990 is required to be filedAL, AR, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS
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 <i>(explain on Schedule O)</i>
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 MICHAEL PARADISO $-703-302-1010$
	1100 NORTH GLEBE ROAD, STE 900, ARLINGTON, VA 22201
33200	6 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2023

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	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.

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DIRECTOR X 0. 0. 0.		1 00	X				<u> </u>		0.	0.	<u> </u>
		L 1.00								^	
			X						0.	υ.	

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332007 12-21-23

Form 990 (2023)

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2023.04020 AMERICAN STUDIES CENTER 15026.31

Form 990 (2023) AMERICAN STUDIES CENTER 51-0232804								P	age 8				
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)	—			
(A)								(D)	(E)			(F)	
Name and title	Average		not cł	heck r	more	than o		Reportable	Reportable			timate	
	hours per week					s both r/truste		compensation	compensatio			nount	of
	(list any	tor						- from the	from related organizations			other pensa	ition
	hours for	direc				Ð		organization	(W-2/1099-MIS	I		om th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	al trus	nal tr		oyee	e e		1099-NEC)			and	d relat	ed
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Ind	lns	Offi	Key	e m E m	Ŗ						
(18) JONATHON MOAK	1.00							0					0
DIRECTOR	1 0 0	Х						0.		0.			0.
(19) TIMOTHY DONNER	1.00	37						0					0
DIRECTOR		Х						0.		0.			0.
								1,386,198.		0.	2	0,5	66
1b Subtotal								1,300,198.		0.	3	J, 5	-
c Total from continuation sheets to Part VI								1,386,198.		0.	2	0,5	$\frac{0}{66}$
d Total (add lines 1b and 1c)											5	J, 5	00.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) who	o re	eceived more than \$100,	JUU of reportable				6
compensation from the organization												Yes	No
• Did the execution list and former officer							la : a.			ſ		163	NO
3 Did the organization list any former officer,	,		,	•	,	·	0		,		•		х
line 1a? If "Yes," complete Schedule J for su											3		<u> </u>
4 For any individual listed on line 1a, is the su												Х	
and related organizations greater than \$150	,		•								4	Λ	
5 Did any person listed on line 1a receive or a	-							-			5		х
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich p	perso	<u>on</u>					Э		Δ
1 Complete this table for your five highest con	mpensated ind		ndor		ontra	octor	e th	at received more than \$	100 000 of comp	oneat	ion fre		
the organization. Report compensation for t	-									CIISAI		////	
(A)	ne calendar ye		nuin	ig w				(B)	-ai.		(0	<u></u>	
(ح) Name and business	address							رط) Description of s	ervices	С	ompe		n
DANA LOESCH, 2140 E. SOUT		τ.v	D.					RADIO & PODCA					
SUITE L659, SOUTHLAKE, TX				,				PROGRAM HOST			52	2 4	70.
COTR, LLC	,,,,,,						_	RADIO & PODCA	AST		52	<u>-, -</u>	
1970 E 109TH STREET, INDI	ANAPOLT	S	т	N A	46	204					31	0 4	08.
JM BEST ENTERTAINMENT, IN					101	<u> </u>		inoonuni noor				5 / 1	
-	4830 KEENELAND CIRCLE, ORLANDO, FL 32819 TV PRODUCTION							J		30	91	67.	
LYNCH PINNACLE GROUP, LLC							Ť		-		50	- 1 -	• • •
3 BETHESDA METRO CENTER,		А	M	D '	20	814	1 h	FUNDRATSING			18	0 0	00.
AMH PRINT GROUP		/	1.11			<u></u>	╡	- 211210110110			<u>+</u> 0	.,.	
PO BOX 518, MECHANICSVILLE, VA 23111 PRINTING AND MAILING									MATLING		12	2,2	09.
2 Total number of independent contractors (including but not limited to those listed above) who received more than											-, -		
\$100,000 of compensation from the organiz	-			0 1	6	-	50						
										_		000	

332008 12-21-23

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Form **990** (2023)

		(2023) AMERICAN STUD	IES CENTE	ER		51-0232	804 Page 9
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	((D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Ng G	(c Fundraising events 1c					
ar /	(d Related organizations 1d					
s, C	e	e Government grants (contributions) 1e	58,861.				
rtion S	1	f All other contributions, gifts, grants, and					
jthe		similar amounts not included above 1f	3,515,541.				
onti	9	g Noncash contributions included in lines 1a-1f	150,000.	2 574 402			
<u>a</u> 0	- 1	h Total. Add lines 1a-1f	Business Code	3,574,402.			
	•	a ANNUAL VETERANS CONFERENCE	900099	735,165.	735,165.		
vice	2 8	b PARADE	900099	491,353.	491,353.		
Serv		c					
s m		d					
Program Service Revenue		e					
Pro	1	f All other program service revenue					
	ç	g Total. Add lines 2a-2f		1,226,518.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	l l l l l l l l l l l l l l l l l l l	90,673.			90,673
	4	Income from investment of tax-exempt bond pr	1				
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 8						
		b Less: rental expenses 6b c Rental income or (loss) 6c					
		C Rental income or (loss) [6c] d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 136,606.					
	I	b Less: cost or other basis					
e		and sales expenses 7b 124,710.					
evenue	(c Gain or (loss)					
Ě	(d Net gain or (loss)		11,896.			11,896.
Other	8 8	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a b Less: direct expenses 8b					
		b Less: direct expenses C Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	I	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
-	(c Net income or (loss) from sales of inventory	Duralma C. i				
sn		a ADVERTISING INCOME	Business Code 541800	1,968,094.		1968094.	
leol		b SYNDICATION INCOME	541800	288,673.		288,673.	
scellaneo Revenue		~	541000	200,073.		200,073.	
Miscellaneous Revenue		c d All other revenue	900099	6,894.			6,894.
Σ		e Total. Add lines 11a-11d		2,263,661.			,
	12	Total revenue. See instructions		7,167,150.	1,226,518.	2256767.	109,463.
332009	9 12-2						Form 990 (2023

332009 12-21-23

AMERICAN STUDIES CENTER Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,				
	trustees, and key employees	1,270,828.	1,139,737.	61,685.	69,406
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	313,699.	280,947.	15,217.	17,535
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,750.	22,566.	1,184.	
9	Other employee benefits	68,648.	65,226.	3,422.	
C	Payroll taxes	110,270.	98,757.	5,349.	6,164
1	Fees for services (nonemployees):				
а	Management				
b	Legal	32,747.	16,069.	16,678.	
	Accounting	62,475.	47,475.	15,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	313,226.			313,226
f	Investment management fees	1,251.		1,251.	-
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	845,598.	1,849.	1,659.	842,090
2	Advertising and promotion	95,214.	95,214.		
3	Office expenses	62,210.	61,443.	767.	
ł	Information technology	48,944.	48,862.	82.	
5	Royalties	-			
3	Occupancy	195,832.	174,133.	21,699.	
7	Travel	184,064.	184,064.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	1,412,697.	1,412,697.		
)	Interest	, ,			
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,364.	5,364.		
}	Insurance	20,625.	19,046.	1,579.	
	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 AND EDUCATI	1,346,818.	1,346,818.		
b	PROGRAMMING	684,713.	684,713.		
c	STUDIO AND PRODUCTION	73,763.	73,763.		
d	BAD DEBT EXPENSE	38,726.		38,726.	
-	All other expenses	193.	25.	168.	
;	Total functional expenses. Add lines 1 through 24e	7,211,655.	5,778,768.	184,466.	1,248,421
, ;	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 (2023)

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

		Check if Schedule O contains a response or not	e to any line in this Pa	<u>int X</u>			······ <u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,695,560.	1	122,462.
	2	Savings and temporary cash investments			2,797,572.	2	1,885,193.
	3	Pledges and grants receivable, net			18,776.	3	14,108.
	4	Accounts receivable, net			869,306.	4	649,996.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				33,816.	9	48,889.
	10a			Γ			
		basis. Complete Part VI of Schedule D	10a	0.			
	b	Less: accumulated depreciation		0.	55,296.	10c	0.
	11	Investments - publicly traded securities			99,145.	11	107,193.
	12	Investments - other securities. See Part IV, line 1	1		498.	12	2,268,636.
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,177,746.	15	886,355.
	16	Total assets. Add lines 1 through 15 (must equa		I	6,747,715.	16	5,982,832.
	17	Accounts payable and accrued expenses			1,010,710.	17	632,857.
	18	Grants payable		L		18	
	19	Deferred revenue			160,450.	19	200,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D			21	
ŝ	22	Loans and other payables to any current or form	er officer, director,				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 3	35%			
iabi		controlled entity or family member of any of thes		L		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third parties	L		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24). Complete Par	rt X	1 101 000		1 040 050
		of Schedule D			<u>1,421,232</u> . 2,592,392.	25	<u>1,042,863.</u> <u>1,875,720.</u>
	26	Total liabilities. Add lines 17 through 25			2,592,392.	26	1,8/5,/20.
s		Organizations that follow FASB ASC 958, che	ck here X				
ЭCe		and complete lines 27, 28, 32, and 33.			4 155 202		4 107 110
alar	27			Г	4,155,323.	27	4,107,112.
ЧВ	28			······ -		28	
'n		Organizations that do not follow FASB ASC 9	58, check here				
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00	
ŝts	29 20	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
∍t A	31	Retained earnings, endowment, accumulated inc		····· -	1 155 202	31	1 107 110
ž	32	Total net assets or fund balances			<u>4,155,323</u> . 6,747,715.	32	4,107,112.
	33	Total liabilities and net assets/fund balances			0,/4/,/13.	33	5,982,832.

Form 990 (2023)

Part X Balance Sheet

Form 990	(2023)
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	1990 (2023) AMERICAN STUDIES CENTER	51-02	232804	Pag	_{ge} 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	7,167		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,211		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,155		
5	Net unrealized gains (losses) on investments	5	-3	3,7	06.
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	4,107	7,1:	12.
Pa	rt XII Financial Statements and Reporting				
	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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	L
	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
				000	

Form **990** (2023)

332012 12-21-23

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
2023
Open to Public

I.

Name of the organization

Name	Name of the organization Employer identification number								
			ICAN STUDI						1-0232804
Par	:	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	gan	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
з [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
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 operate	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
F		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
г	_	See section 509(a)(2). (Cor	-			/			
11 L	4	An organization organized a	•		•				
12		An organization organized a	-	-	-			•	
		more publicly supported org	-						Sheck the box on
•		lines 12a through 12d that	• •					-	aivina
а		Type I. A supporting orga the supported organization		-	•	-			
		organization. You must o			majonty o				ipporting
b		Type II. A supporting org	-		ion with its	sunnorte	nd organization	n(s) hy hay	ina
D.	L	control or management o	-				•		-
		organization(s). You mus				10 1141 00			
с] Type III functionally inte			in connect	ion with. a	and functional	lv integrate	d with.
-		its supported organization						.,	
d] Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or							
f	Ente	r the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	3	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Total							1		

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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3506991.	3761528.	3681228.	4433892.	3574402.	18958041.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3506991.	3761528.	3681228.	4433892.	3574402.	18958041.
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)						
	Public support. Subtract line 5 from line 4.						18958041.
	ction B. Total Support	1			1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3506991.	3761528.	3681228.	4433892.	3574402.	18958041.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	20,735.	7,046.	2,126.	17,420.	90,673.	138,000.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2384805.	2721042.				5105847.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						24201888.
	Gross receipts from related activities,		,				,812,565.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi						70 22
	Public support percentage for 2023 (I					14	78.33 %
	Public support percentage from 2022					15	<u>69.78 %</u>
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI now the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl		-		• •		
18	Private foundation. If the organization	on ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

Schedule A	(Form	990)	2023
Schedule A	FOILI	330)	2020

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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	1					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	t l					
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-		-	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3					
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 organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202 Section D. Computation of Inve					16	%
17 Investment income percentage for	2023 (line 10c, colu	mn (f), divided by I	line 13, column (f))		17	%
18 Investment income percentage from		- · · · · · · · · · · · ·			18	%
19a 33 1/3% support tests - 2023. If the	ne organization did r				33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If the						3%, and
line 18 is not more than 33 1/3%, cl	neck this box and s f	top here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion
20 Private foundation. If the organization	tion did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
332023 12-21-23					Sched	dule A (Form 990) 2023
		16	5			

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1

Yes No

Part IV Supporting Organizations

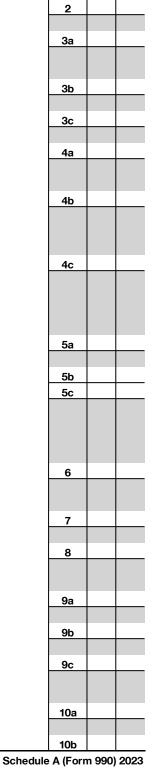
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? // "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?
- 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 disgualified 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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1

2

No

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the 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? <i>If "No," describe in</i> Part VI <i>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</i>			

	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,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

			Yes
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).	1	
<u> </u>	stion D'All Tyme III Symmetring Organizations		

Sec	don D. An Type in Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of

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	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

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C	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 i	ntegra	ted Type III supporting organ	nization (see
	instructions).			ala alula A (Eauna 000) 0000
			3	chedule A (Form 990) 2023

Schedule A (Form 990) 2023

Section A - Adjusted Net Income

4 Add lines 1 through 3.

Net short-term capital gain

Depreciation and depletion

7 Other expenses (see instructions)

Section B - Minimum Asset Amount

a Average monthly value of securities

b Average monthly cash balances

Recoveries of prior-year distributions

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

maintenance of property held for production of income (see instructions)

3 Other gross income (see instructions)

1

1

2

5

6

AMERICAN STUDIES CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 51-0232804 Page 6

(B) Current Year

(optional)

(B) Current Year

(optional)

(A) Prior Year

(A) Prior Year

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1

2

3 4

5

6

7

8

1a

1b

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and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

Schedule A (Form 990) 2023

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

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Current Year

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

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

Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

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Demester	ant of the	Treesu

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

	~ ~ ~	~	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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**. **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 in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

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

Name of organization

Page **2** Employer identification number

AMERICAN STUDIES CENTER

51-0232804

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$150,000.	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
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

15026.31

23

14120916 788028 15026.3AU01

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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		
	AIRLINE MILES	_			
1		_			
		\$150,000.	12/31/23		
(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		
		_			
		\$			

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Schedule B (Form 990) (2023)

2023.04020 AMERICAN STUDIES CENTER 15026.31

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AMERICAN STUDIES CENTER

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51-0232804

	B (Form 990) (2023)		Page 4			
Name of c	organization		Employer identification number			
AMERI	CAN STUDIES CENTER		51-0232804			
Part III		a) through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$			
	Use duplicate copies of Part III if additiona	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transforce's name address	(e) Transfer of g				
	Transferee's name, address,		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 g				
	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,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of g	jift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
323454 12-2	6-23		Schedule B (Form 990) (2023)			

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14120916 788028 15026.3AU01

		Quantament	l Financial Otatomonto			MB No. 154	5-0047		
	HEDULE D		al Financial Statements						
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZUZ	3		
	ment of the Treasury	A	ttach to Form 990.		Open to Public				
_	I Revenue Service		0 for instructions and the latest information.			Inspection			
Nam	e of the organization	AMERICAN STUDIES C	ENTER	Emp		ntification 023280			
Pa	t I Organiza		d Funds or Other Similar Funds or A	ccount					
		n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor advised funds	(b) Fund	is and oth	ner account	ts		
1	Total number at er	nd of year							
2		f contributions to (during year)							
3	Aggregate value o	f grants from (during year)							
4	Aggregate value at	t end of year							
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fur	nds		_			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes	No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring		-			
Pa	impermissible prive			· · · · · -		Yes	No		
			ganization answered "Yes" on Form 990, Part IV	/, line 7.					
1		servation easements held by the organization	(11 57						
		of land for public use (for example, recrea		•	-				
		of natural habitat	Preservation of a cer	tified hist	CORIC STRUC	ture			
•		of open space					last		
2	day of the tax year	c c .	ied conservation contribution in the form of a c			e End of the			
•									
a b									
b	-	vation easements on a certified historic stru	icture included on line 2a	0					
c d		vation easements included on line 2c acqu		20					
u		•		2d					
3			eased, extinguished, or terminated by the orga		luring the	tax			
U	year					lan			
4		 where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per							
	0	orcement of the conservation easements it				Yes	No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat			ing the yea	ur i		
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements	s during tl	he year			
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)		_			
	and section 170(h))(4)(B)(ii)?			🗆	Yes	No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ment and	l				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements the	nat descr	ibes the				
De	organization's acc	ounting for conservation easements.	Art Historical Tracquires or Other	Similar	Acasta				
Pa			Art, Historical Treasures, or Other	Similar	Assets	.			
		f the organization answered "Yes" on Form							
1a	0	, I	8, not to report in its revenue statement and ba						
			blic exhibition, education, or research in furthera	ance of p	ublic				
h	· •		ncial statements that describes these items.	a abaat i	worko of				
u	-		8, to report in its revenue statement and balance			`			
		ing amounts relating to these items.	exhibition, education, or research in furtherand	e or pub		-,			
	•			¢	:				
					·				
2			asures, or other similar assets for financial gain.		,				
-	•	unts required to be reported under FASB A		PIONUG					
а	-			¢					
					·				

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332051 09-28-23

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Schedule D (Form 990) 2023

Sche		N STUDIES (51-02			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the t	following that	t make sig	nificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌		hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how tl	hey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or othe	er similar a	issets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the	organizatior	n answered "'	Yes" on F	orm 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi		hiary for	contribution	s or other as	sets not ir	ncluded				
ia			•						Yes		No
b	on Form 990, Part X? Ye b If "Yes," explain the arrangement in Part XIII and complete the following table:								L		
~			louing	labio.					Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fo						v?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided in F	Part XIII					
Par	t V Endowment Funds Complete if	the organization and	swered	"Yes" on For	rm 990, Part I	IV, line 10					
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	red for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm					Dent V	10				
	Complete if the organization answered							.	<u> </u>		
	Description of property	(a) Cost or o basis (investr			t or other (other)	.,	cumulate reciation	ed	(d) Book	value	е
10	Land		iony	04313		ucp	Solution				
-	Land										
b	Buildings										
	Leasehold improvements										
	EquipmentOther										
	Add lines 1a through 1e. (Column (d) must e		V line	100 00/0000	<i>(</i> D))	L					0.
Total	The most a mough to. [Column (d) MUSE	<u>'yuai Foini 990, Pan</u>	<u>, iiiie</u>	ioc, column	<i>الإ</i> ص			Schedule	D (Form	9001	
								Jonedule		530)	2020

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Schedule D (Form 990) 2023 AMERICAN STUDIES CENTE

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN RADIO		
(B) AMERICA NETWORK	2,266,195.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET FUNDS	2,441.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,268,636.	

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, line 13, col. (B))		

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	861,947.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	886,355.
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	1,042,863.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	1,042,863.

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) 2023

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Sche	dule D (Form 990) 2023 AMERICAN STUDIES CENTER		51-0232804 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	
	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	r Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Pa	t 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.

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SCHEDULE G	Suppleme	ntal Information Regarding	ties	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, o	or if the	2023
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and tl	he latest information			Inspection
Name of the organizatio								entification number
		N STUDIES CENTER					51-0232	
	sing Activities.	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E2	Z filers are not
 a X Mail solicita b X Internet and c X Phone solicita d X In-person so 2 a Did the organizative key employees listic b If "Yes," list the 10 	tions d email solicitations itations blicitations on have a written o ted in Form 990, P	f X Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fun		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
EBERLE ASSOCIATES	- 1420		Yes	No				
SPRING HILL ROAD,	MCLEAN, VA	DIRECT MAIL FUNDRAISING		х	2,609,042.		103,476.	2,505,566.
LYNCH PINNACLE GRO	UP - 5424	IN PERSON, PHONE, EMAIL						
WISCONSIN AVENUE,	SUITE 600,	FUNDRAISING		x	335,000.		180,000.	155,000.
ACTIVE ENGAGEMENT								
MARKET ST, STE 300	, LEESBURG,	EMAIL FUNDRAISING		x	294,713.		29,750.	264,963.
Total 3 List all states in wh		n is registered or licensed to solicit		utions	3,238,755. or has been notified	it is e	313,226. xempt from re	, ,

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro			÷ .	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
6			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Seve	1	Gross receipts				
-	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	-	· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	•					
kper	6	Rent/facility costs				
ΥË	7	Food and beverages				
lirec	'	Food and beverages				
	8	Entertainment				
		Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			
Ра	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(I) Dull take (instant		I
e						
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
venu			(a) Bingo	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenu	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
	2 3	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenu	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes %	col. (a) through col. (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		col. (a) through col. (c))
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes%	col. (a) through col. (c))
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	☐ Yes%	col. (a) through col. (c))
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 5 in column (d)	bingo/progressive bingo	☐ Yes %	col. (a) through col. (c))
Direct Expenses	2 3 4 5 7 8	Cash prizes	Yes% No 5 in column (d) from line 1, column (d)	bingo/progressive bingo	☐ Yes %	col. (a) through col. (c))
b Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes	Yes% Do 5 in column (d) from line 1, column (d) cts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c))
g b G Direct Expenses	2 3 4 5 6 7 8 Enti Ist If "	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c))

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	AMERICAN	STUDIES	CENTER	51	-0232804	Page 3
	Does the organization conduct ga					Yes	No
12	Is the organization a grantor, bene to administer charitable gaming?					Yes	🗌 No
	Indicate the percentage of gaming	g activity conducted	l in:				
	The organization's facility An outside facility						<u>%</u>
	Enter the name and address of the						
	Name						
	Address						
15a	Does the organization have a con	tract with a third pa	rty from whom	the organization receiv	es gaming revenue?	Yes	🗌 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 If "Yes," enter name and address						
U	in res, entername and address	or the third party.					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		Independent contracto	or		
47							
	Mandatory distributions: Is the organization required under	r state law to make o	charitable distri	butions from the gamir	ng proceeds to		
						Yes	No No
0	Enter the amount of distributions organization's own exempt activit	ies during the tax ye	ear \$	•	·		
Pa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as				e 2b, columns (iii) and (v); and I instructions.	Part III, lines 9, 9	9b, 10b,
<u>sc</u>	HEDULE G, PART I,	LINE 28, 1	LIST OF	TEN HIGHEST	PAID FUNDRAISE	<u> </u>	
<u>(</u>]) NAME OF FUNDRAIS	SER: EBERL	E ASSOCI	ATES			
<u>(I</u>) ADDRESS OF FUNDE	RAISER: 14	20 SPRIN	G HILL ROAD	, MCLEAN, VA 22	2102	
(I) NAME OF FUNDRAIS	SER: LYNCH	PINNACL	E GROUP			
(I) ADDRESS OF FUND	RAISER:					
-					20215		
54	24 WISCONSIN AVENU	םר SOTLE	000, BEI	UTODA, MD	20815		
33208	33 09-13-23			32	Sch	edule G (Form	990) 2023

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)

332084 04-01-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2002		
•	Compensated Employees			2023		
Dana	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		Inspe	ction		
Nam	ne of the organization	1	Employer id			mber
		AMERICAN STUDIES CENTER	51-0	23280	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	and of the following the experimetion used to establish the companyation of the experimetion's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec				
		ation of the CEO/Executive Director, but explain in Part III.	JIT LO			
	Compensation					
	·	ompensation consultant Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	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	•	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	 Destinate in as second and the part from an equity based componential exception and the part of the p					X
c Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4						
	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 compensatio	n			
	contingent on the r					
						X
b		ation?		5 b	_	X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n					v
						X X
b		ation?		6b		
7		or 6b, describe in Part III.				
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
Q		nes 5 and 6? If "Yes," describe in Part III		7		- 22
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		o		- 21
3	Regulations section			9		
For		n 53.4958-6(c)? on Act Notice, see the Instructions for Form 990.		ule J (Forn	000	1 2022
1.01	aper work neudel		Scheu		. 550	, 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

51-0232804

Page 2

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-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) MICHAEL PARADISO	(i)	305,334.	10,000.	0.	0.	10,707.	326,041.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES ROBERTS	(i)	281,457.	10,000.	0.	0.	0.	291,457.	0.
EXECUTIVE CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER POTTER	(i)	248,690.	5,000.	0.	0.	3,255.	256,945.	0.
VP OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD MCFADDEN	(i)	188,783.	5,000.	0.	0.	12,046.	205,829.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TIM HOLBERT	(i)	186,408.	1,000.	0.	0.	3,148.	190,556.	0.
PRESIDENT - AMERICAN VETERANS CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

3

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection							
Employer identification number								
51-0232804								

.

L

Name of the organization

AMERICAN STUDIES CENTER

Par	tl Ty	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	Method of noncash contr		•	3
1	Art - Work	s of art								
2		rical treasures								
3		onal interests								
4		I publications								
5	Clothing a	nd household goods								
6		other vehicles								
7	Boats and	planes								
8		l property								
9		- Publicly traded								
10		- Closely held stock								
11	Securities trust intere	- Partnership, LLC, or								
12		ests - Miscellaneous								
12		conservation contribution -								
13	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		S								
19										
20		ntory medical supplies								
21										
22		artifacts								
23		specimens								
24		ical artifacts								
25		(AIRLINE MILES)	X	1	150	,000.	FMV			
26	Other	()				,				
27	Other	, , , , , , , , , , , , , , , , , , , ,								
28	Other	, , , , , , , , , , , , , , , , , , , ,								
29		Forms 8283 received by the organi	zation during	the tax vear for c	ontributions					
		he organization completed Form 82				29			0	
		5		0		· · · ·			Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it			
		for at least 3 years from the date of								
		rposes for the entire holding period						30a		Х
b		escribe the arrangement in Part II.								
31	,	organization have a gift acceptance	policy that re	equires the review of	of any nonstandar	d contribut	ions?	31		Х
		organization hire or use third parties		-	-					
	contributio	ons?		•				32a	_	Х
b		escribe in Part II.								
33		nization didn't report an amount in c	column (c) fo	r a type of property	/ for which columr	n (a) is cheo	ked,			
	describe ir									
Ear D	an amuraule	Reduction Act Notice see the Inst	hurred and fai	- E 000			C a la a dud	o M (Eorn	- 0001	0000

uction Act Notice, see the Instructions for Form 9

dule M (Form 990) 20

LHA 332141 09-11-23

Schedule M (Form 990) 2023 AMERICAN 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.

<u>SCHEDULE M, PART I, COLUMN (B):</u>

THE NUMBER OF CONTRIBUTIONS LISTED IN COLUMN (B) ARE THE NUMBER OF

CONTRIBUTIONS MADE.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 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, OFFICER, DIRECTOR OR OTHER DISQUALIFIED PERSON WHO HAS (OR WHOSE CLOSE FAMILY RELATION HAS) A FINANCIAL INTEREST IN OR RECEIVED COMPENSATION FROM THE FOR-PROFIT ENTERPRISE, SUCH STAFF MEMBER, OFFICER, DIRECTOR OR OTHER DISQUALIFIED 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.

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

Schedule O (Form 990) 2023

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, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC

ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, 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.

14120916 788028 15026.3AU01

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Employer identification number

51-0232804

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN STUDIES CENTER

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	-						
	7						
	-						
	7						
	1						
	7						
	1						
	1						

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 AMERICAN STUDIES CENTER

51-0232804 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-							1	<u> </u>	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	lo
	1										
	-										
	-										
	1										
	-										
										+	_
	4										
]										
	1										
New York State Sta											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) olled ity?
		country)						Yes	No
RADIO AMERICAN NETWORK, INC 92-3979247									
1100 NORTH GLEBE ROAD, STE 900			AMERICAN						
ARLINGTON, VA 22201	ADVERTISING	VA	STUDIES CENTER	C CORP	2,919,244.	3,087,553.	100%	X	
	-								
	-								

Schedule R (Form 990) 2023 AMERICAN STUDIES CENTER

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	э.			Ye	s N
During the tax year, did the organization engage in any of the following t	ransactions with one or more re	elated organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contr	rolled entity		1a		Σ
Gift, grant, or capital contribution to related organization(s)				X	
Gift, grant, or capital contribution from related organization(s)					2
Loans or loan guarantees to or for related organization(s)					2
Loans or loan guarantees by related organization(s)					2
Dividends from related organization(s)			<u>1f</u>		2
Sale of assets to related organization(s)			1g		2
Purchase of assets from related organization(s)			<u>1h</u>		2
Exchange of assets with related organization(s)			<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)					
Lease of facilities, equipment, or other assets from related organization(s	s)		<u>1k</u>		2
Performance of services or membership or fundraising solicitations for re					
n Performance of services or membership or fundraising solicitations by re	elated organization(s)		1m		
Sharing of facilities, equipment, mailing lists, or other assets with related				X	
Sharing of paid employees with related organization(s)				X	-
Reimbursement paid to related organization(s) for expenses			1p		
Reimbursement paid by related organization(s) for expenses				X	
Other transfer of cash or property to related organization(s)			1r		
Other transfer of cash or property from related organization(s)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RADIO AMERICAN NETWORK, INC.	В	2,266,195.	FAIR MARKET VALUE
(2) RADIO AMERICAN NETWORK, INC.	Q	1,753,146.	CASH PAID
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 AMERICAN STUDIES CENTER

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2023

Form	990-T	n	OMB No. 1545-0047					
			(and proxy tax under section 603			2022		
		For ca	endar year 2023 or other tax year beginning, and		·	2023		
	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the Do not enter SSN numbers on this form as it may be made public if yo	ur organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if address changed.		Name of organization (Check box if name changed and see inst	ructions.)	DEm	ployer identification number		
	mpt under section	Print	AMERICAN STUDIES CENTER		_	1-0232804		
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.			oup exemption number e instructions)		
	408(e) 220(e)		1100 NORTH GLEBE ROAD, 900		-			
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201	9	F			
	529(a) 529A	СВО		5,982,832.	┤╸└	Check box if an amended return.		
G CI	neck organization 1		X 501(c) corporation 501(c) trust 401(a) trust		State	college/university		
			6417(d)(1)(A) Applicable entity		-	0 ,		
H C	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form	2439 Elective payme	ent amo	ount from Form 3800		
	neck if a 501(c)(3) o	organiz	ation filing a consolidated return with a 501(c)(2) titleholding co	rporation				
			ed Schedules A (Form 990-T)			1		
			e corporation a subsidiary in an affiliated group or a parent-subs	sidiary controlled group?		Yes X No		
			d identifying number of the parent corporation	Talaahaa a	702	302-1010		
Par	e books are in car		MICHAEL PARADISO d Business Taxable Income	Telephone number	103-	302-1010		
1			ess taxable income computed from all unrelated trades or busin	esses (see instructions)	1	0.		
2					2			
3	Add lines 1 and 2				3			
4	Charitable contrib				4	0.		
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 fro	m line 3	5			
6	Deduction for net	t operat	ing loss. See instructions		6			
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A	deduction.				
	Subtract line 6 fro				7	1 000		
8			erally \$1,000, but see instructions for exceptions)		8	1,000.		
9			eduction. See instructions		9	1,000.		
10 11			lines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater t		10	0.		
Par	II Tax Com	putat	ion		<u> </u>			
1			as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.		
2			rates. See instructions for tax computation. Income tax on the					
•			Tax rate schedule or Schedule D (Form 1041)		2			
3 4					3			
4 5	Alternative minim		instructions		5			
6			acility income. See instructions		6			
7			gh 6 to line 1 or 2, whichever applies		7	0.		
Par	III Tax and	Paym	ients			-		
1a	e e	• •	orations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see		,	1b	_			
c			Attach Form 3800 (see instructions)		_			
d			mum tax (attach Form 8801 or 8827)		┥.			
e	Total credits. Ad		•		1e	0.		
2			rt II, line 7		2	0.		
3a b	Amount due from Amount due from			3a 3b				
ы С	Amount due from			30 3c				
d	Amount due from			3d				
e	Other amounts de							
f			lines 3a through 3e		3f	0.		
4	Total tax. Add lin	nes 2 ar	nd 3f (see instructions).					
	section 1294. E	Enter ta	x amount here		4	0.		
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)		5	0.		
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23 48			Form 990-T (2023)		

^{2023.04020} AMERICAN STUDIES CENTER 15026.31

Form 9	90-T (2023)			F	age 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
с	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)				
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	10		
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	tion (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of the foreign country			
	here			_	X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year \hdots	\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not	t include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	or the tax year. See instructions.			
	Business Activity Code	Available post-2017 NOL	carryover	_	
		\$			
		\$			
		\$		_	
		\$			
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th					wledge	and belief, it is	s true,
Here			PRESIDENT AND				the IRS discuss reparer shown	s this return with below (see
	Signature of officer	Date	Title	Title		instru	uctions)?	Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check] if	PTIN	
Paid					self-employe	ed		
Preparer	. GLENN MILLER, CPA	GLENN MILLER	R, CPA	09/16/24			P0008	36726
Use Only					Firm's EIN		39-09	974031
eee enig	419 N LEE	419 N LEE ST						
	Firm's address ALEXANDRI	DRIA, VA 22314-2301				(7	03) 51	L9-0990
							_	000 T (2222)

323711 11-20-23

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

51-0232804

D Sequence:

Name of the organization Α AMERICAN STUDIES CENTER

Unrelated business activity code (see instructions) С

541800

ADVERTISING AND SYNDICATION

E I	Describe the unrelated trade or business ADVERTISING	AND	SYNDIC	ATION			
Ра	rt I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10	2,256	5,767.	827,2	L32.	1,429,635.
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12 13 2,256,767. 827,1					L32.	1,429,635.
	rt II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	icome)				is must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10 11	
11	1, 7, 1, 0						1,429,635.
12							1,429,635.
13 14							
14 15							1,429,635.
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S					15	I, IZJ, UJJ.
16					-	10	0.
17	column (C) Deduction for net operating loss. See instructions					16 17	0.
17 18	Unrelated business taxable income. Subtract line 17 from line 1					17	0.
18	On clared business taxable income. Subtract life 17 from life in	U				10	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

LHA 323741 01-19-24

1 OMB No. 1545-0047

Calaad	ula A (Faura 000 T) 0000				1
Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter met	hod of inventory value	ation		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s				
	A	, ,			
	в 🛄				
	c 🗌				
	D			I	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
-	Add lines 2a and 2b, columns A through D				
4 <u>5</u> Part 1	Description of debt-financed property (street address, d	ee instructions)			0.
	B				
	D	Α	В	с	D
2	Gross income from or allocable to debt-financed	A	D		
-	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %	5	% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here a	nd on Part I, line 7, colu	ımn (B)	0.
11	Total dividends-received deductions included in line				0.
323721	01-19-24	51		Sched	ule A (Form 990-T) 2023

2023.04020 AMERICAN STUDIES CENTER 15026.31

									1
Schedu	ule A (Form 990-T) 2023	ities, Royalties, and R	ents Fro	m Contro		rganization	C (acc instru	ationa)	Page 3
Fail	VI Interest, Anna						s (see instru lled Organizatio	,	
	1. Name of controlled	d 2. Employer	3. Net	unrelated		al of specified	5. Part of col		6. Deductions directly
	organization	identification	incon	ne (loss)	payn	ments made	that is include		connected with
		number	(see ins	structions)			controlling or tion's gross i		income in column 5
(1)									
(2)									
(3)									
(4)									
	. Taxable Income	Net unrelated		Controlled Or otal of specif	-		of column 9	44	Deductions directly
1		income (loss) (see instructions)		yments mad		that is inc controlling	cluded in the organization's income		Deductions directly connected with come in column 10
(1)						grood			
(2)									
(3)									
(4)									
						Enter here	and 5 and 10. and on Part I, column (A).	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B).
Totals			044 \/=> 4	<u></u>		<u> </u>	0	•	0.
Part		ncome of a Section 50	U1(C)(7), (1		1	ee instructions	/	
	1. Desc	cription of income		2. Amou incon		3. Deduction directly conn (attach state)	ected (attach	et-asides stateme	
(1)									
(2)									
(3)									
(4)									
				Add amou column 2.					Add amounts in column 5. Enter
				here and or					here and on Part I,
Totolo				line 9, colu	mn (A).				line 9, column (B).
Totals Part	VIII Exploited E	xempt Activity Income	• Other T	∣ Than Adve		n Income	see instruction	<i>c</i>)	0.
1		ed activity: UNQUALIFI				gineenie		<u>, , , , , , , , , , , , , , , , , , , </u>	
2		ess income from trade or bus		r here and o	n Part I.	line 10. colum	n (A)	2	2,256,767.
3		nected with production of un							
		·						3	827,132.
4	Net income (loss) from	unrelated trade or business.	Subtract lir	ne 3 from line	e 2. lf a g	gain, complete			
								4	1,429,635.
5		tivity that is not unrelated bu							0.
6		to income entered on line 5						6	2,448,691.
7		ses. Subtract line 5 from line Part II, line 12						7	1,429,635.

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	S.	
	A 🗌				
	в 🛄				
	c 🔲				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	с	D
2	Gross advertising income			v	
~	Add columns A through D. Enter here and or		I		0.
-	Add coldmins A through D. Enter here and or				
a	Diverse and verticing a sector by requiredired				
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and or	Part I, line 11, column (B)			
					
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a columns to	otal or -0- here and	on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)	· · · · · ·	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

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1

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 1 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING AND MARKETING CONFERENCES & EVENTS PROGRAMMING SALARIES & TAXES TRAVEL & ENTERTAINMENT - SUBTOTAL -		63,170. 11. 628,509. 130,433. 5,009.	827,132.
TOTAL OF FORM 990-T, SCHEDULE A, PART VI	II, COLUMN	3	827,132.

FORM 990-T (A) PART VIII - EXPENSES NOT DIRECTLY CONNECTED STATEMENT 2 WITH PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING AND MARKETING		16,783.	
BAD DEBT		85,113.	
BANK CHARGES & INTEREST		5,703.	
CONFERENCES & EVENTS		1,198,805.	
DEPRECIATION		5,364.	
DUES & SUBSCRIPTIONS		1,410.	
FRINGE BENEFITS		56,477.	
INSURANCE		21,845.	
NETWORK ADMINISTRATION		38,066.	
OFFICE EXPENSE		679.	
OFFICE SUPPLIES		264.	
MISCELLANEOUS		84.	
POSTAGE & SHIPPING		3,356.	
PROFESSIONAL FEES		18,177.	
PROGRAMMING & EDUCATION		197,270.	
PROGRAMMING		56,204.	
RENT & UTILITIES		125,263.	
SALARIES & TAXES		557,209.	
STUDIO & PRODUCTION		49,618.	
TELEPHONE		11,001.	
- SUBTOTA	L – 1	_	2,448,691.
TOTAL OF FORM 990-T, SCHEDULE A, PART	VIII, COLUMN	6	2,448,691.