EXTENDED TO MAY 15, 2023

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.

OMB No. 1545-0047 Open to Public

Inspection Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 D Employer identification number C Name of organization Check if applicable EMBRY-RIDDLE AERONAUTICAL UNIVERSITY Address ASIA LTD 98-0681431 Name change Doing business as Initial return Room/suite F Telephone number Number and street (or P.O. box if mail is not delivered to street address) 386-323-8078 Final return/ 1 AEROSPACE BLVD 3,560,046. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code termin-ated Amended DAYTONA BEACH, FL 32114 H(a) Is this a group return F Name and address of principal officer: JOHN WATRET, for subordinates? Yes X No Applica-tion pending H(b) Are all subordinates included? Yes No 1 AEROSPACE BLVD, DAYTONA BEACH, 32114 If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ► WWW.ASIA.ERAU.EDU H(c) Group exemption number ▶ L Year of formation: 2009 M State of legal domicile: SN K Form of organization: X Corporation Other > Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 1 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 147,112. 50,052. Contributions and grants (Part VIII, line 1h) 3,962,782. 3,509,969. Program service revenue (Part VIII, line 2g) 9 25. 583. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,110,477. 3,560,046. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 371,528. 306,416. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,364,487. 1,381,037. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,837,886. 1,644,618. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,573,901. 3,332,071. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 227,975. 536,576. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,824,531. 1,713,804. Total assets (Part X, line 16) 1,390,716. 1,269,709. 21 Total liabilities (Part X, line 26) 554,822. 323,088. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CHANCELLOR-WORLDWIDE PHD, JOHN WATRET Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name 5/10/2023 P02061479 Burn King self-employed BRIAN KEARNS Paid Firm's EIN ▶ 13-5565207 Firm's name KPMG LLP Preparer Firm's address 8350 BROAD STREET, SUITE 900 Use Only Phone no. 703-286-8000 MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? See instructions

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) EMBRY-RIDDLE AERONAUTICAL UNIVERSITY print 98-0681431 ASIA LTD File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1 AEROSPACE BLVD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DAYTONA BEACH, FL 32114 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JARE ALLOCCO ALLEN The books are in the care of ► 1 AEROSPACE BLVD - DAYTONA BEACH, FL 32114 Telephone No. $\triangleright 386-323-8078$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔙 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning $_JUL$ 1, 2021 $_$, and ending $_$ \mathtt{JUN} $\,\,$ 30 , $\,\,$ 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2022)

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

	990 (2021) ASIA L'I'D	98-0681431	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, ASI	A LTD. (ERAU	J
	ASIA) IS TO EXTEND EMBRY-RIDDLE AERONAUTICAL UNIVERSITY,	INC.'S	
	OPPORTUNITY FOR DELIVERING HIGHER EDUCATION AND RESEARCH		J
	AND AEROSPACE IN KEY COUNTRIES OF THE ASIA PACIFIC REGIO		
_		TA •	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	x 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 services?	Yes	s X No
	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 other	• •	
		is, the total expenses, a	ariu
	revenue, if any, for each program service reported.	2 500	060
4a	(Code:) (Expenses \$ 2 , 073 , 442 . including grants of \$ 306 , 416 .) (Reven		, 969.)
	ERAU ASIA OFFERS PART-TIME AND FULL-TIME UNDERGRADUATE A		
	DEGREE PROGRAMS TO PRE-EMPLOYMENT AND WORKING PROFESSION.	AL STUDENTS.	
			_
4b	(Code:) (Expenses \$) (Reven	ue\$)
			-
4c	(0.1)	h	
40	(Code:) (Expenses \$) (Reven	ue \$,
4d	Other program services (Describe on Schedule O.)		
-t u		۸.	
_	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 2,073,442.		000
		Form	990 ₍₂₀₂₁₎

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 72	
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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
-	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	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	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		X
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Ра	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	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		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		X
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Га				
	Check if Schedule O contains a response or note to any line in this Part V			
	Establish market and discharge of Form 1000 Establish and the state of		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a	-		
b	Enter the Hamber of Forms W Za moladed of time 1a. Enter of three applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	(34 maining) to prize minimore.	1c		

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EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country ▶ SINGAPORE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

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Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JARE ALLOCCO ALLEN - 386-323-8078 AEROSPACE BLVD, DAYTONA BEACH, FL 32114

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Form 990 (2021) ASIA LTD 98-0681431 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	n nor any related	or any related organization compensate					sate	ted any current officer, director, or trustee.				
(A)	(B)			_ ((C)			(D)	(E)	(F)		
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of		
	week		l an		recto	i / ii us	(66)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the		
	organizations	ruste	l trus		ee ee	ubeu		1099-NEC)	1099-NEC)	organization and related		
	below	dual t	rtiona	_	oldu	st cor	_	10001420)		organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationio		
(1) RANDALL B. HOWARD	3.00											
BOARD MEMBER	50.00	Х		Х				0.	504,804.	43,100.		
(2) JOHN WATRET	5.00											
CHAIRPERSON	45.00	Х		Х				0.	456,892.	42,219.		
(3) CHARLES SEVASTOS	3.00											
SECRETARY	45.00	Х		Х				0.	279,089.	34,003.		
(4) MATTHEW FLAHERTY	50.00							004 504				
VICE CHANCELLOR AND EXEC DIR	0.00	Х		Х				231,721.	0.	8,757.		
(5) QUAY CHEW ENG	3.00	.,								0		
BOARD MEMBER	0.00	Х						0.	0.	0.		
		•										
		L										
		l										
										F 990 (2224)		

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Form 990 (2021) ASIA LTD									98-06	581431	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	/ da			ition			Reportable	Reportable	Es	timated
	hours per	box	, unles	ss per	rson i	than o s both	an	compensation	compensatio		nount of
	week	offic	cer an	d a di	irecto	r/trust	ee)	from	from related	•	other
	(list any	ctor						the	organization	s com	pensation
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC/ fr	om the
	related	stee o	uste			eusa		(W-2/1099-MISC/	1099-NEC)	orga	anization
	organizations	altrus	nal tı		loyee	comp		1099-NEC)		l l	d related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizations
	line)	Pul	lns	0#	Key	E High	윤				
		1									
		1									
		1									
		1									
		1									
						\vdash					
		1									
4. 0	l .					Щ	_	231,721.	1,240,78	25 120	8,079.
1b Subtotal								231,721.	1,240,70	0.	
c Total from continuation sheets to Part VI						ا		231,721.	1,240,78	-	$\frac{0.}{8,079.}$
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·			8,079.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	9	
compensation from the organization											<u> </u>
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .	<u>.</u>			5	X
Section B. Independent Contractors	•										
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensation fro	om
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	r wit	hin	the organization's tax y	ear.		
(A)								(B)		(C	
Name and business	address							Description of s	ervices	Comper	
B.S. KAH PTE LTD.											
	RE 4086	51					ŀ	FACILITY REN	ral/MGMT	16'	7,424.
							\neg				,
							\dashv				
							\dashv				
							\dashv				
2 Total number of independent contractors (ii	ncluding but n	ot lin	nitoo	1 +0 +	thoo	اعزا م		ahove) who received me	ore than		
Total number of independent contractors (ii)	iolauriy but H	J. 1111	· III CC	ا ان ا	1100	, IIOI	.cu	above, will received III	no utali		

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Form 990 (2021) ASIA LTD 98-0681431 Page 9

Pa	ILV	Ш								
			Check if Schedule O co	ontains a	response o	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
nts nts	1		Federated campaigns		1a		4			
Gra Iou					1b		4			
s, (Am			Fundraising events		1c		_			
Giff		d	Related organizations		1d		_			
S, jimi			Government grants (contrib		1e	50,052.	_			
tio S		f	All other contributions, gifts, g							
ibu the			similar amounts not included a	above	1f		4			
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lin		1g \$					
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f				50,052.			
						Business Code				
e	2		TUITION REVENU			900099	3,494,989.			
Program Service Revenue		b	GRAD & ACADEMI	IC FE	ES	900099	14,980.	14,980.		
Sen		С								
ran }ev		d								
og F		е								
Ā		f	All other program service re	evenue						
		g	Total. Add lines 2a-2f			<u></u>	3,509,969.			
	3		Investment income (includi	ng divide	nds, intere	st, and				
			other similar amounts)				25.			25.
	4		Income from investment of	tax-exem	ipt bond pi	roceeds				
	5		Royalties)				
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			` '	6с						
		d	Net rental income or (loss)			<u></u>				
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other	4			
			assets other than inventory	7a			4			
		b	Less: cost or other basis							
ıυe			and sales expenses	7b			4			
Revenue		С	Gain or (loss)	7c						
			Net gain or (loss)							
her	8	а	Gross income from fundraising							
O th			including \$							
			contributions reported on li		I .					
			Part IV, line 18		<u> 8a</u>		4			
			Less: direct expenses							
			Net income or (loss) from fu	,		D				
	9	а	Gross income from gaming		I .					
			Part IV, line 19				4			
			Less: direct expenses							
			Net income or (loss) from g			D				
	10	а	Gross sales of inventory, le							
			and allowances				-			
			Less: cost of goods sold							
		С	Net income or (loss) from s	ales of inv	ventory					
Sī						Business Code				
Miscellaneous Revenue	11									
llan ⁄en		b								
sce Bev		C	All alls and							
žΞ			All other revenue				+			
			Total Add lines 11a-11d			<u></u>	3,560,046.	3 500 060	0.	25.
	12		Total revenue. See instruction	ıs)	P,JUU,U40.	p,,uu,,,uu,.	ı ∪•	լ ⊿ე.

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EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 306,416. individuals. See Part IV, lines 15 and 16 306,416. Benefits paid to or for members Compensation of current officers, directors, 228,910. 4,781. 224,129. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 987,838. 276,083. 711,755. Other salaries and wages 7 Pension plan accruals and contributions (include 137,898. 32,420. 105,478. section 401(k) and 403(b) employer contributions) 24,935. 19,179. 5,756. Other employee benefits 9 1,456. 1,456. 10 Payroll taxes Fees for services (nonemployees): 2,582. 2,582 Management Legal 39,116. 39,116. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 210,448. 10,739. 221,187. column (A), amount, list line 11g expenses on Sch O.) 12,881.125,169. 112,288. Advertising and promotion 12 67,816. 59. 67,757. Office expenses 13 34,273. 34,273. Information technology 14 15 Royalties 7,056. 7,056. 16 Occupancy 10,414. 10,414. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,718. 71,401. 50,683. Conferences, conventions, and meetings 19 1,461. 1,461. 20 Payments to affiliates 21 193,698. 193,698. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 839,045. 839,045. COMMISSION EXPENSE 16,341. MISC EXPENSES 16,292. 49 14,137. 14,137. TAXES 922. 922. COURSE MATERIALS All other expenses 3,332,071. 2,073,442. 1,258,629. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Form 990 (2021) ASIA LTD 98-0681431 Page 11

Part X		Balance Sheet			OOOI431 Page II
		Check if Schedule O contains a response or note to any line in this Part X			X
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	837,047.	1	693,222.
2	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
4		Accounts receivable, net		4	908,709.
5		Loans and other receivables from 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		5	
6	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	7	Notes and loans receivable, net		7	
# I		Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges	1 20 720	9	35,472
		Land, buildings, and equipment: cost or other	,	_	
		basis. Complete Part VI of Schedule D 10a 411,358			
	b	Less: accumulated depreciation 10b 377, 276	55,352.	10c	34,082
11		Investments - publicly traded securities		11	,
12		Investments - other securities. See Part IV, line 11		12	
13		Investments - program-related. See Part IV, line 11		13	
14		Intangible assets		14	
15		Other assets. See Part IV, line 11		15	153,046
16		Total assets. Add lines 1 through 15 (must equal line 33)	4 54 2 2 2 4	16	1,824,531
17		Accounts payable and accrued expenses		17	411,240
18		Grants payable		18	,
19		Deferred revenue		19	689,696
20	0	Tax-exempt bond liabilities		20	,
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
0.0		Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons		22	
23 ا ٿ	3	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	227,221.	25	168,773.
26	6	Total liabilities. Add lines 17 through 25	1,390,716.	26	1,269,709
		Organizations that follow FASB ASC 958, check here X			
es		and complete lines 27, 28, 32, and 33.			
ည်း ₂₇	7	Net assets without donor restrictions	323,088.	27	554,822.
28 Bai		Net assets with donor restrictions		28	•
힏		Organizations that do not follow FASB ASC 958, check here			
죠		and complete lines 29 through 33.			
চ 29	9	Capital stock or trust principal, or current funds		29	
\$ 30		Paid-in or capital surplus, or land, building, or equipment fund		30	
8 31		Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances		Total net assets or fund balances		32	554,822.
2 33		Total liabilities and net assets/fund balances		33	1,824,531.

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

ASIA LTD 98-0681431 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 3,560,046. Total revenue (must equal Part VIII, column (A), line 12) 1 3,332,071. Total expenses (must equal Part IX, column (A), line 25) 2 2 227,975. Revenue less expenses. Subtract line 2 from line 1 3 3 323,088. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 3,759. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 554,822. column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD 98-0681431 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A (Form 990) 2021 ASIA LTD

Part II Support Schedule for Organizations Described in Sect

98-0681431 Page 2

(Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I c	or if the organizatio			-
ection A. Public Support	71	•	•			
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	. ,	, ,	. ,			
membership fees received. (Do not						
include any "unusual grants.")						
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						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
ection B. Total Support		I		1	T	1
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
1 Total support. Add lines 7 through 10	ata (ana bantus II				40	I
2 Gross receipts from related activities,			fourth or fifth toy		12	
3 First 5 years. If the Form 990 is for the	•		•	•		⊾ Г
organization, check this box and stop ection C. Computation of Public				<u></u>		P L
4 Public support percentage for 2021 (li			column (f\)		14	
Public support percentage for 2021 (iiPublic support percentage from 2020					 	
6a 33 1/3% support test - 2021. If the c						v and
stop here. The organization qualifies						
b 33 1/3% support test - 2020. If the o		•		l line 15 is 33 1/3%		
and stop here. The organization quali						_
7a 10% -facts-and-circumstances test						
ra 10/0 -100to-and-on-onligitanices lest						
and if the organization meets the facts	e-and-circi imetana					-011011
and if the organization meets the facts			-		_	
and if the organization meets the facts meets the facts and circumstances test b 10% -facts-and-circumstances test	st. The organization	on qualifies as a pu	ublicly supported o	organization		> [

Schedule A (Form 990) 2021

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A (Form 990) 2021 ASIA LTD 98-0681431 Page 3

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

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

Sec	etion A. Public Support	siow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth toy	vear as a soction !	1 501(c)(3) organizatio	l
1-7	check this box and stop here	-			•		
Sec	etion C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2021 (li			column (f))		15	%
16						16	
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box an	· ·		•		,	▶ □
b	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 10h check th	nie hov and see in	structions	

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EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A (Form 990) 2021

ASIA LTD

98-0681431 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	0.0		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2021

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD 98-0681431 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No 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? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes 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. 2a 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.

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.

Schedule A (Form 990) 2021

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EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A (Form 990) 2021 ASIA LTD 98-0681431 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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-function	ally integrate	ed Type III supporting orga	inization (see
	instructions).			

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A (Form 990) 2021 ASIA LTD 98-0681431 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	on D - Distributions		•	Ţ	Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported									
	organizations, in excess of income from activity		2								
3	Administrative expenses paid to accomplish exempt purpose	3	3								
4	Amounts paid to acquire exempt-use assets			4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5							
6	Other distributions (describe in Part VI). See instructions.			6							
7	Total annual distributions. Add lines 1 through 6.			7							
8	Distributions to attentive supported organizations to which the	ne organization is responsive									
	(provide details in Part VI). See instructions.			8							
9	Distributable amount for 2021 from Section C, line 6			9							
10	Line 8 amount divided by line 9 amount			10							
		(i)	(ii)		(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2021	ıs	Distributable Amount for 2021						
1	Distributable amount for 2021 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2021 (reason-										
	able cause required - explain in Part VI). See instructions.										
3	Excess distributions carryover, if any, to 2021										
а	From 2016										
b	From 2017										
С	From 2018										
d	From 2019										
е	From 2020										
f	Total of lines 3a through 3e										
g	Applied to underdistributions of prior years										
h	Applied to 2021 distributable amount										
i_	Carryover from 2016 not applied (see instructions)										
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.										
4	Distributions for 2021 from Section D,										
	line 7: \$										
а	Applied to underdistributions of prior years										
b	Applied to 2021 distributable amount										
С	Remainder. Subtract lines 4a and 4b from line 4.										
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h										
	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
7	Excess distributions carryover to 2022. Add lines 3j										
	and 4c.										
8	Breakdown of line 7:										
а	Excess from 2017										
b	Excess from 2018										
С	Excess from 2019										
d	Excess from 2020										
е	Excess from 2021										

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule A	(Form 990) 2021	ASIA	LTD	98-0681431	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a or , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Section E, lines 2, 5, and 6. Also complete this part for any addition	nal information.	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Employer identification number

98-0681431

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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** 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 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	9-
Name of organization	Employer identification number
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY	
ASIA LTD	98-0681431
_	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$34,784.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$9,776.	Person X Payroll
(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
	- Hume, dudices, and En 1 7	\$	Person Payroll Ocomplete 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.)

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 3

Name of organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

ASIA LTD

Semployer identification number

98-0681431

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD 98-0681431 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 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 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY Name of the organization

ASIA LTD

Employer identification number 98-0681431

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements.	Aut Historical Transcures or O	ther Cimilar Assats
Pai	t III Organizations Maintaining Collections of		ther Sillinar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for public	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	· · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

	dule D (Form 990) 2021 ASIA LT				0.1	98-	<u>-068143</u>	<u>1</u> Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar As	ssets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that r	nake sigi	nificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	(d Loan or ex	change progran	n				
b	Scholarly research	•	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other	similar a	ssets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Pal		ete if the organizat	on answered "Y	es" on F	orm 990, Pa	rt IV, line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contributio	ns or other asse	ts not in	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								_
	3	ŗ	3				Amoun	ıt	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.				•				Ī
Par									
	· ·	(a) Current year	(b) Prior year	(c) Two years		d) Three years	back (e) Fou	r years	back
1a	Beginning of year balance		, , , ,		`	, ,	1 '		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
f	Administrative expenses								
g	Provide the estimated percentage of the curr	cont voor and balance	o (lino 1a, polumn (a)) hold oo:					
2	·	•	%	a)) Helu as.					
	Board designated or quasi-endowment	%							
b	Permanent endowment ▶	⁷⁰ %							
C	The percentages on lines 2a, 2b, and 2c sho	,* =							
2-	, ,		ation that are hold r	and administers	d for the	araani=atian			
Sa	Are there endowment funds not in the posse	SSION OF THE ORGANIZA	ation that are neid a	and administered	u ioi tile	organization	l	Yes	No
	by:						0-(1)	103	110
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations	Maria Bakadaa aa aa aa a					3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza			·			3b		Ь
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
ı aı	Complete if the organization answere		Dort IV line 11e	Soo Form 000 I	Dort V lir	20.10			
				i i			T (55		
	Description of property	(a) Cost or o		st or other	` '	cumulated	(d) Boo	k valu	ie
		basis (investi	nent) Dasi	s (other)	depr	eciation	+		
	Land	I							
	Buildings			00 050		70 205	+ -		<u> </u>
	Leasehold improvements	I		82,853.		72,395.			58.
d	Equipment		1	28,505.	1	04,881.	· 2	3,6	<u> </u>
	Other						+	4 ^	
Total	Add lines 1a through 1e (Column (d) must a	au al Farma OOO Dart	V saluman (D) line	10-1			1 3	4 ()	82.

PUBLIC INSPECTION COPY EMBRY-RIDDLE AERONAUTICAL UNIVERSITY 98-0681431 Page 3 ASIA LTD Schedule D (Form 990) 2021 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. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DEPOSITS 9,462 RIGHT OF USE LEASE ASSETS 143,584 (2) (3) (4) (5) (6) (7) (8) (9) 153,046. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 24,704 Federal income taxes 144,069 RIGHT OF USE LEASE LIABILITIES (3)

(4)(5) (6)(7)(8)(9)168,773.

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) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule D (Form 990) 2021 ASIA LTD 98-0681431 Page 4

Total revenue, gains, and other support per audited financial statements 1 3 , 257 , 389 .	Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 JA, 759. 3 Subtract line 2e from line 1 Total expenses and 10ses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Jonated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Jonated services and use of facilities a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Jonated services and use of facilities 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: b Other (Describe in Part XIII.) 5 Jonated services and use of facilities 6 Jonated services and use of facilities 7 Jonated services and use of facilities 9 Jonated services and use of facilities 1 Jonated services and use of f		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) c Other (Describe in Part XI	1	Total revenue, gains, and other support per audited financial statements			1	3,257,389.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
C Recoveries of prior year grants 2c 3 759 2d 3 759 3 3 759 3 3 3 759 3 3 3 759 3 3 3 3 759 3 3 3 3 759 3 3 3 3 759 3 3 3 3 3 3 3 3 3	а	Net unrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part III, line 12a. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (b	Donated services and use of facilities	2b			
Example Add lines 2a through 2d 3 , 759 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 , 253 , 630 3 3 3 , 253 , 630 3 3 3 , 253 , 630 3 3 3 3 , 253 , 630 3 3 3 3 3 3 3 3 3	С	Recoveries of prior year grants	2c			
3 3,253,630. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, line 18)	d	Other (Describe in Part XIII.)	2d	3,759.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) C Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3,332,071.	е	Add lines 2a through 2d			2e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,560,046. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3,332,071.	3	Subtract line 2e from line 1			3	3,253,630.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 5 3,560,046. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,332,071.	4					
c Add lines 4a and 4b 4c 306,416. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 3,560,046. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 3,025,655. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 3 a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2a c Other losses 2c 3 d Other (Describe in Part XIII.) 2d 2a e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 3,025,655. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,025,655. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 306,416. b Other (Describe in Part XIII.) 4b 306,416. c Add lines 4a and 4b 4c 306,416. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 5 3,332,071. </th <th>а</th> <th>Investment expenses not included on Form 990, Part VIII, line 7b</th> <th> 4a</th> <th></th> <th></th> <th></th>	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	b	Other (Describe in Part XIII.)	4b	306,416.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	С	Add lines 4a and 4b			4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Cother losses dother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 3,025,655. 2a 2b 2c 0. 4a 3 3,025,655.	Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	n.
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a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Novement expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,332,071.	1	Total expenses and losses per audited financial statements			1	3,025,655.
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3, 332, 071.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 2c 0. 2e 0. 3 3,025,655. 4a 306,416.	а	Donated services and use of facilities	2a			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 2e 0. 3 3,025,655. 4a 4a 4b 306,416.	b	Prior year adjustments	2b			
e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 3,025,655. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 306,416. c Add lines 4a and 4b 4c 306,416. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,332,071.	С	Other losses	2c			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3 3,025,655. 4a 4b 306,416.	d	Other (Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3, 332, 071.	е	Add lines 2a through 2d			2e	
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 4b 306, 416. 4c 306, 416. 5 3, 332, 071.	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
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5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 3,332,071.	b	Other (Describe in Part VIII.)	4.	306 416.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,332,071.		Other (Describe in Part Ain.)	4b	300,410.		
	С				4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IN DETERMINING THE AMOUNT OF CURRENT AND DEFERRED TAX, ERAU ASIA TAKES

INTO ACCOUNT THE IMPACT OF UNCERTAIN TAX POSITIONS AND WHETHER ADDITIONAL

TAXES AND INTEREST MAY BE DUE. ERAU ASIA BELIEVES THAT ITS ACCRUALS FOR

TAX LIABILITIES ARE ADEQUATE FOR ALL OPEN TAX YEARS BASED ON ITS

ASSESSMENT OF MANY FACTORS, INCLUDING INTERPRETATIONS OF TAX LAW AND PRIOR

EXPERIENCE. THIS ASSESSMENT RELIES ON ESTIMATES AND ASSUMPTIONS AND MAY

INVOLVE A SERIES OF JUDGMENTS ABOUT FUTURE EVENTS. NEW INFORMATION MAY

BECOME AVAILABLE THAT CAUSES ERAU ASIA TO CHANGE ITS JUDGMENT REGARDING

THE ADEQUACY OF EXISTING TAX LIABILITIES; SUCH CHANGES TO TAX LIABILITIES

WILL IMPACT TAX EXPENSE IN THE PERIOD THAT SUCH A DETERMINATION IS MADE.

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule D (Form 990) 2021 ASIA LTD	98-0681431 Page 5
Part XIII Supplemental Information (continued)	
SCHEDULE D, PART XI, LINE 2D:	
\$3,759 OF GAIN ON FOREIGN CURRENCY EXCHANGE WAS REPORTED OF	N THE AUDITED
FINANCIAL STATEMENTS AS OTHER INCOME.	
SCHEDULE D, PART XI, LINE 4B:	
\$306,416 OF INSTITUTIONALLY FUNDED SCHOLARSHIP EXPENSE WAS	REPORTED ON THE
AUDITED FINANCIAL STATEMENT AS CONTRA-REVENUE.	
SCHEDULE D, PART XII, LINE 4B:	
\$306,416 OF INSTITUTIONALLY FUNDED SCHOLARSHIP EXPENSE WAS	REPORTED ON THE
AUDITED FINANCIAL STATEMENT AS CONTRA-REVENUE.	

SCHEDULE E

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
ASIA LTD

Employer identification number 98-0681431

Га			YES	NO
4	Deep the experimation have a variable pandiagrippington, policy toward at idente by statement in its shorter		ILS	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	١.,	х	
2	bylaws, other governing instrument, or in a resolution of its governing body?	1	- 1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	2	х	
3	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		21	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
4	Does the organization maintain the following?		v	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	, , , , , , , , , , , , , , , , , , , ,	4b	Λ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	١.	v	
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Δ	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	<u>5a</u>		<u>X</u>
	Admissions policies?	5b		<u>X</u>
	Employment of faculty or administrative staff?	5c		<u>X</u>
	Scholarships or other financial assistance?	5d		<u>X</u>
	Educational policies?	5e		X
	Use of facilities?	5f		<u>X</u>
	Athletic programs?	5g		<u>X</u>
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
		6b		<u>x</u>
J	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	36		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
	-1.00 of the first 100, 10 out 10 to 2 o.b. out , covering radial nondisonnination: ii 100, explain on t at ii			

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

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule E (Form 990) 2021 ASIA LTD 98-0681431 Page
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as
applicable. Also provide any other additional information.
SCHEDULE E, PART I, LINE 3:
EXPLANATION OF NONDISCRIMINATION POLICY:
EXILANATION OF NONDIBERTHINATION FORIET.
ERAU ASIA IS A FOREIGN ORGANIZATION THAT DRAWS A SUBSTANTIAL PERCENTAGE
OF ITS STUDENT BODY FROM ABROAD AND MEETS THE CRITERIA OF SECTION
4.03(2)(B) OF REVENUE PROCEDURE 75-50. ERAU ASIA FOLLOWS A RACIALLY
NON DIGODININAMODY DOLLOY AND MUE DOLLOY IS DUDITOTED ON IMS ADMISSION
NON-DISCRIMINATORY POLICY AND THE POLICY IS PUBLICIZED ON ITS ADMISSION
APPLICATION AS WELL AS ON ITS WEBSITE, BOTH OF WHICH MAY BE ACCESSED BY
INTERCEPTION IN THE INDICATE WILDSTIFF, BOTH OF WHICH MAIL BE RECEIPED BY
THE GENERAL COMMUNITY IT SERVES AND THE PUBLIC.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** EMBRY-RIDDLE AERONAUTICAL UNIVERSITY 98-0681431 ASIA LTD General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC 23 PROGRAM SERVICES HIGHER EDUCATION 3,025,655. EAST ASIA AND THE 306,416. PACIFIC 0 0 GRANTS TO RECIPIENTS 23 3,332,071. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 3,332,071. and 3b)

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

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule F (Form 990) 2021 ASIA LTD 98-0681431 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			>		

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

EMBRI-RIDDLE AERONAUTICAL UNIVERSITI

<u>Schedule F (Form 990) 2021</u> ASIA LTD 98-0681431 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement noncash assistance recipients cash grant noncash assistance EAST ASIA AND THE FINANCIAL ASSISTANCE PACIFIC 429 306,416. SEE PART V EXPLANATION 0. FINANCIAL AID

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

_	West the second state of t		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
		Yes	X No
	Fund (see Instructions for Form 8621)	163	NO
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

ASIA LTD 98-0681431 Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. SCHEDULE F, PART III, LINE 1, (E): MANNER OF CASH DISBURSEMENT ALL FINANCIAL AID IS APPLIED DIRECTLY TO STUDENTS' OUTSTANDING RECEIVABLE BALANCES. NO CASH IS PHYSICALLY TRANSMITTED. STUDENT AID AWARDED FROM INSTITUTIONAL SOURCES IS MONITORED CONTINUOUSLY THROUGHOUT THE FISCAL YEAR USING VARIOUS STUDENT ACCOUNT AND INSTITUTIONAL PROGRAM REPORTS.

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

ASIA LTD

Employer identification number 98-0681431

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second and the second and provide and approach and an expension and the second and the second and the second and approach and approach and approach and approach and an expension and approach approach and approach and approach and approach approach and approach approach and approach approach and approach and approach approach approach and approach approach approach approach approach and approach			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958.6/c/2	a		

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

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule J (Form 990) 2021 ASIA LTD 98-0681431 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-MIS0 compensation	C and/or 1099-NEC	(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) RANDALL B. HOWARD	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	442,199.	60,630.	1,975.	27,550.	15,550.	547,904.	0.
(2) JOHN WATRET	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRPERSON	(ii)	388,985.	60,630.	7,277.	27,550.	14,669.	499,111.	0.
(3) CHARLES SEVASTOS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	256,803.	20,630.	1,656.	26,814.	7,189.	313,092.	0.
(4) MATTHEW FLAHERTY	(i)	186,494.	641.	44,586.	0.	0.		0.
VICE CHANCELLOR AND EXEC DIR	(ii)	0.	0.	0.	0.	8,757.	8,757.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Schedule J (Form 990) 2021

ASIA LTD

ADKI KIDDEL ALKOMACIICAL CHIVEKSIII

98-0681431

Page 3

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, PART I, LINE 1A:

THE UNIVERSITY'S TRAVEL POLICY PROVIDES THE SPECIFIC CONDITIONS FOR

WHICH FIRST-CLASS TRAVEL IS ALLOWABLE IF PREAPPROVED BY THE EMPLOYEE'S

SENIOR LEADERSHIP AND THE SENIOR VICE PRESIDENT AND CFO OR UNIVERSITY

PRESIDENT (E.G., TRAVEL INVOLVING FLIGHT SEGMENTS OVER SIX HOURS,

RED-EYE FLIGHTS THAT SAVE LODGING EXPENSE, CASES WHERE THE TRAVELER HAS

A DOCUMENTED PHYSICAL DISABILITY OR LIMITATION, ETC.).

SCHEDULE J, PART I, LINE 3:

USE OF RELATED ORGANIZATION IN DETERMINING COMPENSATION APPROVAL AND

COMPENSATION OF ALL EMPLOYEES IS MADE IN CONSULTATION WITH APPROPRIATE

PERSONNEL AT EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. SPECIFIC LEVELS

OF COMPENSATION ARE DETERMINED BY COMPARING THE COMPENSATION FOR

SIMILAR POSITIONS.

SCHEDULE J, PART I, LINE 7:

NON-FIXED PAYMENTS:

SELECT PERSONS LISTED ON FORM 990, PART VII, SECTION A, LINE 1,

RECEIVED AN ADDITIONAL PERFORMANCE BASED BONUS. ADDITIONALLY, ALL

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

98-0681431 ASIA LTD Schedule J (Form 990) 2021 Page 3 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. REFERENCED EMPLOYEES RECEIVE A HOLIDAY BONUS IN THE SAME AMOUNT THAT ALL UNIVERSITY EMPLOYEES RECEIVE.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
ASIA LTD

Employer identification number 98-0681431

FORM 990, PART I, LINE 1: THE MISSION OF ERAU ASIA IS TO EXTEND ERAU'S OPPORTUNITIES FOR DELIVERING HIGHER EDUCATION AND RESEARCH IN AVIATION AND AEROSPACE IN KEY COUNTRIES OF THE ASIA PACIFIC REGION. LINE 4 AND FORM 990, PART VI, FORM 990, PART I, LINE 1B INDEPENDENT VOTING MEMBERS: EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. WISHED TO EXPAND OPERATIONS IN ASIA AND WAS ADVISED TO ESTABLISH A LOCAL COMPANY. MOST OF THE VOTING MEMBERS HAVE EXISTING RELATIONSHIPS AND ARE COMPENSATED BY THE EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC., TO ASSURE THAT ERAU ASIA SUPPORTS THE MISSION AND GOALS OF EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS AND STOCKHOLDERS: EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. IS THE SOLE MEMBER OF ERAU ASIA. FORM 990, PART VI, SECTION A, LINE 7A: EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC., AS THE SOLE MEMBER SET THE ARTICLES OF ASSOCIATION, HAS THE POWER TO APPOINT AND REMOVE THE VICE CHANCELLOR AND EXECUTIVE DIRECTOR, AS WELL AS VOTE TO DIRECT THE AFFAIRS OF ERAU ASIA.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE ORGANIZATION RESERVED TO MEMBERS:

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

Name of the organization EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
ASIA LTD

Employer identification number 98-0681431

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC., AS THE FOUNDING MEMBER, HAS THE SOLE RIGHT TO APPOINT AND REMOVE THE VICE CHANCELLOR AND EXECUTIVE DIRECTOR OF ERAU ASIA. ADDITIONALLY, THE FOUNDING MEMBER HAS THE FINAL CONSENT TO REMOVE ANY OTHER MEMBER WHOM THE DIRECTORS WISH TO REMOVE FROM THE BOARD.

THE FOUNDING MEMBER CANNOT BE EXPELLED, EXCLUDED OR REMOVED FROM THE ORGANIZATION, AND HAS THE ABSOLUTE DISCRETION AND POWER TO EXPEL, EXCLUDE, OR REMOVE AND/OR VETO THE EXPULSION, EXCLUSION OR REMOVAL OF ANY MEMBER.

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

MANAGEMENT AND/OR THE GOVERNING BODY REVIEW PROCESS:

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT

AND INDEPENDENT TAX ACCOUNTANTS AT KPMG. ALL MEMBERS OF THE BOARD OF

DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE COMPLETE FORM PRIOR TO

FILING WITH THE IRS.

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

CONFLICT OF INTEREST POLICY:

ERAU ASIA IS MANAGED IN ACCORDANCE WITH EMBRY-RIDDLE AERONAUTICAL

UNIVERSITY, INC.'S POLICIES AND PROCEDURES EXCEPT WHERE SPECIFIC POLICIES

AND PROCEDURES CANNOT OR DO NOT APPLY TO SINGAPORE. ERAU ASIA'S BOARD

MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE

FORM SUBMITTED TO THE INTERNAL AUDIT, RISK, AND COMPLIANCE DEPARTMENT OF

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. TO ENSURE COMPLIANCE WITH THE

UNIVERSITY'S CONFLICT OF INTEREST POLICY.

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

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION:

APPROVAL AND COMPENSATION OF ALL EMPLOYEES IS MADE IN CONSULTATION WITH

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD	Employer identification number 98-0681431
APPROPRIATE PERSONNEL AT EMBRY-RIDDLE AERONAUTICAL UNIVERS	SITY, INC.
SPECIFIC LEVELS OF COMPENSATION ARE DETERMINED BY COMPARIN	IG THE
COMPENSATION FOR SIMILAR POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE:	
ERAU ASIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	THE FORM 990 AND
AUDITED FINANCIAL STATEMENTS ARE DISCLOSED ON ERAU ASIA'S	WEBSITE.
FORM 990, PART X, LINE 19:	
DEFERRED REVENUE REPRESENTS THE UNEARNED PORTION OF REVENU	JE FROM
TUITION AND FEES BILLED IN ADVANCE OF AN ACADEMIC TERM.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CURRENCY CONVERSION ADJUSTMENT	3,759.
FORM 990, PART XII, LINE 2C:	
ERAU ASIA DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCES	SSES DURING
THE TAX YEAR.	
FORM 990, PART XII, LINE 3A:	
ERAU ASIA DOES NOT RECEIVE U.S. FEDERAL AWARDS NOR WAS THE	UNIVERSITY
REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE UNIFORM O	GRANT
GUIDANCE.	

SCHEDULE R (Form 990)

Part I

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.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

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

Employer identification number 98-0681431

(f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No EMBRY-RIDDLE AERONAUTICAL UNIV., INC. -59-0936101, 1 AEROSPACE BOULEVARD, DAYTONA BEACH, FL 32114 HIGHER EDUCATION FLORIDA 501(C)(3) N/A Х

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

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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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	ո)	(i)	(j	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 sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in hox	mana	aging	Percentage ownership
		country)		sections 512-514)			Yes	No	20 of Schedule K-1 (Form 1065)	Yes	No	
Identification of Related Ord	anizations Tavahle a	s a Corno	ration or Trust Co	molete if the organizati	ion answered "Yes	" on Form 990 Pa	rt IV I	ine 34	hecause it had o	ne o	r mo	re related

Part IV ldentification 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 country)	(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	ent	ction (b)(13) trolled tity?
ERAU ASIA INSTITUTE LTD. 75 BUKIT TIMAH ROAD, 02-01/02								100	
BOON SIEW, SINGAPORE 229833	HIGHER EDUCATION	SINGAPORE	ERAU ASIA	C CORP	0.	0.	100%	X	

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Yes No

1a

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

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a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

							7
C	Gift, grant, or capital contribution from related organization(s)				10		X
	Loans or loan guarantees to or for related organization(s)						
е	Loans or loan guarantees by related organization(s)				16		X
_	5						v
t	Dividends from related organization(s)				11		X
g	Sale of assets to related organization(s)				1 <u>c</u>	_	X
h	Purchase of assets from related organization(s)				1h		X
İ	Exchange of assets with related organization(s)				1		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1 i		X
							37
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ					_	X
	Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 <u>1</u>	4	<u> </u>
q	Reimbursement paid by related organization(s) for expenses				1c		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," in the above is "Yes," see the above is "Yes," and "Yes," see the above is "Yes," see t	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amou	nt involved		
		type (a-s)					
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(0)							
(6)							0) 000 :
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e Are	e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		partner 501 (corg	rs sec. c)(3) s.?		Share of end-of-year assets	Disp tio alloca	oropor- onate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ner?	Percentag ownershi
								-					
								+	-				
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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See inst	ructions	
Provide additional information for responses to questions on Schedule N. See list	detions.	

132165 11-17-21 Schedule R (Form 990) 2021