Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	9 calendar year, or tax year beginning 07/01, 2019	, and endin	g		06/30,	20 20	
B c	heck if ap	pplicable:	C Name of organization EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA L'	TD	D	Employer id	entification n	umber	
	Addre		Doing Business As			98-0681	1431		
	chang		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	F	Telephone n			
	+	change	1 AEROSPACE BLVD	rtoom/suite		386) 32			
	+	return	City or town, state or province, country, and ZIP or foreign postal code			300) 32	3-0070		
	Termi		DAYTONA BEACH, FL 32114		۔ ا	Ci-	4~ C	1 266	,752.
	return	n	F Name and address of principal officer: JOHN WATRET, PHD			Gross receip a) Is this a grow			X No
	pendi		, , , , , , , , , , , , , , , , , , , ,			subordinates	? ⊨	Yes	\vdash
_	_		1 AEROSPACE BLVD, DAYTONA BEACH, FL 32114			b) Are all subord	_	Yes	No
<u>!</u>		empt st	35 (6)(6)	or 527			ch a list. (see ins		
_			WWW.ASIA.ERAU.EDU			c) Group exem			
			nization: X Corporation Trust Association Other	L Year of	formation	: 2009 M	State of legal	domicile:	SN
P	art I		mmary	TOOTON O			T.C. (E.C. (F)	ZEETATE	
	1		y describe the organization's mission or most significant activities: THE M				IS TO E	X.I.END	
nce			U'S OPPORTUNITIES FOR DELIVERING HIGHER EDUCAT						
rna			ATION AND AEROSPACE IN KEY COUNTRIES OF THE AS						
Governance			k this box 🕨 🔛 if the organization discontinued its operations or dispose				1 1		_
Ŏ	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3		5.
Se			per of independent voting members of the governing body (Part VI, line 1b) \Box				4		1.
İţį			number of individuals employed in calendar year 2019 (Part V, line 2a)				5		0.
Activities &	6	Total	number of volunteers (estimate if necessary)				6		0.
⋖			unrelated business revenue from Part VIII, column (C), line 12				7a		0
	b	Net u	nrelated business taxable income from Form 990-T, line 34				7b		0
					F	Prior Year		urrent Y	
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)	Y FOR			0.		3,708
	9	Progra	am service revenue (Part VIII, line 2g)	NSPECTION	4	4,266,89		4,162	2,199
			tment income (Part VIII, column (A), lines 3, 4, and 7d)				53.		845
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			58,86			0
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4	4,325,91			5,752
			s and similar amounts paid (Part IX, column (A), lines 1-3)			153,26	53.	133	1,080
	14	Benef	its paid to or for members (Part IX, column (A), line 4)				0.		0
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		-	1,102,80)7.	1,144	1,595
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)				0.		0
ď	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶0).					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,401,40			384
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			3,657,47			5,059
	19	Rever	nue less expenses. Subtract line 18 from line 12			668,43	38.	623	1,693
Net Assets or Fund Balances					Beginnin	g of Current \	rear E	nd of Yea	ar
sets	20	Total	assets (Part X, line 16)		:	2,002,49	92.	2,106	5,650
t As	21	Total	liabilities (Part X, line 26)		:	2,816,47		2,356	5,901
P. P.	22	Net as	ssets or fund balances. Subtract line 21 from line 20.			-813,98	34.	-250	0,251
Pa	ırt II	Sig	gnature Block						
			of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of whi				f my knowled	ge and b	elief, it is
True	e, corre	Ct, and	complete. Declaration of preparer (other than officer) is based on an information of wife	ch preparei nas	s arry kriow	neuge.			
٥.						05/1	2/2021		
Sig			Signature of officer			Date			
He	re		JOHN WATRET, PHD CHANCE	ELLOR-WO	RLDWII	Œ			
			Type or print name and title						
		Print/	Type preparer's name Preparer's signature	Date		Check	if PTIN		
Paid		RAY	MOND LY Wenner Ex	05/12	/2021	self-employ	ed P012	05643	
	parer Only		s name ▶ KPMG LLP		Fi	rm's EIN	13-5565	207	
use	Only	Firm's	saddress > 8350 BROAD STREET, SUITE 900 MCLEAN, V	7A 22102	Pł	none no.	703-286	-8000	
May	the II		ccuss this return with the preparer shown above? (see instructions)				X	Yes	No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				F	orm 99	0 (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

iling of this f	form, visit <i>www.irs.gov/e-file-providers/e-file-f</i>	or-charities	-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
	ons required to file an income tax return othe rm 7004 to request an extension of time to f		, ,	0-C filers), partnerships, REMI0	Cs, and trusts					
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (1	TIN)					
orint	EMBRY-RIDDLE AERONAUTICAL UNIV	VERSITY	ASIA LTD	98-0681431						
File by the Iue date for iling your	Number, street, and room or suite no. If a P.O. box, see instructions. 1 AEROSPACE BLVD									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For DAYTONA BEACH, FL 32114	a foreign ad	dress, see instructions.							
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1					
Application		Return	Application		Return					
s For	Form 000 E7	Code	Is For	ion)	Code					
-01111 990 01 	Form 990-EZ	01 02	Form 990-T (corporat Form 1041-A	ion)	07					
-опп <u>990-ы</u> -orm 4720 (02		n individual)	08					
Form 990-PF	,	03	Form 5227	ii iiidividdai)						
	(sec. 401(a) or 408(a) trust)	05	Form 6069	ther than individual) 09 10 11 12						
	orm 990-T (trust other than above) 06 Form 8870									
Telephone If the orga If this is foor the whole	anization does not have an office or place of learning aroup, check this box e names and TINs of all members the extensions are in the care of learning aroup.	I business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (ck this box						
	st an automatic 6-month extension of time u		05/17 , 20 2	, to file the exempt organ	ization return					
for the	organization named above. The extension is calendar year 20 or tax year beginning 07/0	for the org	ganization's return for:	06/30_, 20 <u>20</u>						
c	ax year entered in line 1 is for less than 12 m hange in accounting period									
	application is for Forms 990-BL, 990-PF, 99	90-1, 4720	or 6069, enter the	-	0					
	undable credits. See instructions. application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	gfundable credits and	0.					
	ted tax payments made. Include any prior yea				0.					
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re-	quired, by using EFTPS 3c \$	0.					
	are going to make an electronic funds withdrawa		it) with this Form 8868 se							
nstructions.	and going to make an electronic funds withdrawa	, an ool acb	,	So I Sim 0-00 LO and I omi 00/3-	20 for payment					
	ct and Paperwork Reduction Act Notice, see instr	uctions.		Form 8	868 (Rev. 1-2020)					

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD 98-0681431 Form 990 (2019) Page 2 Part 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, ASIA LTD. (ERAU ASIA) IS TO EXTEND EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC.'S OPPORTUNITY FOR DELIVERING HIGHER EDUCATION AND RESEARCH IN AVIATION AND AEROSPACE IN KEY COUNTRIES OF THE ASIA PACIFIC REGION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?..... 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 others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,283,800. including grants of \$ 131,080.) (Revenue \$ ERAU ASIA OFFERS PART-TIME AND FULL-TIME UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS TO PRE-EMPLOYMENT AND WORKING PROFESSIONAL STUDENTS.) (Revenue \$ **4b** (Code: including grants of \$) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 2,283,800.

JSA 9E1020 2.000 3811KU 2502 V 19-8.4F 3244896

) (Revenue \$

Page 3 Form 990 (2019)

Par	t 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		21
U	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
	complete Schedule D, Part VI	11a	Λ	
K	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		Х
,	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		21
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
,	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
K	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	of 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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	1 -7

Form 990 (2019) Page 4

ı aı	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		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
24.5	employees? If "Yes," complete Schedule J	23	X	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		Х
29	"Yes," complete Schedule L, Part IV	28c 29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
33	complete Schedule N, Part II	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
D	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
	Check if Schedule O contains a response or note to any line in this Part V			_
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 9E1030	2.000		990	(2019)
	3811KU 2502 V 19-8.4F 3244896			

Form 990 (2019) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a	Х	
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
b	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 to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	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			
D	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations assets:	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	- 00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_)	
OCCL	on b. 1 oncies (This occion b requests information about policies not required by the internal Nevertae	Couc	·/ Yes	No
40-	Did the annualization have level shorters branches an efficience	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ıza	21	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	21	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c 13	X	-
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		Х
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		Х
	with a taxable entity during the year?	16a		Λ
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	464		
Sooti	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(Sec	tion 5	601(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	olicy,
20		s >		
	State the name, address, and telephone number of the person who possesses the organization's books and record JARE ALLOCCO ALLEN, 1 AEROSPACE BLVD DAYTONA BEACH, FL 32114			

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

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	rson	e than or/trust e is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)RANDALL B. HOWARD	3.00									
BOARD MEMBER	50.00	Х		Х				0.	476,569.	41,728
(2) JOHN WATRET	5.00									
CHAIRPERSON	45.00	Х		Х				0.	418,019.	42,566
(3) CHARLES SEVASTOS	3.00									
SECRETARY	45.00	Х		Х				0.	257,145.	31,457
(4) MATTHEW FLAHERTY	50.00									
VICE CHANCELLOR AND EXEC DIR	0.	Х		Х				220,133.	0.	8,133
(5) QUAY CHEW ENG	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(6)										
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Form **990** (2019)

JSA

Form 990 (2019)

_	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	ago o
	(A) Name and title	(B) (C) Average Position hours per week (list any box, unless person is both		ne	(D) Reportable compensation from	(E) Reportable compensation from related	Es am	(F) timated rount of					
		hours for related organizations below dotted line)	1				tru Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fro orga and	pensation the anization related inization	on d
	0.1.441	 							220,133.	1,151,733.	1	.23,8	<u> </u>
	Sub-total Total from continuation sheets to Part VII, S								0.	0.		.23,0	0.
	Total (add lines 1b and 1c)	-						•	220,133.	1,151,733.	1	23,8	384.
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose			bove	e) who	re	ceived more than	\$100,000 of			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						4	X						
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	from	any	un	related organizati	on or individual	5	-	X
Se	ction B. Independent Contractors		201					,					
1	Complete this table for your five highest comcompensation from the organization. Report of year.												
	(4)							1	(D)		(C)		

	-
FAC RENTAL/PROP MGMT	162,711.
_	FAC RENTAL/PROP MGMT

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					Sections 312-314
Ä,G	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
n Big	е	Government grants (contributions) 1e	103,708.				
Sir	f	All other contributions, gifts, grants,					
utic		and similar amounts not included above . 1f					
ip Th	g	Noncash contributions included in					
d C		lines 1a-1f 1g	\$				
a C	h	Total. Add lines 1a-1f		103,708.			
			Business Code				
မွ	2a	TUITION REVENUE AND COURSE FEES	900099	4,134,092.	4,134,092.		
e <u>Z</u>	b	GRADUATION AND ACADEMIC FEES	900099	28,107.	28,107.		
Se							
am eve	C						
Re	d						
Program Service Revenue	e	All other program conting revenue					
	f g	All other program service revenue		4,162,199.			
	3	Investment income (including dividends,					
	"	other similar amounts)	_	845.			845.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal	· ·			
	60		() = =================================				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d	Net rental income or (loss)	(ii) Other	0.			
	7a		(ii) Other				
		sales of assets					
		other than inventory 7a					
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b					
Re		Gain or (loss)		0			
er	d	Net gain or (loss)	· · · · · · •	0.			
Other	8a	Gross income from fundraising					
_		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.	0			
	С	Net income or (loss) from gaming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventory, less	0				
		returns and allowances	0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
		146t Income of (1055) from Sales of Inventory.	Business Code	0.			
Miscellaneous Revenue			Dualiteas Code				
nec) ue	11a						
ella Ver	b						
Sce	C	All other revenue					
Ξ	d	All other revenue		0.			
	<u>е</u> 12	Total revenue. See instructions		4,266,752.	4,162,199.		845.
				1,200,102.	1,104,103.		1 043.

JSA 9E10512.000 3811KU 2502 V 19-8.4F 3244896

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								
<u></u>								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	131,080.	131,080.					
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors, trustees, and key employees	213,724.	4,704.	209,020.				
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.	201 616	F01 007				
	Other salaries and wages	792,643.	201,616.	591,027.				
8	Pension plan accruals and contributions (include	104,764.	8,977.	95,787.				
_	section 401(k) and 403(b) employer contributions)	32,275.	7,357.	24,918.				
9	Other employee benefits	1,189.	,,557.	1,189.				
10	Payroll taxes	_,		_,				
	Management	159.		159.				
	Legal	2,500.		2,500.				
	Accounting	35,482.		35,482.				
	Lobbying	0.						
e	Professional fundraising services. See Part IV, line 17.	0.						
1	f Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	420 004	420 609	0 276				
4.0	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	429,884. 162,775.	420,608. 138,053.	9,276.				
	Advertising and promotion	122,939.	1,333.	121,606.				
13 14	Office expenses	33,333.	1,3331	33,333.				
15	Royalties	0.		,				
16	Occupancy	31,606.	22,846.	8,760.				
17	Travel	66,705.	66,705.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.	100 000					
19	Conferences, conventions, and meetings	151,970.	133,351.	18,619.				
20	Interest	6,004.		6,004.				
21	Payments to affiliates	172,011.		172,011.				
22	Depreciation, depletion, and amortization	0.		1/2,011.				
23 24	Insurance Other expenses Itemize expenses not covered	3.						
44	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.)							
a	COMMISSION EXPENSE	1,085,944.	1,085,944.					
~	MISC EXPENSES	48,305.	41,459.	6,846.				
•	TAXES	18,214.	18,214.					
c	COURSE MATERIALS	1,553.	1,553.					
	All other expenses	2 645 050	2 202 000	1 261 250				
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,645,059.	2,283,800.	1,361,259.				
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if							
_	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2010)			

Form 990 (2019) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,265,725.	1	1,160,388.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	542,467.	4	648,022.
	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	0.	5	0.
	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).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	110,044.	9	15,445.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 387,794.			
	b	Less: accumulated depreciation	4,797.	10c	37,409.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	79,459.	15	245,386.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,002,492.	16	2,106,650.
	17	Accounts payable and accrued expenses	2,397,950.	17	1,510,712.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	418,526.	19	710,120.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	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	0.	25	136,069.
	26	Total liabilities. Add lines 17 through 25	2,816,476.	26	2,356,901.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	-813,984.	27	-250,251.
Ba	28	Net assets with donor restrictions.	0.	28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	-813,984.	32	-250,251.
Net	33	Total liabilities and net assets/fund balances	2,002,492.	33	2,106,650.
_	55	Total habilities and not assets/fund balances, , , , , , , , , , , , , , , , , , ,	2,002,102.		Form 990 (2019)

Page **12** Form 990 (2019)

OIIII J	(2010)				age -
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,266	,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	-	,059.
3	Revenue less expenses. Subtract line 2 from line 1	3		621	,693.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-813	,984.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-57	,960.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		-250	,251.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	<u>. L </u>
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ie		
	Single Audit Act and OMB Circular A-133?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Internal Revenue Service Name of the organization

Department of the Treasury

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

Employer identification number 98-0681431

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	exception ome (less	s, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		An organization organized	•	•	-		, ,, ,	
12		An organization organized	•	-	-			
		of one or more publicly su						
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а	L	Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	$_$ supporting organization. $`$						
b	L	Type II. A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
		organization(s). You must	=					
С	L	Type III functionally integrated						ly integrated with,
	Г	its supported organization						
d	L	Type III non-functionally			-			
		that is not functionally into		•	-		•	d an attentiveness
	Г	requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
		functionally integrated, or	• •		porting o	organizat	ion.	
ı ~		nter the number of supported ovide the following information						
9		lame of supported organization	(ii) EIN		(iv) la tha	organization	(v) Amount of monetary	(vi) Amount of
	(1)	varie or supported organization	(11) E114	(iii) Type of organization (described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							1

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
800	tion A. Public Support	is to quality u	nuer the tests	iisted below, p	nease comple	te Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(a) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2010	(6) 2017	(d) 2018	(e) 2019	(I) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2015	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(i) iotai
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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is f	,			or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li						<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the or						
	box and stop here. The organization q						
D	331/3% support test - 2018. If the organization						
17a	this box and stop here. The organizati	-		-			
	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
D	15 is 10% or more, and if the organization in Part VI how the organization	anization meet on meets the	s the "facts-an "facts-and-circur	d-circumstances mstances" test.	" test, check t The organization	his box and st on qualifies as a	op here.
18	supported organization						

Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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	tion A. Public Support		T		T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						<u> </u>
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						<u> </u>
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
<i>r</i> a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		1				
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 19/ of the amount on line 13 for the year						1
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						1
	and 12.)	4b - '	Airmin fin t	and Abitati C. C.	4:44		F04(-)(0)
14	First five years. If the Form 990 is for	•	·				` ` `
C	organization, check this box and stop here.						
<u>3ec</u> 15	tion C. Computation of Public Supp Public support percentage for 2019 (line 8,			ımn (f))		45	0/
						15	%
16 Sec	Public support percentage from 2018 Scher tion D. Computation of Investment					16	%
	•			13 column (f))		17	%
17 18	Investment income percentage for 2019 (lin Investment income percentage from 2018 S					17	<u>%</u>
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2018. If the orga		-				
D	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization d		•	•			
			~~	.,	J 501 1110 DUA		

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ing <i>by</i>			
IJy	1		
tus			
ted			
	2		
ver	3a		
ınd			
the			
	3b		
(B)	20		
) If	3с		
11	4a		
ign			
ion			
	4b		
ion sed			
(B)			
. /	4c		
es,"			
ΞIN			
on; ion			
.011	5a		
ady			
,	5b		
	5c		
to			
ed			
or			
	6		
tor			
tity	7		
7?			
	8		
ore			
ed	9a		
ich	Jd		
ICI I	9b		
efit			
	9с		
ion			
ed	10a		
to			
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page **5**

Jeneau	ne A (1 01111 330 01 330 EZ) 2013			age O
Part	N Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	- Jr Jr J. J. J J J J		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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 in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Section	ns A through E.
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other	Iu		
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	y integra	ited Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 3811KU 2502 V 19-8.4F Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
	Evenes from 2017						

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018...
e Excess from 2019...

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

F.M.F	BRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD	98-0681431
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	iooodinis.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) and one of account
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 writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne 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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
_	> \$	4-0 (L) (A) (D) (D)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, , , , , , , , , , , , , , , , , , ,
1a	If the organization elected as permitted under FASB ASC 958, not to report in its revenue	statement and halance sheet works
·u	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
_	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resea	tement and balance sheet works of
	provide the following amounts relating to these items:	icit in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under FASB ASC 958 relating to these items:	J , p
а	Revenue included on Form 990, Part VIII, line 1	 ▶ \$
b	Assets included in Form 990, Part X	> \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continue	d)
3	Using the organization's acquisition	on, accession, an	d other reco	ds, check	any of th	e follow	ing that make sig	nificant us	se of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchang	e prograr	m		
b	Scholarly research		e	Other					
С	Preservation for future gene	rations		•					
4	Provide a description of the organ	nization's collection	ons and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization						_		
	assets to be sold to raise funds rath		intained as pa	art of the o	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered "	Yes" on For	m 990, F	Part IV, line	e 9, or re	eported an amou	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am			•				Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	t here if the e	xplanation	has been p	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "	'Ves" on For	m 000 E	Part IV/ line	a 10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four y	oare back
_		(a) Current year	(6) FIIC	n year	(c) Two yes	uio back	(u) Tillee years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
_	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- f th		- (1) 4 -		\ I I.I			
2 a	Provide the estimated percentage Board designated or quasi-endown		ar end baland %	e (line 1g,	column (a)) neid as	1		
b	Permanent endowment >	%	/0						
C	Term endowment	/v							
·	The percentages on lines 2a, 2b, a	. ′ •	al 100%						
3a	Are there endowment funds not in			ation that	are held a	nd admir	istered for the		
	organization by:	p = = = = = = = = = = = = = = = = =	o. ga		a. o a.			Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
Pa	rt VI Land, Buildings, and Equ Complete if the organize					- 44 1) F 000 T	t X . !!	40
	Description of property		"Yes" on Fo		art IV, IIN or other basis			art X, line d) Book valu	
	Description of property		vestment)		ther)		eciation	i) book valu	
1 a	Land								
b	Buildings								
С	Leasehold improvements				70,882.		70,882.		
d	Equipment			1	16,912.		79,503.	3'	7,409.
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column	ı (d) must equal F	orm 990, Part	X, columi	n (B), line 1	0c.)	▶	3'	7,409.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Genedate B (1 offin 330) 2013			r age 🕻
Part VII Investments - Other Securities. Complete if the organization answered	d "Ves" on Form 99	IO Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	1		-
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(4)		Cost of end-of-year marke	t value
<u>(1)</u>			
(2)			
<u>(3)</u> <u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			.
Complete if the organization answered		0, Part IV, line 11d. See Form 990,	
- DEPOSTES	escription		(b) Book value
\'\'			111,241. 134,145.
(-)			134,143.
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	245,386
Part X Other Liabilities.			222 5
Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	n 990, Part X,
	C C C L 199		4110
	ption of liability		(b) Book value
(1) Federal income taxes (2) RIGHT OF USE LEASE LIABILITIES			136,069.
(3)			130,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		136,069.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	at 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

JSA
9E1270 1.000
3811KU 2502
V 19-8.4F 3244896

Scheau	e D (Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,135,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	4,135,672.
3	Subtract line 2e from line 1	3	4,133,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	131,080.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,266,752.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	3,571,939.
1 2	Total expenses and losses per audited financial statements	•	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	57,960.
3	Subtract line 2e from line 1	3	3,513,979.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Fait Ain.)	-	131,080.
С 5	Add lines 4a and 4b	4c 5	3,645,059.
	XIII Supplemental Information.		3,013,0031
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Page 5

SCHEDULE D, 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.

SCHEDULE D, PART XI LINE 4B

\$131,080 OF INSTITUTIONALLY FUNDED SCHOLARSHIP EXPENSE WAS REPORTED ON THE AUDITED FINANCIAL STATEMENT AS CONTRA-REVENUE.

SCHEDULE D, PART XII, LINE 2D

\$57,960 OF LOSS ON FOREIGN CURRENCY EXCHANGE WAS REPORTED ON THE AUDITED FINANCIAL STATEMENTS AS OTHER OPERATING EXPENSES.

SCHEDULE D, PART XII, LINE 4B

\$131,080 OF INSTITUTIONALLY FUNDED SCHOLARSHIP EXPENSE WAS REPORTED ON THE AUDITED FINANCIAL STATEMENT AS CONTRA-REVENUE.

SCHEDULE E (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

ZU 19

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

98-0681431

Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Х Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Х 2 Has the organization publicized its racially nondiscriminatory policy 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 Χ 3 SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Х Records documenting that scholarships and other financial assistance are awarded on a racially Χ c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X Copies of all material used by the organization or on its behalf to solicit contributions?......... 4d Χ If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Χ Χ 5b Χ Employment of faculty or administrative staff?............ Χ Χ Use of facilities? Χ Χ Χ If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Χ Has the organization's right to such aid ever been revoked or suspended?............ Χ If you answered "Yes" on either line 6a or line 6b, explain on Part II. 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

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Part II Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

PUBLICATION OF NON-DISCRIMINATORY POLICY

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-DISCRIMINATORY POLICY AND THE POLICY IS PUBLICIZED ON ITS ADMISSION APPLICATION AS WELL AS ON ITS WEBSITE, BOTH OF WHICH MAY BE ACCESSED 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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

98-0681431

EMBI	RY-RIDDLE AERONAUTICAL	UNIVERSIT	Y ASIA LTD		98-06814	31
Part	General Information o Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	inswered "Yes" on
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec		Yes No
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	1.	17.	PROGRAM SERVICES	HIGHER EDUCATION	3,513,979.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation	1.	17.			3,513,979.
С	sheets to Part I Totals (add lines 3a and 3b)	1.	17.			3,513,979.

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization answered "Ves" on Form 990

(1) (2) (3) (4) (5) (6)					
(3) (4) (5) (6)					
(4) (5) (6)					
(5) (6)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
	organizations listed above intee or counsel has provide				

Schedule F (Form 990) 2019

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL ASSISTANCE	EAST ASIA/PACIFIC	141.			131,080.	STUDENT AID	FMV
_(2)							
_(3)							
_ (4)							
(5)							
(6)							
_(7)							
_(8)							
(9)							
(10)							
<u>(11)</u> <u>(12)</u>							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Schedule F (Form 990) 2019 Page 4

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	es 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) Ye	es 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)	es No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	es X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	es 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)	es X No

Schedule F (Form 990) 2019

9E1277 1.000 3811KU 2502 V 19-8.4F 3244896 Schedule F (Form 990) 2019 Page 5

REPORTS.

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 GRANTS AND OTHER ASSISTANCE TO FOREIGN INDIVIDUALS LINE 1, (G) DESCRIPTION OF NONCASH ASSISTANCE ALL FINANCIAL AID IS APPLIED DIRECTLY TO STUDENTS' OUTSTANDING RECEIVABLE BALANCES. NO CURRENCY IS PHYSICALLY TRANSMITTED. STUDENT AID AWARDED FROM INSTITUTIONAL SOURCES IS MONITORED CONTINUOUSLY THROUGHOUT THE FISCAL YEAR USING VARIOUS STUDENT ACCOUNT AND INSTITUTIONAL PROGRAM

Schedule F (Form 990) 2019

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

Inspection Employer identification number

98-0681431

Part	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 Fo 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	rm		
	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 payme	ent		
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III explain	to 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 li	ne		
	1a?	. 2	X	
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?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?			X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	. 40		
	The to any of miles at 8, not the persons and provide the applicable anisante for each term in fair in.			
	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 a	inv		
•	compensation contingent on the revenues of:	,		
а	The organization?	. 5a		Х
b	Any related organization?			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 a	inv		
	compensation contingent on the net earnings of:			
а	The organization?	. 6a		Х
b	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 nonfix	ed		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.		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," descri	be		
	in Part III			Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described			
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN WATRET	(i)	0.	0.	0.	0.	0.	0.	0.
1 ^{CHAIRPERSON}	(ii)	365,994.	50,130.	1,895.	26,600.	15,966.	460,585.	0.
CHARLES SEVASTOS	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{SECRETARY}	(ii)	235,425.	20,130.	1,590.	24,708.	6,749.	288,602.	0.
RANDALL B. HOWARD	(i)	0.	0.	0.	0.	0.	0.	0.
3BOARD MEMBER	(ii)	413,426.	60,130.	3,013.	26,600.	15,128.	518,297.	0.
MATTHEW FLAHERTY	(i)	140,296.	130.	79,707.	0.	8,133.	228,266.	0.
VICE CHANCELLOR AND EXEC DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | 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.

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

EMPLOYEES RECEIVE.

SELECT PERSONS LISTED ON FORM 990, PART VII, SECTION A, LINE 1, RECEIVED AN ADDITIONAL PERFORMANCE BASED BONUS. ADDITIONALLY, ALL REFERENCED EMPLOYEES RECEIVE A HOLIDAY BONUS IN THE SAME AMOUNT THAT ALL UNIVERSITY

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

98-0681431

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

FORM 990, PART I, LINE 4 AND FORM 990, PART VI, 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 PARENT, 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, LINE 6

MEMBERS AND STOCKHOLDERS

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC. IS THE SOLE MEMBER OF ERAU ASIA.

FORM 990, PART VI, LINE 7A

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC., AS THE SOLE MEMBER SET OUT IN 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, LINE 7B

DECISIONS OF THE ORGANIZATION RESERVED TO MEMBERS

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC., AS THE FOUNDING MEMBER, HAS
THE SOLE RIGHT TO APPOINT AND REMOVE THE VICE CHANCELLOR AND EXECUTIVE

Employer identification number 98-0681431

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 COMPANY, 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, 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, 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.

Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

Employer identification number

98-0681431

FORM 990, PART VI, LINE 15A AND 15B

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION:

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.

FORM 990, PART VI, LINE 19

DISCLOSURE

ERAU ASIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST 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 REVENUE FROM TUITION AND FEES BILLED IN ADVANCE OF AN ACADEMIC TERM.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES ARE DERIVED FROM FOREIGN

CURRENCY CONVERSION FLUCTUATION.

CURRENCY CONVERSION ADJUSTMENT (\$57,960)

FORM 990, PART XII, LINE 2C

ERAU ASIA DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESSES DURING THE

TAX YEAR.

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

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 GRANT

GUIDANCE.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
LECTURERS FEES & STIPENDS	370,874.	370,874.	0.	
LECTURERS ACCOMODATIONS/EXP.	23,662.	23,662.	0.	
PET - COURSEWARE DEVELOPMENT	16,238.	16,238.	0.	
PROFESSIONAL SERVICES	9,276.	0.	9,276.	
AGENT COMMISSION	5,637.	5,637.	0.	
LECTURERS ALLOWANCE/PER DIEM	4,197.	4,197.	0.	
TOTALS	429,884.	420,608.	9,276.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Employer identification number

98-0681431

Name of the organization

EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ASIA LTD

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b)(13) rolled
						Yes	No
(1) EMBRY- RIDDLE AERONAUTICAL UNIVERSITY 59-0936101							
1 AEROSPACE BOULEVARD DAYTONA BEACH, FL 32114	HIGHER ED	FL	501(C)(3)	2	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

9E1307 1.000 3811KU 2502

V 19-8.4F

3244896

Schedule R (Form 990) 2019

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Share of end-of- year assets Disproportionate allocations? Code V - U amount in b of Schedule		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ox 20 managing partner?		(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)	_											
(6)	_											
(7)	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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	Section 512(b)(controll entity
								Yes N
(1) ERAU ASIA INSTITUTE LTD.								
75 BUKIT TIMAH ROAD, 02-01/02 BOON SIEW, SN 229833	HIGHER ED	SN	ERAU ASIA	C CORP	0.	0.	100.0000	Х
(2)	-							
(3)	_							
(4)	-							
(5)	-							
(6)	-							
(7)								

Page 3 Schedule R (Form 990) 2019

Par	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	res No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			[1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d					1d	X
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
0	Sharing of paid employees with related organization(s)				10	Х
р	Reimbursement paid to related organization(s) for expenses				1p	Х
q	Reimbursement paid by related organization(s) for expenses				1q	Х
r	Other transfer of cash or property to related organization(s)				1r	Х
s	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 who must complete	this line, including cove	ered relationships and trans	action thresh	nolds	•
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount		-
(1)	EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC.	P	100,893.	CASH TR	RANS	FER
(2)	EMBRY-RIDDLE AERONAUTICAL UNIVERSITY. INC.	R	904.107.	CASH TR	RANS	ਸਤਸ

(3) (4) (5) (6)

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	ty (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	(FOIII 1003)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page **5**

Part VII Supple

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.