

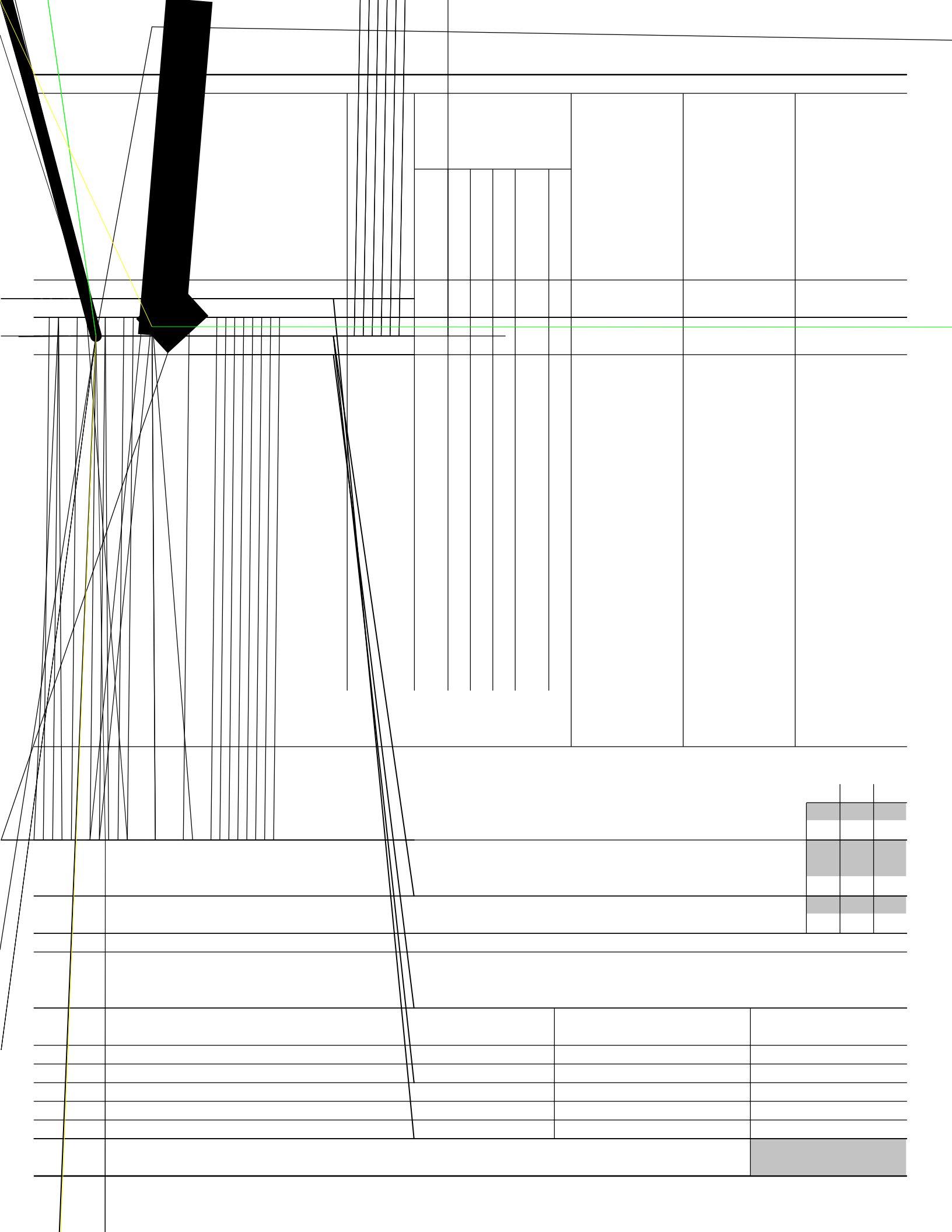
Check if Schedule O contains a response or note to any line in this Part III

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Check if Schedule O contains a response or note to any line in this Part X []

	Beginning of year	End of year
Cash- noninterest bearing		
Savings and temporary cash investments		
Pledges and grants receivable, net		
Accounts receivable, net		
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		
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
Notes and loans receivable, net.		
Inventories for sale or use.		
Prepaid expenses and deferred charges		
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
Less: accumulated depreciation		
Investments - publicly traded securities.		
Investments - other securities. See Part IV, line 11.		
Investments - program-related. See Part IV, line 11.		
Intangible assets		
Other assets. See Part IV, line 11		
Add lines 1 through 15 (must equal line 33)		
Accounts payable and accrued expenses		
Grants payable		
Deferred D D \$ ble		

██████████

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

Total revenue (must equal Part VIII, column(A), line 12)

Total expenses (must equal Part VIII, line 13)

_____█

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II)

Name of the organization

(check one):

Form 990 or 990-EZ

- 501(c) () (enter number) organization
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 527 political organization

Form 990-PF

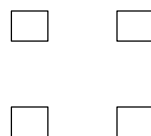
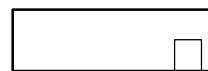
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the _____ cra

Name of organization

(see instructions). Use duplicate copies of Part II if additional space is needed

		(See instructions.)	
_____	_____ _____ _____	\$ _____	_____
		(See instructions.)	
_____	_____ _____ _____	\$ _____	_____
		(See instructions.)	
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____



Three stacked empty boxes.

Two stacked empty boxes.

Horizontal line.

Empty box.

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Two stacked empty boxes.

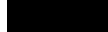
Three horizontal lines of varying lengths.

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

Description of security or category (including name of security)	Book value	Method of valuation Cost or end of year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(Column (b) must equal Form 990 Part X, col (B) line 12) . . .		

Complete if the organization answered "Yes" on Form 990 Part IV, line 11c. See Form 990 Part X, line 13

Description of investment		



Complete if the organization answered "Yes" on Form 990 Part IV, line 12a

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990 Part VIII, line 12

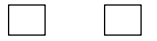
Net unrealized gains (losses) on investments

Donated services and use of facilities

Recover t " 5

Empty table rows for data entry, including a large section of blank rows at the bottom.





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Complete if the organization answered "Yes" on Form 990 Part IV, line 22

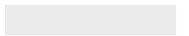
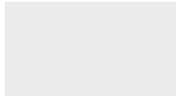
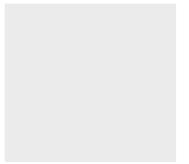
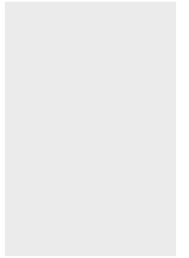
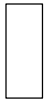
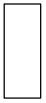
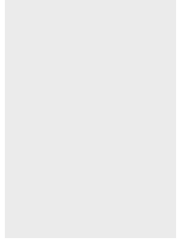
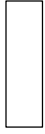
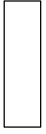
Part III can be duplicated if additional space is needed

Type of grant or assistance	Number of recipients	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraised, other)	Description of non-cash assistance
FELLOWSHIPS	86	359,947.			

Provide the information required in Part I, line 2; Part II, column (b); and any other additional information

SCHEDULE I, PART I, LINE 2

FOR THE GRANTS GIVEN TO INDIVIDUALS, ASF SENDS THE PAYMENTS DIRECTLY TO THE INDIVIDUALS. FOR GRANTS GIVEN TO OTHER ORGANIZATIONS, ASF KEEPS IN TOUCH WITH THE RECIPIENT ORGANIZATION WITH REGARDS TO HOW THE MONEY IS BEING USED AND THE GENERAL PROGRAM ACCOMPLISHMENTS. ALL AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A MID PROGRAM REPORT AND A FINAL REPORT. THIS ALLOWS THE FOUNDATION TO FOLLOW THE PROGRESS OF THE AWARD PURPOSE AS WELL AS ENSURE THAT THE AWARD PURPOSE IS COMPLETED



2022

Department of the Treasury
Internal Revenue Service

www.irs.gov/form990

Name of the organization

THE AMERICAN SCANDINAVIAN FOUNDATION

13 1623897

VICTOR B. BORGE (EXECUTIVE TRUSTEE) AND MICHAEL A. FEIRSTEIN
(EXECUTIVE TRUSTEE) HAVE A FAMILY RELATIONSHIP.

THE FOUNDATION HAS AN ADVISORY BOARD OF TRUSTEES WHO SERVE AS THE
CORPORATE MEMBERS OF THE FOUNDATION.

THE CORPORATE MEMBERS ELECT THE EXECUTIVE TRUSTEES TO OVERSEE THE
OPERATIONS OF THE FOUNDATION.

IN ADDITION TO ELECTING THE EXECUTIVE TRUSTEES, THE CORPORATE MEMBERS

Name of the organization

THE AMERICAN SCANDINAVIAN FOUNDATION

13 1623897

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Name of the organization

THE AMERICAN SCANDINAVIAN FOUNDATION

13 1623897

FORM 990 PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
MEMBERSHIP		112,318	
TOTALS		112,318	



_____ _____

_____ _____ _____

_____ _____
