Department of the Treasury Internal Revenue Service .

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

	Tar revenue gar			07/01/00				ating require	1101110	1 mapection w
			ar, or tax year beginning		, and ending		0/10	<del></del>		<del></del>
	Check if applicable	Please use IRS	ľ	AMERICAN SCHOOLS	S OF OR.	LENTAL			D Employ	er identification number
<i>⊢</i> ′	Address change	label or		RESEARCH		<del> </del>			22-	1352617
<u></u>	Name change	print or	Doing Business As			<del>.</del>				
	nitial return	type. See	l '	box if mail is not delivered to street a	ddress)		Roo	m/suite	E Telepho	ne number -353-6570
$\overline{\Box}_1$	Termination	Specific	656 BEACON							
		Instruc-	City or town, state or o		02115			}	G Gross receip	sts \$ 855,264
/	Amended return	tions.	BOSTON	MA	02115	<del></del>			11/->	. ,
	Application pending	F Name	e and address of principal of	officer					• •	group return for 2 Yes X No
								İ	affiliates H(b) Are all a	ffiliates
									included	
	<del> </del>	v	501(c) ( <b>3</b> ) ◀	(manet ma.)   4047(-)(4	· · ·	7 507			IT "NO," 8	attach a list (see instructions)
	Tax-exempt statu		501(c) ( 3 ) <b>⊲</b> ASOR.ORG	(insert no ) 4947(a)(1)	) or	527			U(a) C	
	Website: V Type of organization			A	<del></del>	<del></del>				xemption number   M State of legal domicile   MA
	ACTION AND AND ADDRESS OF THE PARTY AND ADDRES			Association Other			IL Tear of	formation 13	733	M State of legal domicile MA
<u> </u>		ummai		on or most significant activit					<u> </u>	
	emin.		•	EMINATE KNOWLEDG		CTENT A	NT)			
9	MODE	•		RATURE, GEOGRAPH						
nan	APCE		•	EASTERN COUNTRI		OKI AND				
Ver	ARCE 2 Charlette					d of more th	on 259/ of it	a not acceta		
2010 Activities & Governance	2 Check in			n discontinued its operation		a or more an	an 25% UH	s riet assets	3	35
<b>රේ</b> ග	4 Number	•	•	ning body (Part VI, line 1a) s of the governing body (Pai		`			4	34
itie	F Total pur		employees (Part V, line		I VI, IIIIC ID	,			5	4
<b>₽</b>	6 Total nur		volunteers (estimate if r	•					6	· · · · · · · · · · · · · · · · · · ·
204	70 Total are			from Part VIII, column (C),	100 12 F	FCEIV	ED	7	7a	
ဲကေ	ru rotargio			from Form 990-T, line 34	"	TOLI V	<u> </u>	1	7b	0
2	D Net dine	lated bu	siness taxable income	10111 0111 <u>930-1</u> , line <del>04</del>	1-1	50.00		Prior Year	<del></del>	Current Year
	8 Contribu	tions and	d grants (Part VIII, line	1h)	241 D	EC 0 8 2	(010   9			233,730
E S			revenue (Part VIII, line							475,739
_ §			ne (Part VIII, column (A		0	GDEN,	IT			16,110
E	11 Other re	venue (F	art VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 1	1e)	A. S. Sell A.		j		126,239
Z	12 Total rev	renue – a	add lines 8 through 11 (	(must equal Part VIII, colum	ın (A), line 1	2)				851,818
SCANNED DEC	13 Grants a	ind simila	ar amounts paid (Part I)	X, column (A), lines 1–3)						28,500
Š	14 Benefits	paid to d	or for members (Part IX	, column (A), line 4)						
	15 Salaries,	, other co	empensation, employee	e benefits (Part IX, column (	A), lines 5–	10)				402,414
nse	16a Professi	onal fund	traising fees (Part IX, c	olumn (A), line 11e)						
Expenses	<b>b</b> Total fun	draising	expenses (Part IX, colo	umn (D), line 25) 🕨	2	2,863	30.30			<b>对这个种种</b>
Û	17 Other ex	penses	(Part IX, column (A), lin	es 11a-11d, 11f-24f)						413,238
	18 Total exp	penses /	Add lines 13-17 (must	equal Part IX, column (A), li	ine 25)					844,152
	19 Revenue	e less ex	penses Subtract line 1	8 from line 12						7,666
Assets or Balances							Be	ginning of Curre		End of Year
sset 3alan	20 Total ass	•	·				<u> </u>	1,179		1,302,918
et A nd E		,	art X, line 26)						7863	291,039
	<del> </del>		d balances Subtract lii	ne 21 from line 20				922	798	1,011,879
<u> </u>			re Block							
				at I have examined this return, it is a. Declaration of preparer (oth						
0:			Calle M	10 1.		,			1 11	120/10
Sig		·	marent, c	ruig (hi				• • • • • • • • • • • • • • • • • • • •		130/10
He	re   K	-	ITE of officer	etra /		E-1	ידיתוזיישע	ים דרו	Date	
			DREW G VAUG				AECUII.	VE DIR	BCIOR	···
		ype of	Print name and title							Preparer's identifying number
Pai	<b>A</b>	eparer's	Den PQ	المستركا كے سو	<b></b>	i -	ate	Check if self-	. 👽	(see instructions)
	eparer's	nature	7 7 7 1 7	7 - 1/			1/17/	10 employe	d > X	340-46-8858
	•	m's name	(or yours ROME			Y, LLI	₽		EIN_	56-1627242
Ja	if s	self-emplo	yed), 110	IOWA LN STE 1	.04				Phone	040 440 0000
		dress, an		<del></del>					no 🕨	<u>919-467-2050</u>
				shown above? (see instruct						Yes No
For DAA		nd Pape	rwork Reduction Act	Notice, see the separate i	nstructions	<b>5.</b>			1	Form 990 (2009)

9117,18 (2009)

orm 990 (2009)	AMERICAN SCHOOLS	OF ORIENTAL 23.	-1352617	Page <b>2</b>
Pant III St	atement of Program Service	ce Accomplishments		
	be the organization's mission			
STUDY, 1	reach and dissemin	NATE KNOWLEDGE OF ANCIE	ENT AND	
MODERN I	LANGUAGE, LITERATU	JRE, GEOGRAPHY, HISTORY	AND	
ARCHAEOI	LOGY OF MIDDLE EAS	STERN COUNTRIES.		
<del></del>				
2 Did the organ	nization undertake any significant pr	ogram services during the year which were no	t listed on	
the prior Form	n 990 or 990-EZ?			Yes X No
if "Yes," desc	cribe these new services on Schedu	le O		
3 Did the organ	nization cease conducting, or make	significant changes in how it conducts, any pro	ogram	
services?				Yes X No
If "Yes," desc	cribe these changes on Schedule O			
4 Describe the	exempt purpose achievements for	each of the organization's three largest program	m services by expenses	
Section 501(d	c)(3) and 501(c)(4) organizations ar	nd section 4947(a)(1) trusts are required to rep	ort the amount of grants and	
allocations to	others, the total expenses, and rev	enue, if any, for each program service reported	d	
4a (Code		79,760 including grants of \$	28,500 ) (Revenue \$	<b>536,773</b> )
FOSTERIN	NG ORIGINAL RESEAL	RCH, ARCHAEOLOGICAL EXC	CAVATIONS AND EXPLOR	ATIONS.
		IN THE BASIC LANGUAGES,	, CULTURAL HISTORIES	AND
TRADITIO	ONS OF THE NEAR EA	ASTERN WORLD.		
DD 01/00TT		COLIC OF WEAD EAGMEDIN	I CONTINUE AND DICCID	TARC
		L GOALS OF NEAR EASTERN		
		CADEMIC STANDARDS IN TE	EACHING AND INTERDIS	CIPLINARI
RESEARCH	<b>.</b> .			
\	ITNO NI NOMINE DO	CONN OF MINERY DICCENS	INAMION OF BECEARCH	DECIII MC
		OGRAM OF TIMELY DISSEM	INATION OF RESEARCH	RESULTS
AND CONC	CLUSIONS.			
4h (Codo	) (Expenses \$	including grants of \$	) (Revenue \$	<u></u>
4b (Code	) (Expenses $\phi$	including grants or \$\psi\$	) (Nevende V	,
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	<u>)</u>
40 (0000	, (Expenses +	medicing grants or \$	, (, , , , , , , , , , , , , , , , , ,	,
	•			
4d Other progra	um services (Describe in Schedule	0)		
4d Other progra	ım services (Describe in Schedule	O) uding grants of \$	) (Revenue \$	)

Form **990** (2009)

	Int IV Checklist of Required Schedules					<del>'</del> -	age o
F	, , , ,					Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			٢		103	
'	complete Schedule A				1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			<b> </b>	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_ T			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I				3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
-	Schedule C, Part II				4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I			ļ	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Γ			
_	complete Schedule D, Part III				8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			Γ			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				ļ		
	complete Schedule D, Part IV			}	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V			L	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable			Ĺ	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					,	
	Schedule D, Part VI						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			İ		ı	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			İ			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	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? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-		37	
	Schedule D, Parts XI, XII, and XIII		<del></del>		12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u></u>	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	LL	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			ŀ	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			-	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				446		x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			ŀ	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				15		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			}	15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III			İ	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			ŀ			<del> </del> -
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			ŀ			<del></del>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			I	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ţ			<u> </u>
	If "Yes," complete Schedule G, Part III				19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			ľ	20		X
						~~~	•

Forn	n 990 (2009) AMERICAN SCHOOLS OF ORIENTAL 23-1352617		Р	age 4
_	art IV Checklist of Required Schedules (continued)			
	t t		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 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		1	
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or	:		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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)			- <u></u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ľ	
	conservation contributions? If "Yes," complete Schedule M	30	<b> </b>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	31		_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	<del> </del>	_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		х
0.5	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		x
20	Schedule R, Part V, line 2	35	<del> </del>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	36	ł	x
27	organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<del> </del>	<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	and that is treated as a particularily for rederal income tax purposes. If Test, complete contenue is,	1	1	1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

<u>. Ра</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance				г	
4	Fit other with a support of a Paul 2 of Farm 4000. Accord Common and Tangarettal of		ı		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		26		١.	
<b>h</b>	U.S. Information Returns. Enter -0- if not applicable.  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b				'
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and report				1	-
·	gaming (gambling) winnings to prize winners?	ub.0		1c	X	
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				
	this return?			3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	ļ	ــــــ
4a	At any time duning the calendar year, did the organization have an interest in, or a signature or other auth	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				7.7
	account)?			4a	<del> </del>	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	l.				
	and Financial Accounts	K				:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b	<b></b>	X
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding				· · · ·	
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			_6b	ļ	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a	_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ł	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u>'</u>		<del>                                     </del>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi					l .
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				!	
	required?			7h	<u> </u>	<del>  .</del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				:	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
•	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8	<del>  -</del> -	<del>                                     </del>
9	Did the organization make any taxable distributions under section 4966?			9a		<del> </del>
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter			1 30	<u> </u>	<del> </del>
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	, <u></u>			
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					,
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1	ı	12a		<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	<u>L</u>

Form 990 (2009) AMERICAN SCHOOLS OF ORIENTAL

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

Part VI for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Νo 35 Enter the number of voting members of the governing body 34 Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a X 7a of the governing body? X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? If "Yes." does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16h the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply |X| Own website | Another's website |X| Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > ANDREW VAUGHN 656 BEACON STREET MA 02215 617-353-6570 BOSTON

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. Use Schedule J-2 if additional space is needed.
- 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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

- List all of the organization's current key employees. 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organizat	ion did not comper	sate	any (	curre	nt o	fficer	, dire	ector, or trustee		Y
(A) Name and Title	(B) Average	Pos	(C) osition (check all that apply)				pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED								0	0	0
VAUGHN, ANDY EXEC DIR		x		x				95,305	0	
										, ,
<del></del>					ļ <u></u>	-	_			
		<del>                                     </del>								
		<del> </del>			_					
		<u> </u>	<b>-</b>	ļ		ļ	-			
		+								
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		-	<u> </u>							
		-	_						<u>,                                     </u>	
	<del>-  </del>	-	<u> </u>						<u> </u>	

Par	Section A. Officers	, Directors, Trus	tees	, Ke	y En	ıplo	yees	, an	d Highest Compensated E	mployees (continued)		
•	(A) Name and Title	(B) Average hours per	<u> </u>	_	chec	,	hat a		(D) Reportable compensation	(E) Reportable compensation	(F Estima amou	ated
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth compen from organiz and re organiz	er nsation the zation lated
						_						
			_									
	<del></del>											
							ļ					
	Tabel	<u></u>					<u> </u>		95,305			
	Total Total number of individuals (inc	cludina but not lim	nited	to th	ose	liste	d abo	_	·	<del></del>		
	reportable compensation from											
3	Did the organization list any fo	rmer officer, direc	ctor (	or tru	ıstee	, ke	y emį	ploy	ee, or highest compensated			Yes No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum of	f rep	ortab	ole co	omp	ensa	lion			3	X
5	individual Did any person listed on line 1:	a receive or accru	ue co	mpe	nsat	ion f	rom	any	unrelated organization for	ucii	4	X
	services rendered to the organ		com	plete	Sch	edu	le J f	or su	uch person		5	X
1	ion B. Independent Contract Complete this table for your five compensation from the organization	e highest comper	 isate	ed inc	depe	nde	nt co	ntra	ctors that received more that	n \$100,000 of		
	Name and	(A) I business address							Descri	(B) otion of services		(C) ompensation
	· · · · · ·							<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
							_					
	<u> </u>	<b></b>						-				
	Total number of independent of more than \$100,000 in competing						l to th	nose	listed above) who received	 		
DAA	•									-	For	m <b>990</b> (2009)

<u>-ra</u>	rt V	III Statement of Re	evenue				<del></del>	<del> </del>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a				Tevenue		312, 313, 61 314
II an		Membership dues	1b						
흔팀		Fundraising events	1c						
# E		Related organizations	1d						
9,5	u	Government grants (contributions)	1e		108,960				
Sign	•	All other contributions, gifts, grants,	10		200,500				
E E	•	and similar amounts not included abo	ve 1f		124,770				
들임	q	Noncash contributions included in line		\$					
유민	h		3 14 11	•	▶	233,730			1
١					Busn. Code				
ੂ   ਹੁੰ	2a	JOURNALS REVENUE				224,051	224,051		
æ	b	INDIVIDUAL MEMBE	RSHIP DU	ES		132,500	132,500		
<u>8</u>	С	INSTITUTIONAL MED	4BERSHIP	DUES		88,000	88,000		
Ser	d	BOOK REVENUE				31,188	31,188		
ä	е								
Program Service Revenue Contributions, gifts, grants	f	All other program service re	evenue						······································
<u>-</u>	g	Total. Add lines 2a-2f			•	475,739			
ŀ	3	Investment income (includi	ng dividen	ds, interes	it, and				
		other similar amounts)		▶	14,823			14,823	
	4	Income from investment of	tax-exem <sub>l</sub>	ot bond pr	oceeds 🕨				
	5	Royalties	<del>.</del>				*****		
	_	(i) R	eal	(11)	Personal				
	6a	Gross Rents							
	b	Less rental exps		ļ					
	C	Rental inc or (loss)		L					
	d 7a	Net rental income or (loss) Gross amount from (i) Secr	urities		) Other				
		sales of assets	4,733	+ <del>-</del>	7 0 1.101				
	ь	other than inventory  Less cost or other	4,,,,,,	<del> </del>					
	•	basis & sales exps	3,446						
	С	Gain or (loss)	1,287			-			
	d	Net gain or (loss)	<i>'</i>	1	<b>•</b>	1,287	-25		1,312
	8a	Gross income from fundraising	events			·			
a		(not including \$							
8		of contributions reported on line	e 1c)					İ	
Other Revenue		See Part IV, line 18	а						
美		Less direct expenses	b					-	
١		Net income or (loss) from f	-	events	<u> </u>				····
	9a	Gross income from gaming act	ivities						
		See Part IV, line 19	a						
		Less direct expenses	b	L					
		Net income or (loss) from (		ivities					<del> </del>
	Tua	Gross sales of inventory, le returns and allowances							
		Less cost of goods sold	a b						
		Net income or (loss) from s	-	enton/					
	<u> </u>	Miscellaneous Rev		entory	Busn. Code				
	11a	ANNUAL MEETINGS				95,722	95,722		
	b	ROYALTIES				30,517			30,517
	c								
	d	All other revenue							
	0	Total. Add lines 11a-11d			<b>•</b>	126,239			
	12	Total Revenue. See instru	ıctions			851,818	571,436	0	46,652

Form 990 (2009)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 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 governments and		, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	28,500	28,500		
3	Grants and other assistance to governments,				<del>_</del>
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
	trustees, and key employees	95,3 <u>05</u>	81,009	4,765	9,531
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	307,109	286,376	13,229	7,504
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	18,225	1,989	15,639	597
d	Lobbying				
ө	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	9,448	9,448		
12	Advertising and promotion		45.000	0.040	0.450
13	Office expenses	51,216	46,009	3,049	2,158
14	Information technology				
15	Royalties	1 050	4 045	255	100
16	Occupancy	1,878	1,315	375	188
17	Travel	12,121	10,558	521	1,042
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70 501	<u> </u>	720	100
19	Conferences, conventions, and meetings	70,581	69,668	730	183
20	Interest	699	699		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	2,796	1,957	559	280
22	Depreciation, depletion, and amortization	5,768	4,037	1,154	
23	Insurance	5,766	4,037	1,134	371
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	PUBLICATION PRODUCTION	169,410	169,410		· · · · · · · · · · · · · · · · · · ·
a b	EDITORIAL EXPENSE	36,956	36,956		<del></del>
c	DISTRIBUTION & MARKETING	11,810	11,810		
d	SPONSORED PROJECTS	11,523	11,523		
9	G&A - IMIS	5,625	5,625		<del></del>
_	All other expenses	5,182	2,871	1,508	803
25	Total functional expenses. Add lines 1 through 24f	844,152	779,760	41,529	22,863
26	Joint costs. Check here ▶ If following			.,,===	1000
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		1	}	
	nom a compilico cudcational campaign and		i		

	art X		FEMI	25	-1332017		Page 11
_	<u> </u>		-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			97,680	1	135,575
	2	Savings and temporary cash investments			274,128	2	275,337
	3	Pledges and grants receivable, net				3	45,531
	4	Accounts receivable, net		Ţ	59,139	4	58,484
	5	Receivables from current and former officers, directors, tro	ustees,	key			
		employees, and highest compensated employees Comple	ete Par	t II of			L
		Schedule L		[		5	
	6	Receivables from other disqualified persons (as defined u	nder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(B					
		Part II of Schedule L				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventones for sale or use			44,432	8	23,365
⋖	9	Prepaid expenses and deferred charges			6,789	9	6,930
	10a	Land, buildings, and equipment cost or		[	•		•
		other basis Complete Part VI of Schedule D	10a	115,414			
	ь	Less accumulated depreciation	10b	107,441	3,966	10c	7,973
	11	Investments—publicly traded securities			693,527	11	749,723
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,179,661	16	1,302,918
	17	Accounts payable and accrued expenses			22,840	17	19,988
	18	Grants payable				18	
	19	Deferred revenue			234,023	19	271,051
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability Complete Part IV of	Schedu	ile D		21	
ij	22	Payables to current and former officers, directors, trustees					
Liabilities		employees, highest compensated employees, and disqua					_
Ë	-	persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			256,863	26	291,039
S		Organizations that follow SFAS 117, check here ▶ 🄀	and				
ဦ		complete lines 27 through 29, and lines 33 and 34.					
ā	27	Unrestricted net assets			107,671	27	161,089
Ba	28	Temporanly restricted net assets			353,016	28	387,510
פַ	29	Permanently restricted net assets			462,111	29	463,280
ᆵ		Organizations that do not follow SFAS 117, check her	е ▶ [				
Net Assets or Fund Balances	]	and complete lines 30 through 34.					
Ş	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment f	und			31	
AS	32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32	
et.	33	Total net assets or fund balances			922,798	33	1,011,879
Ž	34	Total liabilities and net assets/fund balances			1,179,661	34	1,302,918

Form **990** (2009)

orm	990 (2009) AMERICAN SCHOOLS OF ORIENTAL 23-1352617		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
	'		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			. ]
	Schedule O			j 
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O		·	· 5
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			į
	issued on a consolidated basis, separate basis, or both			. 1
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

#### **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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Employer identification number 23–1352617

Pa	art I	Reas	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	ee ins	tructio	ns.		
The	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )							
1	Ň		•	ciation of churches described in	-	•	A)(i).						
2	Ħ	•	cribed in section 170(b)(1)(A			- 1 - 71 71	~ ,						
3	H			e organization described in secti	on 170(b)	(1)(A)(iii)							
4	H	•		in conjunction with a hospital des				/A //iii	Enter th	a hoeni	tal'e name		
•	لـــا		•	in conjunction with a nospital des	scribed iii	3600011	170(15)(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linein	ie nospi	tars riarric,		
-		city, and state				h., a aa.,		مام المصيدات					
5		_	· ·	a college or university owned or	operated	by a gove	ernmenta	ai unit de	scпреа	ın			
			b)(1)(A)(iv). (Complete Part I										
6			•	vernmental unit described in <b>sec</b>			•						
7	X	An organizati	on that normally receives a si	ubstantial part of its support from	a govern	mental un	ut or fron	n the gei	neral pu	plic			
	described in section 170(b)(1)(A)(vi). (Complete Part II )												
8													
9	9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )												
10		An organization	on organized and operated e	xclusively to test for public safety	See sec	tion 509(	a)(4).						
11	Ħ	An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section</b>												
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h				
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III–Functionally integrated d Type III–Other												
Δ.	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
·													
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
		. , , ,	, , , ,	mination from the IRS that it is a	Type I Ty	ne II or T	Tyne III s	unnortin	a				
f		_	check this box	mination from the into that it is a	Type I, Ty	pe II, or I	ype iii s	шрропи	9				
		-		an accounted any aft or contribute	on from a	or of the							L_J
g				on accepted any gift or contributi	on nom a	iy or the							
		following per										<u></u>	T
				ntrols, either alone or together wi	th persons	describe	ed in (ii)				<u></u>	Yes	No
			elow, the governing body of	· · · · · · · · · · · · · · · · · · ·							11g(ı)	<del> </del>	ļ
			member of a person describe								11g(ii)	<b></b>	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ıii)	<u> </u>	l
h		Provide the f	ollowing information about the	e supported organization(s)			,						
(1)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	-		ou notify		s the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	supp	ort	
				(see instructions))	governing	document.		port?		5 ?			
					Yes	No	Yes	No	Yes	No			
								1					
				_									
									<u> </u>				
		_					ļ		<u> </u>		<u>.</u>		
Tota	.1												

organization, check this box and stop here	
Section C. Computation of Public Support Percentage	

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 74.13% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 75.98%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

12

1,812,057

12

13

Gross receipts from related activities, etc. (see instructions)

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support			··· •			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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			<u> </u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		ļ				
	amount on line 13 for the year				<del> </del>	<del>                                     </del>	
С	Add lines 7a and 7b			<u> </u>	<del> </del>		
8	Public support (Subtract line 7c from line 6)						<del></del>
	tion B. Total Support	1	T	T	1	T	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 IV)						
13	Total support. (Add lines 9, 10c, 11,					] [	
	and 12)	L		<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c	(3)	
Sec	tion C. Computation of Public Su	pport Percent	age			_	
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2009 (lir	ne 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part II	I, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not ch	eck the box on line	14, and line 15 is n	nore than 33 1/3 %	, and line	
	17 is not more than 33 1/3 %, check this bo	ox and stop here.	The organization q	ualifies as a publicly	supported organi	zation	<b>&gt;</b>
b	33 1/3 % support tests—2008. If the organ	nization did not ch	eck a box on line 1	4 or line 19a, and lii	ne 16 is more than	33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check the	=	_			-	▶ [_
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box a	and see instruction	s	▶

Schedule A (Form 990 or 990-EZ) 2009 AMERICAN SCHOOLS OF ORIENTAL

23-1352617

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

AWARDS AND MISCELLANEOUS

\$ 475,333

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Name of the organization Employer identification number AMERICAN SCHOOLS OF ORIENTAL RESEARCH 23-1352617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Paid ( the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate 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 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2009

		CHOOLS OF ORI			23-13				Page ∠
Pa	rt III Organizations Maintaining C						ets (co	ntinued	)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check ar	ny of the following to	hat are a	ı sıgnıficant ı	use of its			
а	Public exhibition	d 🔲 Loan or	exchange program:	s					
b	Scholarly research	e Other					_		
С	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organiza	ation's ex	xempt purpo	se in			
5	During the year, did the organization solicit or rec assets to be sold to raise funds rather than to be	ceive donations of art, histo	rical treasures, or o	other sim	ular			Yes	No
Da	art IV Escrow and Custodial Arran				swered "\	es" to For	m 990	<del></del>	1
Га	IV, line 9, or reported an amo	_	-	ion an	ovicica i	103 10 1 011	550	, i uit	
4 -	Is the organization an agent, trustee, custodian of			acceta a					
ıa		or other intermediary for cor	illibutions of other	assets 11	Ol .			Yes	□ No
	included on Form 990, Part X?		1-					162	
Þ	If "Yes," explain the arrangement in Part XIV and	complete the following tab	ie					Amount	
						1.		Amount	<del></del>
	Beginning balance					1c			
d	Additions during the year					1d			
0	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	irt V Endowment Funds. Complet	e if organization ansv	wered "Yes" to	Form	<u>990, Part</u>	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three year	s back	(e) Four ye	ears back
1a	Beginning of year balance	600,197	736,598						
	Contributions		1,260						
c	Net investment earnings, gains,						-		
	and losses	82,890	-130,961						
Ь	Grants or scholarships								
	Other expenditures for facilities								
Ŭ	and programs	24,551	6,700				1		
	, <del>,</del>					<del></del>			•
	Administrative expenses End of year balance	658,536	600,197						
	,		000,137			<u> </u>			
2	Provide the estimated percentage of the year en								
	Board designated or quasi-endowment	<sup>%</sup>							
	Permanent endowment ► 70.35 %  Term endowment ► 29.65 %								
	<del></del>		1-111		. 41				
3a	Are there endowment funds not in the possession	n of the organization that a	re neid and adminis	sterea 10	rtne			L.	/aa   Na
	organization by								es No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations lis	•						3b	
4	Describe in Part XIV the intended uses of the organic								
Pa	art VI Investments—Land, Buildin						1		
	Description of investment	(a) Cost or other basis	(b) Cost or oth		1 ' '	cumulated		(d) Book va	lue
		(investment)	basis (other)	)	depr	eciation	ļ		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		115	,414		107,441			7,973
	Other								
Γota	I. Add lines 1a through 1e (Column (d) must equa	il Form 990, Part X, column	n (B), line 10(c))			<b>•</b>			7,973

	Investments—Other Securities. See Form	m 990, Part X, line 12.		
	· (a) Description of security or category	(b) Book value	(c) Method of valuation	1
	(including name of security)		Cost or end-of-year market	value
Financial deriv	atives			
Closely-held ed	quity interests			
Other				
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. See For			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
<del></del>				
<del></del>				
<del></del> -				
<del></del>				<del>-</del>
	n (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Total. (Column Part IX	Other Assets. See Form 990, Part X, line	15.		h) Rook value
		15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
	Other Assets. See Form 990, Part X, line	15.		b) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Descrip	15.		b) Book value
Part IX  Total. (Column	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15)	e 15. ption		b) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Descriped in (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X,	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. ption		b) Book value
Part IX  Total. (Column	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value
Total. (Column Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	tine 25.		b) Book value

<u>Sche</u>	dule D (Form 990) 2009 AMERICAN SCHOOLS OF ORIENTAL		23-135261	<u> </u>	Page 4
· Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	851,818
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	844,152
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	7,666
4	Net unrealized gains (losses) on investments			4	82,218
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV )			8	-803
9	Total adjustments (net) Add lines 4 through 8			9	81,415
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	89,081
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	ts W	ith Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements			_1_	971,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	i			
а	Net unrealized gains on investments	2a	82,218		
b	Donated services and use of facilities	2b	37,638		
С	Recoveries of prior year grants	2¢			
đ	Other (Describe in Part XIV )	2d			
е	Add lines 2a through 2d			2е	119,856
3	Subtract line 2e from line 1		,	3	851,818
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		٠,	
b	Other (Describe in Part XIV )	4b	<u>_</u>		
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	851,818
Pa	rt XIII   Reconciliation of Expenses per Audited Financial Statemen	nts V	Vith Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			_1_	882,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	37,638	٠.٠	
b	Prior year adjustments	2b		1 -	
C	Other losses	2c			
d	Other (Describe in Part XIV )	2d	803		
0	Add lines 2a through 2d			2 <del>0</del>	38,441
3	Subtract line 2e from line 1		ſ	3	844,152
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	4a			
b	Other (Describe in Part XIV )	4b			
C	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	844,152
	rt XIV   Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1				
and 2	tb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2	d and	4b Also complete		
	art to provide any additional information				
_ P	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT	<u>FUN</u>			
E	ARNINGS ON ENDOWMENT FUNDS ARE AVAILABLE FOR	AS	OR'S USE AS D	ESI	GNATED BY
_'T	HE_BOARD_OR AS_RESTRICTED BY_THE_DONOR		. <b></b> .		. – – – – –
		— —			. – – – – –
₽.	ART XI, LINE_8RECONCILATION_OF CHANGES -	01 <u>u</u>			
B	OOK / TAX DEPRECIATION DIFFERENCE		<b>\$</b> .		803

Schedu	le D	(F0	rm 990)	200	9	AM	CK.	TC	MA.	20	JUD.	OT:	<b>5</b> (	JE	OF	(TE	N I	HL					4	. <b>.</b>	TO	) <b>J</b> Z	01	. /						Page 5
schedu Part	NEX	9	Supp	lem	ent	al In	for	ma	tior	(CC	ntin	ued	)																					
_ P <u>A</u> F			•	•																_ I	<u>N</u>	FI	<u>N</u> A	йс	<u>I</u> Z	ÆΣ	<u>-</u>	c	<u>T</u> E	ΗEΙ	₹_			
_B <u>o</u> o	K	<u>/</u>	<u>TAX</u>	<u>D</u> 1	E <u>P</u> R	ΞC	IA <u>'</u>	TI.	ON	_D <u>1</u>	F <u>F</u>	E <u>R</u> I	<u>е</u> ис	Œ	_	_	_	_	_			_	_	_	_	_	<u>\$</u>	_	_	_	_	80	3 _	_ <del>_</del>
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

**Open to Public** OMB No 1545-0047 2009

Inspection

% \_ Grants and Otner Assistance to Governments and Organizations in the Check this box if no one recipient received more than \$5,000. Use

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Employer identification number non-cash assistance (g) Description of 23-1352617 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV. appraisal, assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed AMERICAN SCHOOLS OF ORIENTAL General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations RESEARCH or government Name of the organization Part Par

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009 AMERICAN SCHOOLS OF ORIENTAL	HOOLS OF ORIEN		23-1352617		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	e to Individuals in the 1 (Form 990) if addition	• United States. Com onal space is needed	nplete if the organiza I.	tion answered "Yes" to Fo	rm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	ook,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
PLATT FELLOWSHIP	თ	000'6			
HERITAGE FELLOWSHIP	11	12,000			
MESOPOTAMIA FELLOWSHIP	н	7,500			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to	provide the information	on required in Part I,	line 2, and any other addi	tional information.

SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization

AMERICAN SCHOOLS OF ORIENTAL

RESEARCH

Employer identification number 23-1352617

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

OFFERING EDUCATIONAL OPPORTUNITIES IN NEAR EASTERN HISTORY AND ARCHAELOLGY TO UNDERGRADUATES AND GRADUATES IN NORTH AMERICAN COLLEGES AND UNIVERSITIES, AND THROUGH OUTREACH ACTIVITIES TO THE GENERAL PUBLIC.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS ERIC MEYERS CAROL MEYERS

DIRECTOR

DIRECTOR

HUSBAND AND WIFE

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS DESCRIBED IN BY-LAWS. THE GENERAL MEMBERSHIP ELECTS 3 MEMBERS PER YEAR FOR THE INITIAL INSTITUTIONAL REPRESENTATIVES ELECT 3 MEMBERS 3-YEAR TERMS. PER YEAR FOR 3-YEAR TERMS. UP TO 4 MEMBERS ELECTED BY THE BOARD EACH YEAR FOR 3-YEAR TERMS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ALL BOARD MEMBERS, TRUSTEES AND HONORARY TRUSTEES HAVE A VOTE EXCEPT FOR THE EXECUTIVE DIRECTOR. DECISIONS DETERMINED BY MAJORITY VOTING.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. FORM 990 IS THEN MADE AVAILABLE TO THE WHOLE BOARD UPON REQUEST.

Name of the organization

AMERICAN SCHOOLS OF ORIENTAL

Employer identification number 23-1352617

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH MEMBER OF THE BOARD AND VARIOUS COMMITTEES MUST EXECUTE AND SUBMIT A

CONFLICT-OF-INTEREST QUESTIONIARRE ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION REVIEWED AND RECOMMENDED BY TREASURER, PRESIDENT AND PERSONNEL

COMMITTEE. THE PERSONNEL COMMITTEE CONDUCTS AN ANNUAL EVALUATION.

RECOMMENDATIONS OF COMPENSATION SUBMITTED BY THE PERSONNEL COMMITTEE ARE

THEN REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990 IS POSTED ON WEBSITE.

AMERICAN SCHOOLS OF ORIENTAL RESEARCH 656 BEACON STREET BOSTON, MA 02115

# Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

AMERICAN SCHOOL OF ORIENTAL RESEARCH									
2009 FORM 990									
EIN 23-1352617									
PART VII CONABENICATION OF OFFICEDS DIBECTORS									
TRUSTEES AND KEY EMPLOYEES									
SECTION A OFFICERS, DIRECTORS TRUSTEES KEY EMPLOYEES									•
		AVE HRS					HIGHEST		REPORTABLE Controlled
		PER	INDIVIDUAL	INSTITUTIONAL		KEY	핡	- ⊢	COMPENSATION
NAME	TITLE	WEEK	TRUSTEE	TRUSTEE	OFFICER	EMPLOYEE	EMPLOYEE	FORMER	FROM ORG
ACKERMAN, SUSAN	DIRECTOR	1		×					
ARBINO, GARY	DIRECTOR	1		×					
BLAKELY, JEFF	VP PUBLICATIONS	П	×		×				
CHADWICK, JEFFREY	DIRECTOR	1		×					
CLINE, ERIC	DIRECTOR	1		×					
CROSS, FRANK MOORE	HONORARY TRUSTEE	П	×						
EBELING, JENNIE	DIRECTOR	1	×						
FEISSEL. GUSTAVE	CAARI REPRESENTATIVE	1	×						
FOX, NILI	DIRECTOR	1		×					
FOX, SHELDON	TREASURER	1	×		×				
FRERICHS, ERNEST	HONORARY TRUSTEE	1	×						
GERATY, LAWRENCE T	PAST-PRESIDENT	1	×					×	
GITTLEN, BARRY	DIRECTOR	1		×					
GREENE, JOSEPH A	DIRECTOR	П		×					
HARDIN, JIMMY	DIRECTOR			×	:				
HARRISON, TIMOTHY	PRESIDENT	1	×		×				
HOMAN, MICHAEL M	VP PROGRAMS	1	×		×				
KERSHAW, NORMA	HONORARY TRUSTEE	-	×						
KERSEL, MORAG	VP PROGRAMS	-1	×		×				
KNOBLAUCH, ANN-MARIE	DIRECTOR		×						
LABIANCA, OYSTEIN S	ACOR REPRESENTATIVE	1	×						
LAMBERG-KARLOVSKY, CC	HONORARY TRUSTEE	н	×						
LANDES, GEORGE	HONORARY TRUSTEE	1	×						
MACALLISTER, PE	CHAIRMAN	1	×						
MEYERS, CAROL	DIRECTOR	П		×					
MEYERS, ERIC	PAST PRES	П	×		×				
MEYERSON, MARTIN	HONORARY TRUSTEE	1	×						
MOYNIHAN, ELIZABETH	HONORARY TRUSTEE	1	×						
MULLINS, ROBERT	DIRECTOR	1	×	ļ					
NAKHAI, BETH ALPERT	DIRECTOR	1	×						
NELSON, ORLYN	DIRECTOR	1	×						
O'CONNELL, KEVIN	HONORARY TRUSTEE	1	×						
RICHARD, SUZANNE	DIRECTOR	1		×					
ROLLSTON, CHRISTOPHER A	DIRECTOR	Н	×						
RUFFNER, B W	DIRECTOR	П	×						
SCHNEIDER, TAMMI	VP MEMBERSHIP	н	×		×				
CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	ALA DEDDESENTATIVE	-	×						

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AMERICAN SCHOOL OF ORIENTAL RESEARCH									
2009 FORM 990									
EIN 23-1352617									
PART VII: COMPENSATION OF OFFICERS, DIRECTORS,			-						•
TRUSTEES AND KEY EMPLOYEES									
SECTION A OFFICERS, DIRECTORS TRUSTEES KEY EMPLOYEES									
									·
		AVE HRS					HIGHEST		REPORTABLE
		PER	INDIVIDUAL	INDIVIDUAL INSTITUTIONAL	_	KEY	COMPENSATED		COMPENSATION
NAME	TITLE	WEEK	TRUSTEE	TRUSTEE	OFFICER EMPLOYEE	PLOYEE	EMPLOYEE	FORMER	FROM ORG
						-			
SEGER, JOE	DIRECTOR	П	×						
SHAFFER, AUDREY	DIRECTOR	1	×						
SHERIDAN, SUSAN	DIRECTOR	1	×						
SHUFRO, LYDIA	HONORARY TRUSTEE	1	×		_				
STRANGE, JAMES F	SECRETARY	1	×		×				
THOMPSON, GOUGH W JR	HONORARY TRUSTEE	1	×						
WRIGHT, EDWARD	AIAR REPRESENTATIVE	п	×						
YOUNGER, K LAWSON JR	DIRECTOR	1	×						

4562

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return

AMERICAN SCHOOLS OF ORIENTAL Name(s) shown on return Identifying number RESEARCH 23-1352617 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 1,710 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property placed in (a) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property b 7,605 200DB HY 1,086 7-year property d 10-year property 15-year property 20-year property f S/L g 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs ММ S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year MM S/L 40 yrs Part IV Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 2,796 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23

23

Form **8868**(Rev. April 2009)

## Application for Extension of Time To File an Exempt Organization Return

OMR No. 1545-1709

(Rev April 2009)			Example organization retain		Cilib No 1545-1765
Department of th			► File a separate application for each return.		
		omatic 3-Month Extension,	complete only Part I and check this box		▶ X
If you are 1	filing for an Ade	ditional (Not Automatic) 3-N	flonth Extension, complete only Part II (on page 2 of this fo	orm)	
			anted an automatic 3-month extension on a previously filed		·
Partil	Automati	c 3-Month Extension o	of Time. Only submit original (no copies needs	ed).	
A corporation i	required to file	Form 990-T and requesting a	n automatic 6-month extension—check this box and complet	e	
Part I only					▶ ∐
•	rations (includi ome tax returns		s, REMICs, and trusts must use Form 7004 to request an ex	tension of	
Electronic Fil	ing (e-file). Ge	nerally, you can electronically	y file Form 8868 if you want a 3-month automatic extension o	of time to file	
			required to file Form 990-T) However, you cannot file Form		
-			3-month extension or (2) you file Forms 990-BL, 6069, or 88		
•	•		ad, you must submit the fully completed and signed page 2 (I	· · · · · · · · · · · · · · · · · · ·	n
8868 For mor	e details on the	electronic filing of this form,	visit www irs gov/efile and click on e-file for Charities & Nonp		
Type or		empt Organization	OD TENIMA T	Employe	er identification number
print	RESEAR	AN SCHOOLS OF	ORIENTAL	23-1	352617
File by the due date for		eet, and room or suite no. If a	P.O. hov. see instructions	23 1	332017
filing your return See		ACON STREET	) O box, see instructions		
instructions			ode For a foreign address, see instructions		
	BOSTON		MA 02115		
		filed (file a separate application			Form 4720
X Form 99			Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
Form 99			Form 990-T (trust other than above)		Form 6069
Form 99			Form 1041-A		Form 8870
The books	s are in the care	e of ▶ ANDREW VA	AUGHN		
Telephone	e No ▶ 61	7-353-6570	FAX No ▶		
_			business in the United States, check this box		▶ ∐
			our digit Group Exemption Number (GEN)	If this is	
•	group, check th			nd attach	
		s of all members the extension			
•		· · · · · · · · · · · · · · · · · · ·	oration required to file Form 990-T) extension of time ation return for the organization named above The extension	n 16	
	organization's re		ation return to the organization hamed above. The extension	113	
	-				
×	tax year begin	$_{ning}^{or}$ $07/01/09$ , and	ending 06/30/10		
	,		•		
2 If this ta	x year is for les	ss than 12 months, check rea	son Initial return Final return Chan	ge in account	ing period
•			, 4720, or 6069, enter the tentative tax,		•
		e credits See instructions	any refundable credits and estimated tax	3a	\$
	•	de any prior year overpaymer	•	3ь	\$
			your payment with this form, or, if required,	(2)	· · · · · · · · · · · · · · · · · · ·
			TPS (Electronic Federal Tax Payment	A Lack	
	) See instruction		•	3c	\$
Caution. If yo	u are going to		drawal with this Form 8868, see Form 8453-EO and Form 88	79-EO	
for payment in	nstructions		<u> </u>		