

Form **990**  
 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  
**2007**  
 Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
**AMERICAN SCHOOLS OF ORIENTAL RESEARCH**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**656 BEACON STREET**

City or town, state or country, and ZIP + 4  
**BOSTON MA 02115**

**D Employer identification number**  
**23-1352617**

**E Telephone number**  
**617-353-6570**

**F Accounting method**  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list See instructions)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G Website:** WWW.ASOR.ORG

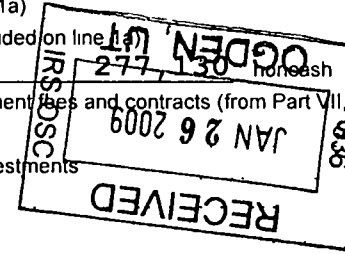
**J Organization type**  
 (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **1,116,845**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	277,130		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	<b>Total</b> (add lines 1a through 1d) (cash \$ 277,130 non-cash \$ )	1e		277,130	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		332,437	
3	Membership dues and assessments	3		266,944	
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		111,680	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,745	(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	1,745		
8d	<b>Total</b> (add lines 8a, 8b, and 8c) <b>SEE STMT 2</b>			1,745	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		126,909	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,116,845	
<b>Expenses</b>					
13	Program services (from line 44, column (B))	13		800,043	
14	Management and general (from line 44, column (C))	14		63,211	
15	Fundraising (from line 44, column (D))	15		28,569	
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		891,823	
<b>Net Assets</b>					
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		225,022	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,081,287	
20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20		-158,242	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		1,148,067	



187

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) <b>STMT 4</b> (cash \$ <b>49,200</b> non-cash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>49,200</b>	<b>49,200</b>		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>SEE STATEMENT 5</b>	<b>82,550</b>	<b>66,040</b>	<b>8,255</b>	<b>8,255</b>
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>176,579</b>	<b>149,661</b>	<b>15,924</b>	<b>10,994</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>27,222</b>	<b>23,307</b>	<b>2,192</b>	<b>1,723</b>
<b>29</b> Payroll taxes	<b>8,792</b>	<b>7,136</b>	<b>928</b>	<b>728</b>
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	<b>22,500</b>		<b>22,500</b>	
<b>32</b> Legal fees	<b>2,460</b>	<b>1,230</b>	<b>861</b>	<b>369</b>
<b>33</b> Supplies	<b>8,902</b>	<b>6,359</b>	<b>1,695</b>	<b>848</b>
<b>34</b> Telephone	<b>4,131</b>	<b>2,892</b>	<b>826</b>	<b>413</b>
<b>35</b> Postage and shipping	<b>11,929</b>	<b>9,543</b>	<b>1,193</b>	<b>1,193</b>
<b>36</b> Occupancy	<b>4,102</b>	<b>2,871</b>	<b>820</b>	<b>411</b>
<b>37</b> Equipment rental and maintenance	<b>4,825</b>	<b>3,529</b>	<b>814</b>	<b>482</b>
<b>38</b> Printing and publications	<b>214,026</b>	<b>214,026</b>		
<b>39</b> Travel	<b>17,715</b>	<b>15,271</b>	<b>1,222</b>	<b>1,222</b>
<b>40</b> Conferences, conventions, and meetings	<b>95,434</b>	<b>91,635</b>	<b>3,039</b>	<b>760</b>
<b>41</b> Interest	<b>894</b>	<b>894</b>		
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>4,900</b>	<b>3,430</b>	<b>980</b>	<b>490</b>
<b>43</b> Other expenses not covered above (itemize) <b>a SEE STATEMENT 6</b>	<b>155,662</b>	<b>153,019</b>	<b>1,962</b>	<b>681</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44 Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>891,823</b>	<b>800,043</b>	<b>63,211</b>	<b>28,569</b>

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

**a THE STUDY, TEACHING AND DISSEMINATION OF KNOWLEDGE OF THE ANCIENT AND MODERN LANGUAGES & LITERATURES, GEOGRAPHY, HISTORY AND ARCHAEOLOGY OF MIDDLE AND NEAR EASTERN COUNTRIES AND PROGRAMS TO PUBLISH THE FINDINGS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**750,843**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ **49,200** ) If this amount includes foreign grants, check here ▶

**49,200**

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

▶ **800,043**

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash—non-interest-bearing	147,737	45	204,981
	46	Savings and temporary cash investments	351,476	46	356,032
	47a	Accounts receivable	116,998		
	b	Less allowance for doubtful accounts	14,000	47c	102,998
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use	21,550	52	21,054
	53	Prepaid expenses and deferred charges	6,458	53	6,724
	54a	Investments—publicly-traded securities <b>SEE STATEMENT 8</b>	863,063	54a	789,371
	b	Investments—other securities (attach schedule)		54b	
	55a	Investments—land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis	105,666		
b	Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 9</b>	101,244	57c	4,422	
58	Other assets, including program-related investments (describe )		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,469,374	59	1,485,582	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	34,046	60	37,577
	61	Grants payable		61	
	62	Deferred revenue <b>SEE STATEMENT 10</b>	354,041	62	299,938
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	388,087	66	337,515	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	207,774	67	252,657
	68	Temporarily restricted	443,918	68	434,559
	69	Permanently restricted	429,595	69	460,851
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,081,287	73	1,148,067	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,469,374	74	1,485,582	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,013,029
<b>b</b>	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>	-158,242	
2	Donated services and use of facilities	<b>b2</b>	54,426	
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	-103,816
<b>c</b>	Subtract line b from line a		<b>c</b>	1,116,845
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12) Add lines c and d		<b>e</b>	1,116,845

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	946,249
<b>b</b>	Amounts included on line a but not Part I, line 17.			
1	Donated services and use of facilities	<b>b1</b>	54,426	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	54,426
<b>c</b>	Subtract line b from line a		<b>c</b>	891,823
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17) Add lines c and d		<b>e</b>	891,823

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total number of officers... 48), 75b, 75c, and 75d (Does the organization have a written conflict of interest policy? X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 81a (Direct and indirect political expenditures), and 81b (Did the organization file Form 1120-POL for this year? X).

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>X</b>	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	<b>SEE STMT 12</b> <b>82b</b> <b>54,426</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	<b>N/A</b>		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>N/A</b>		
<b>85a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
	<b>N/A</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	<b>N/A</b>		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>N/A</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>N/A</b>		
<b>86</b>	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs Enter a Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0</b>		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
	<b>89e</b>		
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
	<b>89f</b>		
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
	<b>89g</b>		
<b>90a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		<b>5</b>
	<b>90b</b>		
<b>91a</b>	The books are in care of <b>ANDREW VAUGHN</b> <b>656 BEACON STREET</b> Located at <b>BOSTON, MA</b>		
	Telephone no. <b>617-353-6570</b> ZIP + 4 <b>02215</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		
	<b>91b</b>	<b>Yes</b>	<b>No</b>
			<b>X</b>

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated

93 Program service revenue

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a <b>PUBLICATION INCOME</b>					<b>332,437</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<b>266,944</b>
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			<b>14</b>	<b>111,680</b>	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<b>1,745</b>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <b>ANNUAL MEETINGS</b>					<b>98,454</b>
c <b>ROYALTIES</b>					<b>28,455</b>
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>111,680</b>	<b>728,035</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>839,715</b>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	<b>SEE STATEMENT 13</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

<b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Andrew G. Vaughn* Date: *1/20/09*

Type or print name and title: **ANDREW G VAUGHN EXECUTIVE DIRECTOR**

**Paid Preparer's Use Only**

Preparer's signature: *Moffey E Wiggins* Date: *1/7/09* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **ROMEO, WIGGINS & COMPANY, LLP**  
**110 IOWA LN STE 104**  
**CARY, NC 27511**

EIN: **56-1627242** Phone no: **919-467-2050**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**AMERICAN SCHOOLS OF ORIENTAL RESEARCH**

Employer identification number  
**23-1352617**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities (See page 2 of the instructions )**

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) <b>SEE STATEMENT 14</b>	<b>X</b>	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions )**

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations. (See page 8 of the instructions )**

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	162,208	448,421	355,311	331,735	1,297,675
16 Membership fees received	219,555	213,622	200,601	186,182	819,960
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	224,789	411,062	321,791	339,860	1,297,502
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	84,438	38,952	15,249	-2,276	136,363
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>STMT 15</b>	95,779	100,323	59,075	62,769	317,946
23 Total of lines 15 through 22	786,769	1,212,380	952,027	918,270	3,869,446
24 Line 23 minus line 17	561,980	801,318	630,236	578,410	2,571,944
25 Enter 1% of line 23	7,868	12,124	9,520	9,183	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	51,439
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	2,571,944
d Add Amounts from column (e) for lines 18 <u>136,363</u> 19 _____	26d	454,309
22 <u>317,946</u> 26b _____	26e	2,117,635
e Public support (line 26c minus line 26d total)	26f	82.3360%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2006)	(2005)	(2004)	(2003)	N/A
--------	--------	--------	--------	-----

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006)	(2005)	(2004)	(2003)	N/A
--------	--------	--------	--------	-----

c Add Amounts from column (e) for lines 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000	<b>The lobbying nontaxable amount is-</b>		
Over \$500,000 but not over \$1,000,000	20% of the amount on line 40		
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions ) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		



**Federal Statements****Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 266,944
TOTAL	<u>\$ 266,944</u>

**Federal Statements**

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/-Loss
PUBLICLY TRADED SECURITIES								
					\$ 1,745	\$		\$ 1,745
					\$ 1,745	\$ 0	\$ 0	\$ 1,745
TOTAL								

**Federal Statements****Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ -158,242
TOTAL	\$ <u>-158,242</u>

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Expl	FMV Expl
				Cash Contrib	NonCash Contrib			
JUAN MANUEL TEBES	5/13/08	NONE	\$	2,000	HERITAGE FELLOWSHIP	\$		
ANDREW WALTON	5/13/08	NONE		1,000	HERITAGE FELLOWSHIP			
THE MEGIDDO EXPEDITION	5/13/08	NONE		1,000	HERITAGE FELLOWSHIP			
ERIC WELCH	5/13/08	NONE		1,000	HERITAGE FELLOWSHIP			
DR BRITT HARTENBERGER	5/13/08	NONE		2,000	HERITAGE FELLOWSHIP			
CRAIG RAMSOOMAIR	5/19/08	NONE		1,000	HERITAGE FELLOWSHIP			
ALEXANDER EGER	5/19/08	NONE		2,000	HERITAGE FELLOWSHIP			
EMILY ZERAN	5/22/08	NONE		1,000	HERITAGE FELLOWSHIP			
BARRETT BURNWORTH	5/22/08	NONE		1,000	HERITAGE FELLOWSHIP			
BARBARA BURRELL	5/22/08	NONE		2,000	HERITAGE FELLOWSHIP			
UNIVERSITY OF TORONTO	5/22/08	NONE		2,000	HERITAGE FELLOWSHIP			
JEFFREY HERRICK	5/23/08	NONE		1,000	HERITAGE FELLOWSHIP			
ERIN CHRISTENSEN	5/29/08	NONE		1,000	HERITAGE FELLOWSHIP			
R SCOTT MOORE	5/29/08	NONE		1,000	HERITAGE FELLOWSHIP			
LA SIERA UNIVERSITY	6/02/08	NONE		1,000	HERITAGE FELLOWSHIP			
VICTORIA CAFIK	6/03/08	NONE		1,000	HERITAGE FELLOWSHIP			
MEGAN CHANNER	6/11/08	NONE		1,000	HERITAGE FELLOWSHIP			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Expl
				Cash Contrib	NonCash Contrib	Book Value	
CHRISTINE BICKER	6/12/08	NONE	\$	1,000	\$		
ALEXANDRA RATZLAFF	6/13/08	NONE		2,000			
THOMAS BLAKE SORRELL	6/17/08	NONE		1,000			
KEVIN COONEY	6/24/08	NONE		1,000			
RONNIE DODD	6/30/08	NONE		2,000			
BASILIKI KARAS	6/30/08	NONE		1,000			
IIYA BERELOV	5/09/08	NONE		1,200			
TAMMI MILLS	5/09/08	NONE		1,200			
ROBERT STARK	5/13/08	NONE		1,200			
STEPHANIE BROWN	5/16/08	NONE		1,200			
CATHERINE FOSTER	5/16/08	NONE		1,200			
ERIC JENSEN	5/19/08	NONE		1,200			
CAROLYN NAKAMURA ALDRICH	5/22/08	NONE		1,200			
CHANTEL WHITE	6/04/08	NONE		1,200			
TASHA VORDERSTRASSE	6/17/08	NONE		1,200			
ZUZANA CHOVANEC	6/20/08	NONE		1,200			
RHIAN STOTTS	6/30/08	NONE		1,200			

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
STEVEN FALCONER	5/09/08	NONE	\$	1,000	HARRIS TORCH GRANT	\$		
ANDREW SMITH II	5/09/08	NONE		1,000	HARRIS TORCH GRANT			
ERIC CLINE	5/09/08	NONE		1,000	HARRIS TORCH GRANT			
UNIVERSITY OF GLASGOW	5/19/08	NONE		1,000	HARRIS TORCH GRANT			
LEIGH-ANN BEDAL	5/29/08	NONE		1,000	HARRIS TORCH GRANT			
ELIZABETH S GREENE	6/20/08	NONE		1,000	HARRIS TORCH GRANT			
TOTAL			\$	49,200	\$	0	\$	0

**Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers**

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
OFFICER COMPENSATION	66,040	8,255	8,255
COMPENSATION			
TOTAL	\$ 66,040	\$ 8,255	\$ 8,255

**Federal Statements****Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
LIABILITY INSURANCE	3,069	2,148	614	307
SPONSORED PROJECTS	47,203	47,203		
DEVELOPMENT EXPENSES	1,145	1,078		67
BAD DEBT EXPENSE	4,909	4,909		
MISCELLANEOUS	5,914	4,259	1,348	307
SOFTWARE MAINTENANCE	5,115	5,115		
BANK CHARGES	5,035	5,035		
DISTRIBUTION & MARKETING	20,438	20,438		
EDITORIAL EXPENSE	45,469	45,469		
ARCHAEOLOGICAL SUPPLIES	17,365	17,365		
TOTAL	<u>\$ 155,662</u>	<u>\$ 153,019</u>	<u>\$ 1,962</u>	<u>\$ 681</u>

**Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**

Description

STUDY, TEACH AND DISSEMINATE KNOWLEDGE OF ANCIENT AND  
MODERN LANGUAGE, LITERATURE, GEOGRAPHY, HISTORY AND  
ARCHAEOLOGY OF MIDDLE EASTERN COUNTRIES.



**Federal Statements****Statement 8 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
PUBLICLY TRADED SECURITIES	863,063	789,371	MARKET
TOTAL	<u>\$ 863,063</u>	<u>\$ 789,371</u>	

**Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
FURNITURE & EQUIPMENT	\$ 102,461	\$ 96,343	\$ 105,666	\$ 101,244
TOTAL	<u>\$ 102,461</u>	<u>\$ 96,343</u>	<u>\$ 105,666</u>	<u>\$ 101,244</u>

**Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue**

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 354,041	\$ 299,938
TOTAL	<u>\$ 354,041</u>	<u>\$ 299,938</u>

**Federal Statements**

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ACKERMAN, SUSAN 6221 HINMAN BOX HANOVER NH 03755	TRUSTEE	1	0	0	0
ARBINO, GARY STRAWBERRY POINT MILL VALLEY CA 94941	TRUSTEE	1	0	0	0
ARNOLD, BILL 204 NORTH LEXINGTON WILMORE KY 40390	TRUSTEE	1	0	0	0
BLAKELY, JEFFREY 1103 WELLESLEY ROAD MADISON WI 53705-2229	VP PUBLICATI	1	0	0	0
BLOCH-SMITH, ELIZABETH 123 UPLAND TERRACE BALA CYNWYD PA 19004	TRUSTEE	1	0	0	0
CHADWICK, JEFFREY 2134 W 900 NORTH FARR WEST UT 84404	TRUSTEE	1	0	0	0
CHAVALLAS, MARK 1725 STATE STREET LACROSSE WI 54601	TRUSTEE	1	0	0	0
CLINE, ERIC 801 22ND ST NW WASHINGTON DC 20052	TRUSTEE	1	0	0	0
CROSS, FRANK MOORE 6 DIVINITY AVENUE CAMBRIDGE MA 02138	TRUSTEE	1	0	0	0

23-1352617

FYE: 6/30/2008

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
EBELING, JENNIE UNIV OF EVANSVILLE EVANSVILLE IN 47722	TRUSTEE	1	0	0	0
ERNEST FRERICHS 229 MEDWAY ST PROVIDENCE RI 02906-5300	TRUSTEE	1	0	0	0
FEISSEL, GUSTAVE 5895 MOUNTAIN HAWK SANTA ROSA CA 95409	TRUSTEE	1	0	0	0
FOX, NILI 935 WENINGER CIRCLE CINCINNATI OH 45203-3181	TRUSTEE	1	0	0	0
FOX, SHELDON 2303 CHURCHILL ROAD RALEIGH NC 27608	TREASURER	1	0	0	0
GERATY, LAWRENCE T 4500 RIVERWALK PKWY RIVERSIDE CA 92515	TRUSTEE	1	0	0	0
GITTLEN, BARRY 5800 PARK HEIGHTS BALTIMORE MD 21215-3932	TRUSTEE	1	0	0	0
HARDIN, JIMMY DRAWER AR MISSISSIPPI STATE MS 39762	TRUSTEE	1	0	0	0
HARRISON, TIM 4 BANCROFT AVENUE TORONTO ON M5S 1C1	PRESIDENT	1	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HOMAN, MICHAEL P O BOX 81-A NEW ORLEANS LA 70125	CO-VP PROG	1	0	0	0
KERSEL, MORAG 603427 ROAD 60 INGERSOLL ON N5C 3N6	CO-VP PROG	1	0	0	0
KERSHAW, NORMA 25686 MORALES MISSION VIEJO CA 92691	TRUSTEE	1	0	0	0
KILLEBREW, ANN E 108 WEAVER BLDG UNIVERSITY PARK PA 16802	VP CAP	1	0	0	0
LABIANCA, OYSTEIN 4075 LAKE CHAPIN ROAD BERRIEN SPRINGS MI 49103-9654	TRUSTEE	1	0	0	0
LAMBERG-KARLOVSKY, CC 11 DIVINITY AVENUE CAMBRIDGE MA 02138	TRUSTEE	1	0	0	0
LANDES, GEORGE 2521 BELLVIEW ROAD SCHNECKSVILLE PA 18078	TRUSTEE	1	0	0	0
MACALLISTER, P E 15 EAST 30TH STREET INDIANAPOLIS IN 46206	CHAIRMAN/LIF	1	0	0	0
MEYERS, CAROL P O BOX 90964 DURHAM NC 27708-0964	TRUSTEE	1	0	0	0

23-1352617

FYE: 6/30/2008

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MEYERS, ERIC P O BOX 90964 DURHAM NC 27708-0969	PAST PRES	1	0	0	0
MOYNIHAN, ELIZABETH 65 CENTRAL, PAK WEST NEW YORK NY 10023	TRUSTEE	1	0	0	0
MULLINS, ROBERT 585 E BONITA AVE SAN DIMAS CA 91773	TRUSTEE	1	0	0	0
NAKHAI, BETH ALPERT 845 N PARK AVENUE TUCSON AZ 85721	TRUSTEE	1	0	0	0
NELSON, ORLYN NASHUA STREET LEOMINSTER MA 01453	TRUSTEE	1	0	0	0
O'CONNELL, KEVIN P O BOX 212074 AMMAN JORDAN 11121	TRUSTEE	1	0	0	0
RITTERSPACH, AUSTIN 4146 N MERIDIAN INDIANAPOLIS IN 46208	TRUSTEE	1	0	0	0
RUFFNER, BW 3021 E BROW ROAD SIGNAL MOUNTAIN TN 37377	TRUSTEE	1	0	0	0
SCHEUER, RICHARD J 21 WILLOW AVENUE LARCHMONT NY 10538	TRUSTEE	1	0	0	0

23-1352617

FYE: 6/30/2008

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SCHNEIDER, TAMMI 831 N DARTMOUTH AVE CLAREMONT CA 91711	VP MEMBERSHI	1	0	0	0
SCHWARTZ, GLENN JOHNS HOPKINS UNIV BALTIMORE MD 21218	TRUSTEE	1	0	0	0
SEGER, JOE DRAWER AR MISSISSIPPI STATE MI 21218	TRUSTEE	1	0	0	0
SHERIDAN, SUSAN 611 FLANNER HALL NOTRE DAME IN 46556	TRUSTEE	1	0	0	0
SHUFRO, LYDIA 885 PARK AVENUE NEW YORK NY 10021	TRUSTEE	1	0	0	0
STRANGE, JAMES 4202 E FOWLER AVENUE TAMPA FL 33620	SECRETARY	1	0	0	0
SWINY, STUART AS 105 ALBANY NY 12222	TRUSTEE	1	0	0	0
THOMPSON JR, GOUGH P O BOX 7262 RANCHO SANTE FE CA 92067	TRUSTEE	1	0	0	0
VAUGHN, ANDY 375 DUNHAM POINT ROAD DEER ISLE ME 04627	EXEC DIR	35	82,550	0	0

**Federal Statements**

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
WRIGHT, EDWARD UNIV OF ARIZONA TUCSON AZ 85721	TRUSTEE	1	0	0	0
YOUNGER, LAWSON 2065 HALF DAY RD DEERFIELD IL 60015	TRUSTEE	1	0	0	0
YOUNKER, RANDALL ANDREWS UNIVERSITY BERRIEN SPRINGS MI 49104	TRUSTEE	1	0	0	0

**Federal Statements****Statement 12 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
LEGAL FEES	\$ 17,266
OFFICE RENT	33,660
PHOTOCOPIES	3,500
TOTAL	<u>\$ 54,426</u>



**Federal Statements****Statement 13 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	PUBLICATIONS PROVIDE THE MOST RECENT DATA AVAILABLE FOR NEAR EASTERN SCHOLARS AND THEIR RELATED RESEARCH. ALSO, PUBLICATIONS ADVERTISE FELLOWSHIPS AND GRANT RESEARCH. MEMBERSHIP DUES PROMOTE THE DISSEMINATION OF KNOWLEDGE OF ANCIENT AND MODERN LANGUAGES & LITERATURE, GEOGRAPHY, HISTORY AND ARCHAEOLOGY OF NEAR AND MIDDLE EASTERN COUNTRIES
103A	OTHER INCOME FROM ACTIVITIES RELATED TO THE EXEMPT FUNCTION OF DISSEMINATING KNOWLEDGE OF ANCIENT AND MODERN NEAR AND MIDDLE EASTERN COUNTRIES.
103B	ROYALTIES FROM ARCHAEOLOGY PUBLICATION RELATED TO THE EXEMPT FUNCTION OF DISSEMINATING KNOWLEDGE OF ANCIENT AND MODERN NEAR AND MIDDLE EASTERN COUNTRIES.

**Federal Statements**

**Statement 14 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**

Description

AWARDS AND FELLOWSHIPS ARE GIVEN TO THOSE WHO BEST QUALIFY ACADEMICALLY.

**Federal Statements****Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
AWARDS AND MISCELLANEOUS	\$ <u>95,779</u>	\$ <u>100,323</u>	\$ <u>59,075</u>	\$ <u>62,769</u>
TOTAL	\$ <u>95,779</u>	\$ <u>100,323</u>	\$ <u>59,075</u>	\$ <u>62,769</u>

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0172

**2007**

Attachment Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **AMERICAN SCHOOLS OF ORIENTAL RESEARCH** Identifying number **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	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	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
7	Listed property Enter the amount from line 29	7	
8	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 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,609

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	291
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 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	4,900
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

Form **8868**  
(Rev April 2008)

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>AMERICAN SCHOOLS OF ORIENTAL RESEARCH</b>	Employer identification number <b>23-1352617</b>
	Number, street, and room or suite no If a P O box, see instructions <b>656 BEACON STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BOSTON MA 02115</b>	

#### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► **ANDREW VAUGHN**

Telephone No ► **617-353-6570**

FAX No ►

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/17/09**, to file the exempt organization return for the organization named above The extension is for the organization's return for

►  calendar year or  
►  tax year beginning **7/01/07**, and ending **6/30/08**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
3c <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2008)