

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except for private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning **JUL 1, 1999** and ending **JUN 30, 2000**

- B** Check if:
- ☐ Change of address
 - ☐ Initial return
 - ☐ Final return
 - ☐ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Number and street (or P.O. box if mail is not delivered to street address)

656 BEACON STREET, FIFTH FLOOR

Room/suite

City or town, state or country, and ZIP+4

BOSTON, MA 02215-2010

D Employer identification number

23-1352617

E Telephone number

(617) 353-6570

F Check ☐ if exemption application is pending

G Type of organization ☒ Exempt under 501(c) (**3**) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts **MUST** attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: _____

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) _____

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	588,340.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (attach schedule of contributors)		STMT 1	
	(cash \$ 584,161. noncash \$ 4,179.)			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	1d	588,340.	
	3 Membership dues and assessments	2	199,311.	
	4 Interest on savings and temporary cash investments	3	88,547.	
	5 Dividends and interest from securities	4		
	6 a Gross rents	5	60,110.	
	b Less: rental expenses	6a		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6b		
	7 Other investment income (describe _____)	6c		
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	570,994. 8a		
	c Gain or (loss) (attach schedule)	637,305. 8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	<66,311.> 8c		
	9 Special events and activities (attach schedule)	STMT 2		
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	8d	<66,311.>	
	b Less: direct expenses other than fundraising expenses	9a		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9b		
	10 a Gross sales of inventory, less returns and allowances	9c		
	b Less: cost of goods sold	10a		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10b		
	11 Other revenue (from Part VII, line 103)	10c		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	11	31,455.	
	13 Program services (from line 44, column (B))	12	901,452.	
	14 Management and general (from line 44, column (C))	13	486,375.	
	15 Fundraising (from line 44, column (D))	14	262,205.	
Expenses	16 Payments to affiliates (attach schedule)	15		
	17 Total expenses (add lines 16 and 44, column (A))	16		
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	17	748,580.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	18	152,872.	
	20 Other changes in net assets or fund balances (attach explanation)	19	1,293,908.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	20	<391,258.>	
		21	1,055,522.	

SEE STATEMENT 3

Form **2758**

(Rev. June 1998)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns**▶ **File a separate application for each return.**

OMB No. 1545-0148

Please type or
print. File the
**original and one
copy** by the due
date for filing
your return.

Name

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Employer identification number

23 1352617

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

656 BEACON STREET, FIFTH FLOOR

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02215-2010**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICS, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.1 I request an extension of time until **FEBRUARY 15, 2001**, to file (check only one):☐ Form 706-GS(D)☐ Form 990-T (sec. 401(a) or 408(a) trust)☐ Form 1120-ND (sec. 4951 taxes)☐ Form 8612☐ Form 706-GS(T)☐ Form 990-T (trust other than above)☐ Form 3520-A☐ Form 8613☒ Form 990 or 990-EZ☐ Form 1041 (estate)☐ Form 4720☐ Form 8725☐ Form 990-B☐ Form 1041-A☐ Form 5227☐ Form 8804If the organization does not have an office or place of business in the United States, check this box ☐2a For calendar year **JUL 1, 1999**, or other tax year beginning and ending **JUN 30, 2000**b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No

4 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED IN ORDER TO COMPILE THE INFORMATION
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ **N/A****Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶

Phil Danah

Title ▶

CPA**04-2758819
CREELMAN & SMITH, P.C.
330 CONGRESS ST.
BOSTON, MA 02210**

Date ▶

11/14/00**FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.****Notice to Applicant - To Be Completed by IRS**☐ We **HAVE** approved your application. Please attach this form to your return.☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.☐ We **HAVE NOT** approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.☐ Other: _____**EXTENSION APPROVED****DEC 11 2000**

Director

By: _____

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please

Name

CREELMAN AND SMITH, P.C.

Type

Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address)

or

330 CONGRESS STREET

Print

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02210**LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OPEN**

LHA

For Paperwork Reduction Act Notice, see separate instructions.

Form 2758 (Rev. 6-98)

913941
11-23-99

16461113 759893 1725

1999.06200 AMERICAN SCHOOLS OF ORIENTA 1725__1

Part II Statement of Functional Expenses

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

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
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 63,400.	0.	63,400.	0.
26	Other salaries and wages	26 127,741.	58,192.	69,549.	
27	Pension plan contributions	27 8,976.		8,976.	
28	Other employee benefits	28 43,259.	7,230.	36,029.	
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31 7,500.		7,500.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 2,666.		2,666.	
35	Postage and shipping	35 3,370.		3,370.	
36	Occupancy	36 2,044.		2,044.	
37	Equipment rental and maintenance	37 4,541.		4,541.	
38	Printing and publications	38 223,903.	223,903.		
39	Travel	39 4,992.		4,992.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 830.		830.	
42	Depreciation, depletion, etc. (attach schedule)	42 4,853.		4,853.	
43	Other expenses (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e 250,505.	197,050.	53,455.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 748,580.	486,375.	262,205.	0.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ 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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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	SEE STATEMENT 6	
b	(Grants and allocations \$ _____)	486,375.
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	486,375.

Part IV Balance Sheets

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
Assets	45 Cash - non-interest-bearing	14,176.	45 47,737.
	46 Savings and temporary cash investments	299,617.	46 55,698.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 304,600.	
	b Less: allowance for doubtful accounts	48b	48c 304,600.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees	STATEMENT 7	
	51 a Other notes and loans receivable	STMT 8 51a 3,554.	50 8,588.
	b Less: allowance for doubtful accounts	51b	51c 3,554.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	27,454.	53 41,077.
	54 Investments - securities	STMT 9 1,044,350.	54 820,214.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	753.	56	
57 a Land, buildings, and equipment: basis	57a 59,174.		
b Less: accumulated depreciation	STMT 10 57b 49,406.	57c 9,768.	
58 Other assets (describe SEE STATEMENT 11)	9,336.	58 18,448.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,445,629.	59 1,309,684.	
Liabilities	60 Accounts payable and accrued expenses	24,170.	60 60,713.
	61 Grants payable		61
	62 Deferred revenue	94,301.	62 133,405.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 12 33,250.	64b 26,600.
	65 Other liabilities (describe SEE STATEMENT 13)		65 33,444.
66 Total liabilities (add lines 60 through 65)	151,721.	66 254,162.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	134,068.	67 461,705.
	68 Temporarily restricted	504,237.	68 410,914.
	69 Permanently restricted	655,603.	69 182,903.
	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 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	1,293,908.	73 1,055,522.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,445,629.	74 1,309,684.

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.

Reconciliation of Expenses per Audited
Financial Statements With Expenses per
Return

a	Total expenses and losses per audited financial statements	a	771,080.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
	\$ 22,500.		
(2)	Prior year adjustments reported on line 20, Form 990		
	\$		
(3)	Losses reported on line 20, Form 990		
	\$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	22,500.
c	Line a minus line b	c	748,580.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
	\$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	748,580.

(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

(E) Expense account and other allowances

SEE STATEMENT 14

63,400.

14,582.

0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

☐ Yes ☒ No

Form 990 (1999)

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
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 for reporting in Part III.)	82b	22,500.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 1999	90b	5

91 The books are in care of MR. RUDOLPH DORNEMANN Telephone no. (617) 353-6570

Located at 656 BEACON STREET, FIFTH FLOOR, BOSTON, MA ZIP + 4 02215-2010

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 N/A

Part VII Analysis of Income Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) PUBLICATION INCOME					197,744.
(b) ROYALTIES					1,567.
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments			03	88,547.	
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	60,110.	
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			14	<66,311.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ANNUAL MEETING					31,455.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		82,346.	230,766.
105 TOTAL (add line 104, columns (B), (D), and (E))					313,112.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

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).
93A	PUBLICATIONS PROVIDE THE MOST RECENT DATA AVAILABLE FOR NEAR EASTERN SCHOLARS AND THEIR RELATED RESEARCH. ADDITIONALLY, PUBLICATIONS ADVERTISE FELLOWSHIPS AND GRANT RESEARCH
103A	OTHER INCOME FROM ACTIVITIES RELATED TO THE EXEMPT FUNCTION OF DISSEMINATING KNOWLEDGE OF ANCIENT AND MODERN TIMES OF MIDDLE EASTERN COUNTRIES.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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. (Important: See General Instruction U.)

Please
Sign
Here

Signature of officer

Date

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or yours
if self-employed)
and addressBROWN & BROWN, LLP
90 CANAL STREET
BOSTON, MA

Date

Check if
self-
employed

Preparer's SSN or PTIN

EIN

ZIP + 4 02114

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

1999

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 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
RUDOLPH DORNEMAN 656 BEACON ST., 5TH FL, BOSTON, MA	EXEC. DIRECTOR 40	63,400.	14,582.	
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

Yes No

1	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 ► \$ _____ 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.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
4 a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)	SEE STATEMENT 15		

Part IV Reason for Non-Private Foundation Status (See instructions.)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, page 4.)
- 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 at)

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

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	183,892.	413,291.	318,774.	159,162.	1,075,119.
16 Membership fees received	85,217.	89,721.	88,431.	90,815.	354,184.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	273,969.	307,752.	342,834.	245,376.	1,169,931.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	35,210.	47,231.	37,560.	50,262.	170,263.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	28,611.	21,383.	SEE STATEMENT 16	6,254.	72,603.
23 Total of lines 15 through 22	606,899.	879,378.	803,954.	551,869.	2,842,100.
24 Line 23 minus line 17	332,930.	571,626.	461,120.	306,493.	1,672,169.
25 Enter 1% of line 23	6,069.	8,794.	8,040.	5,519.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 33,443.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,672,169.
d Add: Amounts from column (e) for lines: 18 170,263. 19 22 72,603. 26b					26d 242,866.
e Public support (line 26c minus line 26d total)					26e 1,429,303.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.4760%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1998) (1997) (1996) (1995)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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: N/A					
(1998) (1997) (1996) (1995)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c, total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

Part V**Private School Questionnaire**

(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?	29			
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?	30			
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.)	31			
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c			
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.)	32d			
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?	33a			
b	Admissions policies?	33b			
c	Employment of faculty or administrative staff?	33c			
d	Scholarships or other financial assistance?	33d			
e	Educational policies?	33e			
f	Use of facilities?	33f			
g	Athletic programs?	33g			
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			
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.	34b			
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	35			

Schedule A (Form 990) 1999

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ☐ **a** If the organization belongs to an affiliated group.Check here ☐ **b** If you checked "a" above and "limited control" provisions apply.

N/A

Limits on Lobbying Expenditures

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

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

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

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:

	Yes	No	Amount
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)			0.

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	23-135261
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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 of assets to a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities or equipment

(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 indicate 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
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52 a 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?

b If "Yes," complete the following schedule:

N/A

☐ Yes ☒ No

[illegible]

FORM 990 PAGE 2						990			
Asset Number	Description of property								
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
	FURNITURE & FIXTURES								
3	FURNITURE AND FIXTURES								
	VARIES	200DB	7.00	17	31,526.		31,526.	0.	
6	FURNITURE & FIXTURES								
	063097	200DB	7.00	17	3,972.		2,235.	496.	
** 990 PAGE 2 TOTAL - FURNITURE & FIXTURES					35,498.	0.	33,761.	496.	
	COMPUTER EQUIPMENT								
4	COMPUTER - EMORY								
	063096	200DB	5.00	17	5,650.		4,674.	651.	
5	COMPUTER								
	063097	200DB	5.00	17	4,537.		3,230.	523.	
7	COMPUTER								
	063098	200DB	5.00	17	3,898.		2,027.	748.	
8	COMPUTERS - EMORY								
	121598	200DB	5.00	17	4,307.		861.	1,378.	
9	COMPUTER								
	070199	200DB	5.00	15B	1,800.			360.	
10	PRINTER								
	070199	200DB	5.00	15B	617.			123.	
11	COMPUTER								
	101899	200DB	5.00	15B	2,167.			434.	
12	PRINTER								
	110499	200DB	5.00	15B	700.			140.	
** 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					23,676.	0.	10,792.	4,357.	
** GRAND TOTAL 990 PAGE 2 DEPRECIATION					59,174.	0.	44,553.	4,853.	
				</					

FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 1D

STATEMENT 1

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

13,000.

10,000.

5,000.

5,000.

5,000.

5,000.

149,859.

21,000.

5,500.

FORM 990

GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES

STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
40 SHS BANK OF AMERICA CORP	1,910.	1,942.	0.	<32.>
21 SHS COCA COLA CO.	1,321.	1,235.	0.	86.
23 SHS AMERICAN CENTURY ULTRA	1,043.	1,002.	0.	41.
603 SHS FIDUCIARY TRUST CO INTL NY	22,441.	28,793.	0.	<6,352.>
1050 SHS FIDUCIARY TRUST CO INTL NY	32,787.	50,138.	0.	<17,351.>
102 SHS WAVERLY INC. - TENDERED	3,978.	3,978.	0.	0.
873.517 SHS EATON VANCE SPECIAL EQUITIES FUND	7,495.	6,840.	0.	655.
45.252 SHS AIM VALUE FUND	2,097.	2,028.	0.	69.
61.832 SHS DAVIS NEW YORK VENTURE FUND	1,850.	1,667.	0.	183.
705 SHS AT&T CORP	33,525.	39,348.	0.	<5,823.>
200 SHS BELL ATLANTIC CORP	13,007.	13,075.	0.	<68.>
464 SHS BELL ATLANTIC CORP	24,727.	30,334.	0.	<5,607.>
844 SHS BELL SOUTH CORP	39,503.	38,930.	0.	573.
508 SHS LUCENT TECHNOLOGIES	28,746.	34,259.	0.	<5,513.>
188 SHS MEDIAONE GROUP INC.	12,742.	13,983.	0.	<1,241.>
29 SHS NCR COPR	970.	1,416.	0.	<446.>
750 SHS SBC COMMUNICATIONS	38,946.	43,500.	0.	<4,554.>
724 SHS SBC COMMUNICATIONS	32,193.	40,672.	0.	<8,479.>
193 SHS US WEST INC.	11,816.	11,339.	0.	477.
470 SHS VODAFONE AIRTOUCH PLC	18,328.	18,518.	0.	<190.>
22.296 SHS AIM VALUE FUND	1,068.	999.	0.	69.
63.725 SHS AIM VALUE FUND	2,953.	2,856.	0.	97.
20.997 SHS DAVIS NEW YORK VENTURE FUND	611.	566.	0.	45.
143.717 SHS DAVIS NEW YORK VENTURE FUND	4,300.	3,875.	0.	425.

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

50.065 SHS AIM VALUE FUND	2,320.	2,244.	0.	76.
47.648 SHS AIM VALUE FUND	2,208.	2,136.	0.	72.
65.174 SHS DAVIS NEW YORK VENTURE FUND	1,950.	1,757.	0.	193.
105000 US TREASURY NOTES	104,565.	105,197.	0.	<632.>
63.725 SHS AIM VALUE FUND	2,953.	2,856.	0.	97.
86.898 SHS DAVIS NEW YORK VENTURE FUND	2,600.	2,343.	0.	257.
6525.979 SHS LAZARD SMALL CAP PORTFOLIO	112,508.	125,951.	0.	<13,443.>
49.288 SHS AIM VALUE FUND	2,284.	2,391.	0.	<107.>
40.107 SHS DAVIS NEW YORK VENTURE FUND	1,200.	1,137.	0.	63.
CASH IN LIEU OF FRAC SH SBC COMMUNICATIONS	49.	0.	0.	49.
TO FORM 990, PART I, LINE 8	570,994.	637,305.	0.	<66,311.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON LONG-TERM INVESTMENTS	35,240.
PRIOR PERIOD ADJUSTMENT - REMOVAL OF INVESTMENT ACCOUNT NOT OWNED BY ASOR	<315,562.>
PRIOR PERIOD ADJUSTMENT - REMOVAL OF INVESTMENT ACCOUNT NOT OWNED BY ASOR	<110,936.>
TOTAL TO FORM 990, PART I, LINE 20	<391,258.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RESEARCH/EXPEDITIONS				
PROGRAM SERVICES	173,985.	173,985.		
MISCELLANEOUS	967.		967.	
DEVELOPMENT	3,069.		3,069.	
OFFICE SUPPLIES	3,116.		3,116.	

INSURANCE	4,640.		4,640.
BANK CHARGES	232.		232.
INVESTMENT FEES	1,233.		1,233.
PAYROLL SERVICE	517.		517.
MISCELLANEOUS TAXES AND FEES	602.		602.
COMMITTEE ON ARCHAEOLOGICAL POLICY	2,601.	2,601.	
TRAVEL AND LECTURE	20,464.	20,464.	
ANNUAL MEETING	39,079.		39,079.
TOTAL TO FM 990, LN 43	250,505.	197,050.	53,455.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

THE STUDY, TEACHING AND DISSEMINATION OF KNOWLEDGE OF THE ANCIENT AND MODERN LANGUAGES AND LITERATURES, GEOGRAPHY, HISTORY AND ARCHAEOLOGY OF MIDDLE EASTERN COUNTRIES AND A PUBLICATION PROGRAM TO PUBLISH THE FINDINGS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		486,375.

FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY STATEMENT 7

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
DR. RUDOLPH DORNEMANN, EXECUTIVE DIRECTOR			10,995.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
			.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
		MOVING EXPENSES		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	8,588.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B				8,588.

FORM 990

OTHER NOTES AND LOANS REPORTED SEPARATELY

STATEMENT 8

BORROWER'S NAME

TERMS OF REPAYMENT

BILLIE JEAN COLLINS,
DIRECTOR OF PUBLICATIONS

\$140/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
09/30/98	09/30/02	6,000.	6.00%	0.

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

PERSONAL EXPENSES

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
EMPLOYEE		0.	3,554.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	3,554.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	MKT VAL			719,773.		719,773.
PUBLICLY TRADED SECURITIES	MKT VAL	100,441.				100,441.
TO FM 990, LN 54 COL B		100,441.		719,773.		820,214.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	31,526.	31,526.	0.
COMPUTER - EMORY	5,650.	5,325.	325.
COMPUTER	4,537.	3,753.	784.
FURNITURE & FIXTURES	3,972.	2,731.	1,241.
COMPUTER	3,898.	2,775.	1,123.
COMPUTERS - EMORY	4,307.	2,239.	2,068.
COMPUTER	1,800.	360.	1,440.
PRINTER	617.	123.	494.
COMPUTER	2,167.	434.	1,733.
PRINTER	700.	140.	560.
TOTAL TO FORM 990, PART IV, LN 57	59,174.	49,406.	9,768.

FORM 990	OTHER ASSETS	STATEMENT 11
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DESCRIPTION	AMOUNT
ROYALTIES RECEIVABLE	1,180.
DUE FROM SCHOLARS PRESS	8,261.
DUE FROM AFFILIATED ORGANIZATIONS	1,890.
OTHER RECEIVABLES	7,117.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	18,448.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 12

LENDER'S NAME

TERMS OF REPAYMENT

W.F. ALBRIGHT INST OF
ARCHAEOLOGICAL RESEARCH

\$6,650/YR

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/01/94	07/01/03	66,650.	.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

RELATIONSHIP OF LENDER

AFFILIATED ORGANIZATION

DESCRIPTION OF CONSIDERATION

FMV OF
CONSIDERATION

BALANCE DUE

0.

26,600.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

26,600.

FORM 990

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION

AMOUNT

PENSION OBLIGATION PAYABLE

18,214.

DISCOUNT ON CONTRIBUTION (SHORT&LONG)

15,230.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

33,444.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
P.E. MACALLISTER 7515 EAST 30TH STREET, P.O. BOX 1941 INDIANAPOLIS, IN 46206	CHAIRMAN AS NEEDED	0.	0.	0.
JOE SEGER COBB INSTITUTE OF ARCHAEOLOGY, MISSISSIPPI STATE UNIVERSITY MISSISSIPPI STATE, MS 39762	PRESIDENT AS NEEDED	0.	0.	0.
AL LEONARD DEPT OF CLASSICS, UNIV OF ARIZONA, ML 371 TUCSON, AZ 85721-0001	CHAIR, PUBLICATIONS AS NEEDED	0.	0.	0.
DAVID MCCREERY WILLAMETTE UNIVIVERSITY, 900 STATE STREET SALEM, OR 97301	CHAIR, CAP AS NEEDED	0.	0.	0.
DR. JAMES STRANGE 4202 E. FOWLER AVENUE TAMPA, FL 33620	SECRETARY AS NEEDED	0.	0.	0.
DR. VICTOR MATTHEWS RELIGIOUS STUDIES DEPARTMENT, SOUTHWEST MISSOURI STATE UNIVERSITY SPRINGFIELD, MO 65804	CHAIR, CAMP AS NEEDED	0.	0.	0.
INGRID WOOD NEW ENGLAND FINANCIAL, 501 BOYLSTON STREET BOSTON, MA 02116-3700	TREASURER AS NEEDED	0.	0.	0.
WALTER AUFRECHT UNIVERSITY OF LETHBRIDGE, 4401 UNIVERSITY DRIVE LETHBRIDGE, AB T1K3M4 CANADA	TRUSTEE AS NEEDED	0.	0.	0.
JEFFREY BLAKELY 1103 WELLESLEY ROAD MADISON, WI 53705-2229	TRUSTEE AS NEEDED	0.	0.	0.

ANDREA BERLIN 330 FOLWELL HALL, UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455-0125	TRUSTEE AS NEEDED	0.	0.	0.
KENT K. BERMINGHAM 521 RETREAT LANE POWELL, OH 43065-9400	TRUSTEE AS NEEDED	0.	0.	0.
DR. FRANK MOORE CROSS HARVARD SEMITIC MUSEUM, 6 DIVINITY AVENUE, ROOM 102 CAMBRIDGE, MA 02138	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. WILLIAM DEVER DEPT OF NEAR EASTERN STUDIES, UNIVERSITY OF ARIZONA TUCSON, AZ 85721	TRUSTEE AS NEEDED	0.	0.	0.
NAN FREDERICK 1022 SHORE ROAD WEST RIVER, MD 20778	TRUSTEE AS NEEDED	0.	0.	0.
DR. ERNEST FRERICHs 32 VASSAR AVE. PROVIDENCE, RI 02906	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. PATTY GERSTENBLITH DEPAUL UNIVERSITY, COLLEGE OF LAW, 25 EAST JACKSON BLVD. CHICAGO, IL 60604	TRUSTEE AS NEEDED	0.	0.	0.
DR. JULIE HANSEN DEPT OF ARCHAEOLOGY, BOSTON UNIVERSITY, 675 COMMONWEALTH AVE. BOSTON, MA 02215	TRUSTEE AS NEEDED	0.	0.	0.
DEAN CHARLES HARRIS 3114 LONG VIEW LANE DELAPLANE, VA 22025	TRUSTEE AS NEEDED	0.	0.	0.
DR. HOLLAND HENDRIX 330 E. 38TH ST. #46E NEW YORK, NY 10016	VICE PRESIDENT AS NEEDED	0.	0.	0.
NORMA KERSHAW 25686 MORALES MISSION VIEJO, CA 92691	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. PHILIP KING 1573 CAMBRIDGE STREET, APT. #219 CAMBRIDGE, MA 02138-4377	HONORARY TRUSTEE AS NEEDED	0.	0.	0.

DR. C.C. LAMBERG-KARLOVSKY HARVARD UNIVERSITY, PEABODY MUSEUM, 11 DIVINITY AVE. CAMBRIDGE, MA 02138	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. GEORGE LANDES 2521 BELLVIEW ROAD SCHNECKSVILLE, PA 18078	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
LEON LEVY ONE SUTTON PLACE, SOUTH, APT. 3A NEW YORK, NY 10022	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. BURTON MACDONALD ST. FRANCIS XAVIER UNIVERSITY, P.O. BOX 5000 ANTIGONISH, NOVA SCOTIA B2G 2W5	TRUSTEE AS NEEDED	0.	0.	0.
DR. JODI MAGNESS TUFTS UNIVERSITY, 321 EATON HALL MEDFORD, MA 02155	TRUSTEE AS NEEDED	0.	0.	0.
DR. ERIC MEYERS DUKE UNIVERSITY, P.O. BOX 90964 DURHAM, NC 27708-0964	TRUSTEE AS NEEDED	0.	0.	0.
DR. MARTIN MEYERSON UNIVERSITY OF PENN., 225 VAN PELT LIBRARY, 34TH AND WALNUT STREET PHILADELPHIA, PA 19104	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. KEVIN O'CONNELL THE JESUIT CENTER, P.O. BOX 212074 AMMAN 11121 JORDAN	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
ANNE OGILVY 12 W. WILLOW GROVE AVE., #105 PHILADELPHIA, PA 19118	TRUSTEE AS NEEDED	0.	0.	0.
DR. TAMMI SCHNEIDER CLAREMONT GRADUATE UNIVERSITY, 831 N. DARTMOUTH AVE. CLAREMONT, CA 91711	TRUSTEE AS NEEDED	0.	0.	0.
LYDIE SHUFRO 885 PARK AVENUE, APR. 14B NEW YORK, NY 10021	TRUSTEE AS NEEDED	0.	0.	0.
DR. JOHN SPENCER DEPT. OF RELIGIOUS STUDIES, JOHN CARROLL UNIVERSITY UNIVERSITY HEIGHTS, OH 44118	TRUSTEE AS NEEDED	0.	0.	0.

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

DEBORAH STERN 126 RIVERSIDE DRIVE, #6C NEW YORK, NY 10024	TRUSTEE AS NEEDED	0.	0.	0.
GOUGH THOMPSON, JR. 78915 DECANSO LANE LA QUINTA, CA 92253	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
GERALD VINCENT P.O. DRAWER 1198 CORTEZ, CO 81321	TRUSTEE AS NEEDED	0.	0.	0.
RANDALL YOUNKER ANDREWS UNIVERSITY, INST OF ARCHAEOLOGY BERRIEN SPRINGS, MI 49104	TRUSTEE AS NEEDED	0.	0.	0.
DR. ANDREW M.T. MOORE RIT COLLEGE OF LIBERAL ARTS, 92 LOMB MEMORIAL DR. ROCHESTER, NY 14623	TRUSTEE AS NEEDED	0.	0.	0.
DR. BRIAN SCHMIDT DEPT. OF MIDDLE EAST LANGUAGES, 3084 FRIEZE BLDG., UNIV. OF MICHIGAN ANN ARBOR, MI 48109-1285	TRUSTEE AS NEEDED	0.	0.	0.
MR. EDWARD GILBERT 7659 E. SHOOTING STAR WAY SCOTTSDALE, AZ 85262	TRUSTEE AS NEEDED	0.	0.	0.
DR. TIMOTHY HARRISON 4 BANCROFT AVE., 2ND FLOOR TORONTO, ONTARIO, CANADA M5S 1C1	TRUSTEE AS NEEDED	0.	0.	0.
DR. P. KYLE MCCARTER JOHNS HOPKINS UNIVERSITY, DEPT. OF NEAR EASTERN STUDIES BALTIMORE, MD 21218	TRUSTEE AS NEEDED	0.	0.	0.
DR. JAMES ROSS 596 RUSSELL AVENUE GAITHERSBURG, MD 20877	TRUSTEE AS NEEDED	0.	0.	0.
DR. BRUCE ROUTLEDGE 325 UNIV OF MUSEUM, UPENN, 33RD AND SPRUCE STREET PHILADELPHIA, PA 19104-6398	TRUSTEE AS NEEDED	0.	0.	0.

DR. STUART SWINY 149 DEDHAM STREET DOVER, MA 02030	TRUSTEE AS NEEDED	0.	0.	0.
DR. RUDOLPH DORNEMANN ASOR, 656 BEACON STREET, FIFTH FLOOR BOSTON, MA 02215-2010	EXECUTIVE DIRECTOR FULL	63,400.	14,582.	0.
DR. ODED BOROWSKI MIDDLE EASTERN STUDIES, CALLAWAY CENTER, EMORY UNIV ATLANTA, GA 30322	TRUSTEE AS NEEDED	0.	0.	0.
JOHN CAMP 55 LAKELAND SHORES ROAD LAKELAND SHORES, MN 55043	TRUSTEE AS NEEDED	0.	0.	0.
DR. R. THOMAS SCHAUB 25 MCKELVEY AVENUE EDGEWOOD, PA 15218	TRUSTEE AS NEEDED	0.	0.	0.
RICHARD SCHEUER 21 WILLOW AVENUE LARCHMONT, NY 10538	TRUSTEE AS NEEDED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		63,400.	14,582.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
PART III, LINE 4

AWARDS AND FELLOWSHIPS ARE GIVEN TO THOSE WHO BEST QUALIFY ACADEMICALLY.
THESE DECISIONS ARE MADE BY THE SELECTION COMMITTEE, WHICH INCLUDES
ACADEMICIANS AND TRUSTEES.

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
BOARD MEETINGS & MISCELLANEOUS	28,611.	21,383.	16,355.	6,254.
TOTAL TO SCHEDULE A, LINE 22	28,611.	21,383.	16,355.	6,254.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172

1999

Attachment
 Sequence No. 67

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

FORM 990 PAGE 2

23-1352617

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	19,000.
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	\$200,000
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 amount from line 27	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 1998	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2000. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ☐

Section B - General Depreciation System (GDS) (See instructions.)

(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
15 a 3-year property						
b 5-year property		5,284.	5 YRS.	HY	200DB	1,057.
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 - Alternative Depreciation System (ADS) (See instructions.)

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

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	3,796.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	4,853.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1999)

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **23b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

26 Add amounts in column (h). Enter the total here and on line 20, page 1

26

27 Add amounts in column (i). Enter the total here and on line 7, page 1

27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999					
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					

Application for Extension of Time to File
Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

OMB No. 1545-0148

Please type or
print. File the
original and one
copy by the due
date for filing
your return.

Name

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Employer identification number

23 1352617

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

656 BEACON STREET, FIFTH FLOOR

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02215-2010

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until

FEBRUARY 15

2001

, to file (check only one):

☐ Form 706-GS(D)☐ Form 990-T (sec. 401(a) or 408(a) trust)☐ Form 1120-ND (sec. 4951 taxes)☐ Form 8612☐ Form 706-GS(T)☐ Form 990-T (trust other than above)☐ Form 3520-A☐ Form 8613☒ Form 990 or 990-EZ☐ Form 1041 (estate)☐ Form 4720☐ Form 8725☐ Form 990-B☐ Form 1041-A☐ Form 5227☐ Form 8804

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

2a For calendar year

JUL 1, 1999

and ending JUN 30, 2000

b If this tax year is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year?

☐ Yes☒ No

4 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED IN ORDER TO COMPILE THE INFORMATION
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.

\$

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature

Title

CPA

04-2756819
CREELMAN & SMITH, P.C.
330 CONGRESS ST.
BOSTON, MA 02210

Date

11/14/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

☐ We HAVE approved your application. Please attach this form to your return.☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.☐ We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.☐ Other:

EXTENSION APPROVED

DEC 11 2000

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING CENTER

Director

By:

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please
Type
or
Print

Name

CREELMAN AND SMITH, P.C.

Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address)

330 CONGRESS STREET

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02210

LHA

For Paperwork Reduction Act Notice, see separate instructions.

Form 2758 (Rev. 6-98)