

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2000**Open to Public  
Inspection**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001****B** Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return (use 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**

City or town, state or country, and ZIP

**BOSTON, MA 02215****D** Employer identification number**23-1352617****E** Telephone number**(617) 353-6570****F** Check ☐ if application pending**G** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527  
OR ☐ 4947(a)(1)

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

**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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support	<b>1a</b>	<b>476,224.</b>		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>476,224.</b> noncash \$ )	<b>1d</b>	<b>476,224.</b>		
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>236,412.</b>		
<b>3</b> Membership dues and assessments	<b>3</b>	<b>110,376.</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b> Dividends and interest from securities	<b>5</b>	<b>52,448.</b>		
<b>6 a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>&lt;50,261.&gt;</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>&lt;50,261.&gt;</b>		
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>30,583.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>855,782.</b>		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>539,950.</b>		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>147,831.</b>		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>39,809.</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>727,590.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>128,192.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,055,522.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 1</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,205,479.</b>		

023001  
12-19-00

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (2000)

15160425 792970 CS1725

2000.08000 AMERICAN SCHOOLS OF ORIENTA CS1725\_1

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

# **Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.	Name of Exempt Organization <b>AMERICAN SCHOOLS OF ORIENTAL RESEARCH</b>	Employer identification number <b>23-1352617</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O BROWN &amp; BROWN, LLP; 90 CANAL STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02114</b>	

Check type of return to be filed (File a separate application for each return):

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2002  
 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 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.**

8a 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 \$ \_\_\_\_\_  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
 c Balance Due. Subtract line 8b from line 8a. 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 \$ \_\_\_\_\_ **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 Mary J. Ellis Title CPA Date 2/12/02

## **Notice to Applicant - To Be Completed by the IRS**

☐ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other

**CLIENT COPY**

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>BROWN &amp; BROWN LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>90 CANAL ST</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BOSTON, MA 02114</b>



Application for Extension of Time to File an  
Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- 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).

**Note:** 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)**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	AMERICAN SCHOOLS OF ORIENTAL RESEARCH	23-1352617
	Number, street, and room or suite no. If a P.O. box, see instructions. 656 BEACON STREET, FIFTH FLOOR	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02215-2010	

**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 |

- 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-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 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 JUL 1, 2000, and ending JUN 30, 2001.

- 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 \$ \_\_\_\_\_

- b 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 \$ \_\_\_\_\_

- c **Balance Due.** 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 \$ \_\_\_\_\_ 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 ► [Signature] Title ► CRA Date ► 10/16/01

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

**Part II Statement of Functional Expenses**

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.

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	0.	0.	0.
26 Other salaries and wages .....	26			
27 Pension plan contributions .....	27			
28 Other employee benefits .....	28			
29 Payroll taxes .....	29			
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31	18,186.	18,186.	
32 Legal fees .....	32	429.	429.	
33 Supplies .....	33	1,891.	1,891.	
34 Telephone .....	34	2,272.	2,272.	
35 Postage and shipping .....	35	5,455.	3,002.	2,453.
36 Occupancy .....	36	2,872.	2,872.	
37 Equipment rental and maintenance .....	37	3,175.	1,588.	1,587.
38 Printing and publications .....	38	336,868.	336,868.	
39 Travel .....	39	6,916.	3,458.	3,458.
40 Conferences, conventions, and meetings .....	40	42,184.	40,634.	1,550.
41 Interest .....	41	1,606.	1,606.	
42 Depreciation, depletion, etc. (attach schedule) ...	42	5,319.	5,319.	
43 Other expenses (itemize):				
a .....	43a			
b .....	43b			
c .....	43c			
d .....	43d			
e SEE STATEMENT 2	43e	300,417.	152,794.	107,814.
44 Total functional expenses (add lines 22 through 43)	44	727,590.	539,950.	147,831.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				39,809.

**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 3**

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.)

a SEE STATEMENT 4

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

b (Grants and allocations \$ \_\_\_\_\_) 539,949.

c (Grants and allocations \$ \_\_\_\_\_)

d (Grants and allocations \$ \_\_\_\_\_)

e Other program services (attach schedule) (Grants and allocations \$ \_\_\_\_\_)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 539,949.



**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
<b>Assets</b>	45 Cash - non-interest-bearing	47,737.	45 189,953.
	46 Savings and temporary cash investments	55,698.	46 651,581.
	47 a Accounts receivable	47a 170,237.	
	b Less: allowance for doubtful accounts	47b	47c 170,237.
	48 a Pledges receivable	48a 426,287.	
	b Less: allowance for doubtful accounts	48b 90,000.	48c 336,287.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees	8,588.	50 7,540.
	51 a Other notes and loans receivable	51a 9,069.	
	b Less: allowance for doubtful accounts	51b	51c 9,069.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	41,077.	53 139,521.
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	820,214.	54 140,115.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment: basis	57a 67,117.		
b Less: accumulated depreciation STMT 6	57b 54,726.	57c 12,391.	
58 Other assets (describe)	18,448.	58 0.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,309,684.	59 1,656,694.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	60,713.	60 141,758.
	61 Grants payable		61
	62 Deferred revenue	133,405.	62 289,507.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 7	26,600.	64b 19,950.
	65 Other liabilities (describe)	33,444.	65 0.
66 <b>Total liabilities</b> (add lines 60 through 65)	254,162.	66 451,215.	
<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	461,705.	67 <63,813.>
	68 Temporarily restricted	410,914.	68 583,577.
	69 Permanently restricted	182,903.	69 685,715.
	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)	1,055,522.	73 1,205,479.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,309,684.	74 1,656,694.

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.



**Part VI Other Information**

	N/A	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?	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 <b>SEE NOTE 8 OF AUDITED FIN STMTS</b> and check whether it is <input checked="" 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?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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		
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		
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. 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	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 on line 89c, above, reimbursed by the organization		0.	
90 a List the states with which a copy of this return is filed <b>MASSACHUSETTS</b>			
b Number of employees employed in the pay period that includes March 12, 2000	90b	5	
91 The books are in care of <b>MR. RUDOLPH DORNEMANN</b> Telephone no. <b>(617) 353-6570</b> Located at <b>656 BEACON STREET, FIFTH FLOOR, BOSTON, MA</b> ZIP code <b>02215-2010</b>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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					232,576.
b ROYALTIES					3,836.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					110,376.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	52,448.	
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			18	<50,261.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ANNUAL MEETING					30,583.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,187.	377,371.
105 Total (add line 104, columns (B), (D), and (E))					379,558.

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).

SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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
N/A	%			
	%			
	%			
	%			

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

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 W.)

Please Sign Here	Signature of officer		Date	Type or print name and title	
	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address, and ZIP code			EIN	
	BROWN & BROWN, LLP 90 CANAL STREET BOSTON, MA 02114			Phone no. (617) 227-4645	

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

Department of the Treasury  
Internal Revenue Service

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

(Except Private Foundation) and Section 501(e), 501(f), 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.**

OMB No. 1545-0047

**2000**

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
NONE				
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 or 990-EZ) 2000

**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
SEE STATEMENT 10		
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 page 2 of the instructions.)		
SEE STATEMENT 11		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the 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 5.)
- 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 5 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 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2000



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use **accrual** 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	588,340.	183,892.	413,291.	318,774.	1,504,297.
<b>16</b> Membership fees received	88,547.	85,217.	89,721.	88,431.	351,916.
<b>17</b> 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	197,744.	273,969.	307,752.	342,834.	1,122,299.
<b>18</b> 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	61,677.	35,210.	47,231.	37,560.	181,678.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	31,455.	28,611.	21,383.	16,355.	97,804.
<b>23</b> Total of lines 15 through 22	967,763.	606,899.	879,378.	803,954.	3,257,994.
<b>24</b> Line 23 minus line 17	770,019.	332,930.	571,626.	461,120.	2,135,695.
<b>25</b> Enter 1% of line 23	9,678.	6,069.	8,794.	8,040.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					26a 42,714.
<b>b</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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,135,695.
<b>d</b> Add: Amounts from column (e) for lines: 18 181,678. 19 22 97,804. 26b					26d 279,482.
<b>e</b> Public support (line 26c minus line 26d total)					26e 1,856,213.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.9138%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) 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: (1999) N/A (1998) (1997) (1996)					
<b>b</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 (1999) (1998) (1997) (1996)					
<b>c</b> Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
<b>d</b> Add: Line 27a total and line 27b total					27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27e N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, 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 page 5 of the instructions.)					NONE

**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? .....		
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.)			
.....			
.....			
34 a	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 .....		

Schedule A (Form 990 or 990-EZ) 2000

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

Check here ☐ If the organization belongs to an affiliated group.Check here ☐ If you checked "a" above 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
	N/A	
<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 .....	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	
<b>The lobbying nontaxable amount is -</b>		
<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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through h) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> 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.



	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

transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

2000.08000 AMERICAN SCHOOLS OF ORIENTA CS1725 1

# Schedule B (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

# 2000

Name of organization

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Employer identification number  
23-1352617

Organization type (check one)-Section: ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

## A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose  \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

## General Instructions

### Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

### Who Must File Schedule B (Form 990 or 990-EZ)

**All organizations** must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

### Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

### Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

**Part I Contributors**

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
2		\$ 18,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$ 5,805.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$ 50,100.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
7		\$ 145,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
8		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)



Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

**Part I Contributors**

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
9	[REDACTED]	\$ 7,850.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10	[REDACTED]	\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11	[REDACTED]	\$ 5,507.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
12	[REDACTED]	\$ 5,950.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
13	[REDACTED]	\$ 5,100.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
14	[REDACTED]	\$ 0,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

**Part I Contributors**

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
16		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
17		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
18		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
19		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
20		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Or Depreciation
3	FURNITURE AND FIXTURES	VARIABLES	200DB	7.00	17	31,526.			31,526.	31,526.		0.
6	FURNITURE & FIXTURES	063097200	DB	7.00	17	3,972.			3,972.	2,731.		496.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					35,498.		0.	35,498.	34,257.	0.	496.
4	COMPUTER - EMORY	063096200	DB	5.00	17	5,650.			5,650.	5,325.		327.
5	COMPUTER	063097200	DB	5.00	17	4,537.			4,537.	3,753.		314.
7	COMPUTER	063098200	DB	5.00	17	3,898.			3,898.	2,775.		449.
8	COMPUTERS - EMORY	121598200	DB	5.00	17	4,307.			4,307.	2,239.		827.
9	COMPUTER	070199200	DB	5.00	17	1,800.			1,800.	360.		576.
10	PRINTER	070199200	DB	5.00	17	617.			617.	123.		197.
11	COMPUTER	101899200	DB	5.00	17	2,167.			2,167.	434.		693.
12	PRINTER	110499200	DB	5.00	17	700.			700.	140.		224.
15	FC SEARCH SOFTWARE	042401SL	SL	3.00	19	1,195.			1,195.			398.
16	COMPUTER	051001SL	SL	5.00	19	1,624.			1,624.			325.
17	PRINTER	051001SL	SL	5.00	19	1,318.			1,318.			264.
18	COMPUTER	042401SL	SL	5.00	19	2,653.			2,653.			0.
19	DIGITAL CAMERA	052701SL	SL	5.00	19	1,153.			1,153.			231.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					31,619.		0.	31,619.	15,149.	0.	4,823.
	* GRAND TOTAL 990 PAGE 2 DEPR					67,117.		0.	67,117.	49,406.	0.	5,319.



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON LONG-TERM INVESTMENTS	<78,526.>
PRIOR PERIOD ADJUSTMENT	100,291.
TOTAL TO FORM 990, PART I, LINE 20	21,765.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER EXPENSES - MANAGEMENT	107,814.		107,814.	
OTHER EXPENSES - PROGRAMS	152,794.	152,794.		
OTHER EXPENSES - FUNDRAISING	39,809.			39,809.
TOTAL TO FM 990, LN 43	300,417.	152,794.	107,814.	39,809.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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## 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 4

## 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		539,949.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS PUBLICLY TRADED SECURITIES			51,204.		51,204.
	88,911.				88,911.
TO FM 990, LN 54 COL B	88,911.		51,204.		140,115.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	31,526.	31,526.	0.
COMPUTER - EMORY	5,650.	5,650.	0.
COMPUTER	4,537.	4,067.	470.
FURNITURE & FIXTURES	3,972.	3,227.	745.
COMPUTER	3,898.	3,224.	674.
COMPUTERS - EMORY	4,307.	3,066.	1,241.
COMPUTER	1,800.	936.	864.
PRINTER	617.	320.	297.
COMPUTER	2,167.	1,127.	1,040.
PRINTER	700.	364.	336.
FC SEARCH SOFTWARE	1,195.	398.	797.
COMPUTER	1,624.	325.	1,299.
PRINTER	1,318.	264.	1,054.
COMPUTER	2,653.	0.	2,653.

DIGITAL CAMERA	1,153.	231.	922.
TOTAL TO FORM 990, PART IV, LN 57	67,117.	54,725.	12,392.



FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 7

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
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RELATIONSHIP OF LENDER

AFFILIATED ORGANIZATION

DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION	BALANCE DUE
0.	0.

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

FORM 990

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

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MR. P.E. MACALLISTER 7515 EAST 30TH ST, P.O. BOX 1941 INDIANAPOLIS, IN 46206	CHAIRMAN AS NEEDED	0.	0.	0.
DR. JOE SEGER COBB INSTITUTE OF ARCHAEOLOGY, MISSISSIPPI STATE UNIVERSITY MISSISSIPPI STATE, MS 39762	PRESIDENT AS NEEDED	0.	0.	0.
DR. ALBERT LEONARD, JR. DEPT OF CLASSICS, UNIV OF ARIZONA, ML 371 TUCSON, AZ 85721-0001	CHAIR, PUBLICATIONS AS NEEDED	0.	0.	0.
DR. DAVID MCCREERY WILLAMETTE UNIVERSITY, 900 STATE ST 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. DOUGLAS CLARK SCHOOL OF THEOLOGY, WALLA WALLA COLLEGE COLLEGE PLACE, WA 99324	CHAIR, CAMP AS NEEDED	0.	0.	0.
DR. WALTER AUFRECHT UNIVERSITY OF LETHBRIDGE, 4401 UNIVERSITY DRIVE LETHBRIDGE, AB T1K3M4 CANADA	TRUSTEE AS NEEDED	0.	0.	0.
DR. JEFFREY BLAKELY 1103 WELLESLEY ROAD MADISON, WI 53705-2229	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.
MRS. NAN FREDERICK 1022 SHORE ROAD WEST RIVER, MD 20778	TRUSTEE AS NEEDED	0.	0.	0.
DR. ERNEST FRERICHES 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.
MRS. NORMA KERSHAW 25686 MORALES MISSION VIEJO, CA 92691	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.
MR. LEON LEVY ONE SUTTON PLACE SOUTH, APT. 3A NEW YORK, NY 10022	HONORARY 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.



DR. TAMMI SCHNEIDER CLAREMONT GRADUATE UNIVERSITY, 831 N. DARTMOUTH AVE. CLAREMONT, CA 91711	TRUSTEE AS NEEDED	0.	0.	0.
MRS. LYDIE SHUFRO 885 PARK AVENUE, APT. 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.
MR. GOUGH THOMPSON, JR. 78915 DECANSO LANE LA QUINTA, CA 92253	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
MR. GERALD VINCENT P.O. DRAWER OO CORTEZ, CO 81321	TRUSTEE AS NEEDED	0.	0.	0.
DR. RANDALL YOUNKER ANDREWS UNIVERSITY, INST OF ARCHAEOLOGY BERRIEN SPRINGS, MI 49104	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 ST, FIFTH FL BOSTON, MA 02215-2010	EXECUTIVE DIRECTOR FULL	0.	0.	0.
DR. ODED BOROWSKI MIDDLE EASTERN STUDIES, CALLAWAY CENTER, EMORY UNIV ATLANTA, GA 30322	TRUSTEE AS NEEDED	0.	0.	0.
MR. 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.
MR. RICHARD SCHEUER 21 WILLOW AVENUE LARCHMONT, NY 10538	TRUSTEE AS NEEDED	0.	0.	0.
MR. ALEXANDER ABRAHAM PAINE WEBBER, 590 MADISON AVE NEW YORK, NY 10022	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. MARK CHAVALAS DEPT. OF HISTORY, U. OF WISCONSIN LA-CROSSE LA CROSSE, WI 54601	TRUSTEE AS NEEDED	0.	0.	0.
DR. SIDNIE WHITE CRAWFORD DEPT OF CLASSICS, U OF NEBRASKA-LINCOLN LINCOLN, NE 68588	AIAR REPRESENTATIVE AS NEEDED	0.	0.	0.
MR. DAVID DETRICH BOX 107 MATTITUCK, NY 85721	CAARI REPRESENTATIVE AS NEEDED	0.	0.	0.
DR. OYSTEIN S. LABIANCA 4075 LAKE CHAPIN ROAD BERRIEN SPRINGS, MI 49103-9654	ACOR REPRESENTATIVE AS NEEDED	0.	0.	0.

DR. ROBERT D. MILLER, II MOUNT ST. MARY'S SEMINARY EMMITSBURG, MD 21727-7797	TRUSTEE AS NEEDED	0.	0.	0.
MRS. ELIZABETH MOYNIHAN 801 PENNSYLVANIA AVE APT 1115 WASHINGTON, DC 20004	HONORARY TRUSTEE AS NEEDED	0.	0.	0.
DR. MARTHA RISSE DEPT OF CLASSICS, TRINITY COLLEGE HARTFORD, CT 06106-3100	TRUSTEE AS NEEDED	0.	0.	0.
DR. AUDTIN RITTERSPACH 4146 N. MERIDIEN INDIANAPOLIS, IN 46208	TRUSTEE AS NEEDED	0.	0.	0.
DR. B. W. RUFFNER 3021 E. BROW ROAD SIGNAL MOUNTAIN, TN 37377	TRUSTEE AS NEEDED	0.	0.	0.
DR. BRIGITTE WATKINS 3420 N. GREENVIEW AVE CHICAGO, IL 60557	TRUSTEE AS NEEDED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

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FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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.

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SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2	STATEMENT 10
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LINE 2B - SEE NOTES 8 AND 9 (ATTACHED) OF AUDITED FINANCIAL STMTS  
 LINE 2C - SEE NOTE 9 (ATTACHED) OF AUDITED FINANCIAL STMTS



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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 11
	PART III, LINE 4	

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

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SCHEDULE A	OTHER INCOME	STATEMENT 12
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DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
BOARD MEETINGS & MISCELLANEOUS	31,455.	28,611.	21,383.	16,355.
TOTAL TO SCHEDULE A, LINE 22	31,455.	28,611.	21,383.	16,355.

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**Depreciation and Amortization**  
**(Including Information on Listed Property) 990**

▶ See separate instructions.

▶ Attach this form to your return.

**2000**Attachment  
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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	20,000.
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 1999	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 2001. 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 2000 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						
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 2000	17	4,101.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	1,218.

**Part IV Summary (See instructions.)**

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from 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	5,319.
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** (2000)

**Part V Listed Property** (Include 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
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**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
<b>28</b> Total business/investment miles driven during the year (DO NOT include commuting miles) .....						
<b>29</b> Total commuting miles driven during the year .....						
<b>30</b> Total other personal (noncommuting) miles driven .....						
<b>31</b> Total miles driven during the year. Add lines 28 through 30 .....						
	Yes	No	Yes	No	Yes	No
<b>32</b> Was the vehicle available for personal use during off-duty hours? .....						
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person? .....						
<b>34</b> 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
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>36</b> 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 .....		
<b>37</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>38</b> 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? .....		
<b>39</b> 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
<b>40</b> Amortization of costs that begins during your 2000 tax year: .....					
	:	:			
<b>41</b> Amortization of costs that began before 2000 .....					<b>41</b>
<b>42</b> Total. Add amounts in column (f). See instructions for where to report .....					<b>42</b>

Form 4562 (2000)

**AMERICAN SCHOOLS OF ORIENTAL RESEARCH**  
**Notes to Financial Statements**  
**Year Ended June 30, 2001**

**NOTE 7 – OFFICE EQUIPMENT AND FURNITURE**

Office equipment and furniture as of June 30, 2001 is summarized below:

	<u>2001</u>
Furniture and fixtures	\$ 35,498
Computer equipment	<u>31,619</u>
	67,117
Less: accumulated depreciation	<u>(54,726)</u>
	<u>\$ 12,391</u>

Depreciation expense for the year ended June 30, 2001 was \$5,320.

**NOTE 8 – RELATED PARTY RECEIVABLES**

During the year ended June 30, 1999, ASOR loaned \$6,000 to its Director of Publications for personal expenses. The note calls for monthly payments of \$140 (including principal and interest) at a rate of 6% due September 2002. Following are the maturities for each of the next five years ending June 30:

2002	\$ 1,722
2003	<u>441</u>
	<u>\$ 2,163</u>

ASOR loaned \$10,995 to its Executive Director during the year ended June 30, 1997 in order to facilitate his move to Boston. The loan does not require the payment of interest or principal until the Executive Director leaves. Terms of repayment will be finalized at the termination of the Executive Director's contract. During the years ended June 30, 2001 \$1,048 was repaid by the Executive Director by foregoing expense reimbursement. The loan balance as of June 30, 2001 was \$7,540.

The financial statements include only the accounts of the American Schools of Oriental Research. These financial statements do not include ASOR's affiliates, the William Foxwell Albright Institute of Archaeological Research (AIAR) in Jerusalem, Israel; the American Center of Oriental Research in Amman, Incorporated (ACOR) in Amman, Jordan; and the Cyprus American Archaeological Research Institute, Inc. (CAARI) in Nicosia, Cyprus.

ASOR shares office space with the aforementioned named affiliates and pays for common expenses, which are later reimbursed by the affiliates.



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**NOTE 9 - RELATED PARTY LIABILITIES**

During 1993, ASOR's Board of Trustees agreed to pay the W.F. Albright Institute of Archaeological Research, the sum of \$66,500, representing a final commitment in establishing the total fiscal independence of the AIAR that has been an ongoing process since its incorporation. The commitment is being paid in ten equal, annual payments of \$6,650 in July of each year. The outstanding balance at June 30, 2001 was \$19,950.

For the year ended June 30, 2001, ASOR paid \$3,184 to the spouse of ASOR's president for professional services rendered by her company, New Ideas, Inc. primarily related to the Centennial programs.

**NOTE 10 - DEFERRED REVENUE AND EXPENSES**

Deferred revenue items represent revenue billed or collected that will be recognized in subsequent periods. Deferred expenses represent expenses associated with the deferred revenue and will be recognized in the same corresponding periods.

**NOTE 11 - LEASE COMMITMENTS**

On July 1, 1996, ASOR entered into an agreement to lease office space from the Trustees of Boston University. No rent is payable under this lease. ASOR is required to make monthly payments to cover operating costs incurred by the landlord.

The value of the leased property has been recorded as an in-kind contribution and an in-kind expense for the year ended June 30, 2001 in the amount of \$22,500.

In addition, ASOR leased space in Atlanta, Georgia at a monthly occupancy fee of \$840 a month or \$10,080 annually, expiring July 31, 2001. ASOR has elected to extend the lease until September 30, 2002 at a monthly occupancy fee of \$865 or \$10,380 annually.

Operating Leases

ASOR is obligated under various leases for office equipment. Annual rental commitments for the five years subsequent to June 30, 2001 for occupancy and equipment are as follows:

2002	\$ 14,567
2003	6,807
2004	4,212
2005 and thereafter	1,053
	<u>\$ 26,639</u>