

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No. 1545-0047

**2003**Open to Public  
Inspection

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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**

Room/suite

**5TH FL**

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

**BOSTON, MA 02115****D** Employer identification number**23-1352617****E** Telephone number**617-353-6570****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

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

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**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** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.ASOR.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization'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.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,024,881.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b>	Contributions, gifts, and similar amounts received:				
	<b>a</b>	Direct public support	<b>1a</b>	<b>310,372.</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>310,372.</b> noncash \$ )	<b>1d</b>	<b>310,372.</b>		
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>334,629.</b>		
	<b>3</b>	Membership dues and assessments	<b>3</b>	<b>205,457.</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>&lt;2,276.&gt;</b>		
	<b>6a</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>Revenue</b>	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			<b>113,930.</b>	<b>8a</b>		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>134,246.</b>	<b>8b</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>&lt;20,316.&gt;</b>	<b>8c</b>		
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>	<b>8d</b>	<b>&lt;20,316.&gt;</b>	
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<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>10a</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>Expenses</b>	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>62,769.</b>		
	<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>890,635.</b>		
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>762,225.</b>		
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>128,810.</b>		
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>82,197.</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>973,232.</b>		
	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>&lt;82,597.&gt;</b>		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>776,046.</b>		
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>	<b>34,510.</b>		
<b>Net Assets</b>	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>727,959.</b>		

323001  
12-17-03

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

Form 990 (2003)

**Part II Statement of Functional Expenses**

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

Page 2

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	61,986.	30,993.	24,794.	6,199.
26	Other salaries and wages	169,593.	121,410.	27,598.	20,585.
27	Pension plan contributions				
28	Other employee benefits	73,228.	60,701.	10,034.	2,493.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	18,375.		18,375.	
32	Legal fees	204.		204.	
33	Supplies	9,715.	7,088.	2,361.	266.
34	Telephone	4,799.	3,722.	538.	539.
35	Postage and shipping	36,847.	34,839.	753.	1,255.
36	Occupancy	13,208.	12,102.	553.	553.
37	Equipment rental and maintenance	4,605.	3,815.	474.	316.
38	Printing and publications	210,019.	210,019.		
39	Travel	27,911.	11,588.	14,848.	1,475.
40	Conferences, conventions, and meetings	87,240.	87,240.		
41	Interest	1,354.		1,354.	
42	Depreciation, depletion, etc. (attach schedule)	9,589.		9,589.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 3				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	973,232.	762,225.	128,810.	82,197.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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 5	
	(Grants and allocations \$ _____)	762,225.
b		
	(Grants and allocations \$ _____)	
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)	762,225.



**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	133,073.	179,127.
	46 Savings and temporary cash investments	702,527.	66,759.
	47 a Accounts receivable	310,647.	
	b Less: allowance for doubtful accounts	31,856.	
		134,532.	278,791.
	48 a Pledges receivable	23,710.	
	b Less: allowance for doubtful accounts	9,000.	
		36,073.	14,710.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	99,706.	91,874.
54 Investments - securities STMT 6 STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	93,334.	610,948.	
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	85,841.		
b Less: accumulated depreciation	66,672.		
	22,309.	19,169.	
58 Other assets (describe )			
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,221,554.	1,261,378.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	107,879.	83,448.
	61 Grants payable		
	62 Deferred revenue	330,979.	299,971.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	6,650.	
	65 Other liabilities (describe <b>DUE TO AFFILIATES</b> )		150,000.
66 <b>Total liabilities</b> (add lines 60 through 65)	445,508.	533,419.	
<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	<104,992.>	<34,768.>
	68 Temporarily restricted	437,285.	337,479.
	69 Permanently restricted	443,753.	425,248.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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; column (B) must equal line 21)	776,046.	727,959.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,221,554.	1,261,378.

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**

	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		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.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?		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?	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 in Part III.) 82b 26,109.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
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 on line 85f? N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 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		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 or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		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 MASSACHUSETTS		
b Number of employees employed in the pay period that includes March 12, 2003 90b 7		
91 The books are in care of DOUGLAS CLARK Telephone no. 617-353-6570		

Located at 656 BEACON STREET, 5TH FLOOR, BOSTON, MA

ZIP + 4 02215

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

e					
f	Medicare/Medicaid payments				
g	Fees and contracts from government agencies				
94	Membership dues and assessments				205,457.
95	Interest on savings and temporary cash investments				
96	Dividends and interest from securities		14	<2,276.>	
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				<20,316.>
101	Net income or (loss) from special events				
102	Gross profit or (loss) from sales of inventory				
103	Other revenue:				
a	ANNUAL MEETING				62,769.
b					
c					
d					
e					
104	Subtotal (add columns (B), (D), and (E))		0.	<2,276.>	582,539.
105	Total (add line 104, columns (B), (D), and (E))				580,263.

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** (See page 34 of the instructions.)

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

SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

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

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

Signature of officer: Douglas R. Clark Date: 16 FEB 05 Type or print name and title: DOUGLAS R. CLARK, EXECUTIVE DIR.

Paid Preparer's Use Only: Preparer's signature: Barry M. Chittary Date: 2/11/05 Check if self-employed: ☐ Preparer's SSN or PTIN:

Firm's name (or yours if self-employed), address, and ZIP + 4: PARENT, MCLAUGHLIN & NANGLE  
160 FEDERAL STREET  
BOSTON, MA 02110

EIN:  Phone no.: 617-426-9440

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount		Related or exempt function income
93 Program service revenue:						
a PUBLICATION INCOME						334,629.
b						
c						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						205,457.
95 Interest on savings and temporary cash investments						
96 Dividends and interest from securities			14	<2,276.>		
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						<20,316.>
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue:						
a ANNUAL MEETING						62,769.
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))		0.		<2,276.>		582,539.
105 Total (add line 104, columns (B), (D), and (E))						580,263.

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** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

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

Please Sign Here

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

Signature of officer: [Signature] Date: 2/11/05 Type or print name and title: PARENT, MCLAUGHLIN & NANGLE

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/11/05 Check if self-employed: ☐ Preparer's SSN or PTIN: 617-426-9440

Firm's name (or yours if self-employed), address, and ZIP + 4: 160 FEDERAL STREET BOSTON, MA 02110

323161 12-17-03

Phone no. 617-426-9440



**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-(See separate instructions.)**

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

OMB No. 1545-0047

**2003**

Name of the organization

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

Employer identification number

23 1352617

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to 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 page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....		<b>X</b>
<b>b</b> Lending of money or other extension of credit? .....		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? .....		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		<b>X</b>
<b>e</b> Transfer of any part of its income or assets? .....		<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....	<b>X</b>	
<b>b</b> Do you have a section 403(b) annuity plan for your employees? .....		<b>X</b>
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		<b>X</b>

SEE STATEMENT 10

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)
- 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 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	242,610.	363,065.	274,300.	588,340.	1,468,315.
<b>16</b> Membership fees received	178,861.	169,197.	110,376.	88,547.	546,981.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	219,126.	330,014.	236,412.	197,744.	983,296.
<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	8,155.	16,681.	52,448.	61,677.	138,961.
<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	47,811.	34,541.	SEE STATEMENT 11	31,455.	144,390.
<b>23</b> Total of lines 15 through 22	696,563.	913,498.	704,119.	967,763.	3,281,943.
<b>24</b> Line 23 minus line 17	477,437.	583,484.	467,707.	770,019.	2,298,647.
<b>25</b> Enter 1% of line 23	6,966.	9,135.	7,041.	9,678.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 45,973.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 2,298,647.
<b>d</b> Add: Amounts from column (e) for lines: 18 138,961. 19 22 144,390. 26b					<b>26d</b> 283,351.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 2,015,296.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 87.6731%
<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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) (2001) (2000) (1999)					
<b>c</b> Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
<b>d</b> Add: Line 27a total and line 27b total					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE



**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

	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) 2003

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

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

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	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 -                      The lobbying nontaxable amount 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 .....	41
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 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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) (See page 12 of the instructions.)

N/A

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

	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** (See page 12 of the instructions.)

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

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

(i) Cash .....

(ii) Other assets \_\_\_\_\_

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization .....

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees .....

(vi) Performance of services or membership or fundraising solicitations \_\_\_\_\_

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

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

N/A

[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? ▶ ☐

☐ Yes      ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2003**

Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ .....

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

Employer identification number

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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED]	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	[REDACTED]	\$ 33,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	[REDACTED]	\$ 7,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHMENT	113,930.	134,246.	0.	<20,316.>
TO FORM 990, PART I, LINE 8	113,930.	134,246.	0.	<20,316.>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	34,510.
TOTAL TO FORM 990, PART I, LINE 20	34,510.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	6,064.	1,098.	4,966.	
SPECIAL PROJECTS	79,722.	78,222.	1,500.	
MISCELLANEOUS	35,778.	19,531.	10,869.	5,378.
CONSULTANT	45,788.	11,650.		34,138.
BAD DEBT	63,402.	54,402.		9,000.
OBSOLETE INVENTORY	13,805.	13,805.		
TOTAL TO FM 990, LN 43	244,559.	178,708.	17,335.	48,516.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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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	5
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## DESCRIPTION OF PROGRAM SERVICE ONE

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

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		762,225.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS			41,590.		41,590.
PUBLICLY TRADED SECURITIES	428,525.				428,525.
TO 990, LN 54 COL B	428,525.		41,590.		470,115.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	7
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT BONDS	140,833.		140,833.
TOTAL TO FORM 990, LINE 54, COL B	140,833.		140,833.

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
P.E. MACALLISTER 7515 EAST 30TH STREET INDIANAPOLIS, IN 46206	CHAIRMAN/LIFE TRUSTEE 1	0.	0.	0.
LARRY GERATY 4700 PIERCE STREET RIVERSIDE, CA 92515	PRESIDENT 1	0.	0.	0.
MARTHA SHARP JOUKOWSKY BROWN UNIVERSITY PROVIDENCE, RI 02912	VICE PRESIDENT 1	0.	0.	0.
BETHANY WALKER GRAND VALLEY STATE UNIVERSITY 1060AMAK ALLENDALE MI 49401	TRUSTEE 1	0.	0.	0.
JAMES STRANGE 4202 E. FOWLER AVENUE TAMPA, FL 33620	SECRETARY 1	0.	0.	0.
ODED BOROWSKI EMORY UNIVERSITY ATLANTA, GA 30322	TRUSTEE 1	0.	0.	0.
ERIC CLINE 801 22ND STREET NW WASHINGTON, DC 20052	TRUSTEE 1	0.	0.	0.
SIDNIE WHITE CRAWFORD 236 ANDREWS HALL UNIV. NEBRASKA-LINCOLN LINCOLN, NE 68588	TRUSTEE 1	0.	0.	0.
FRANK MOORE CROSS 6 DIVINITY AVENUE, ROOM 102 CAMBRIDGE, MA 02138	TRUSTEE 1	0.	0.	0.
DAVID DETRICH BOX 107 MATITUCK, NY 11952	TRUSTEE 1	0.	0.	0.

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NAN FREDERICK 1022 WEST SHORE ROAD WEST RIVER, MD 20778	TRUSTEE 1	0.	0.	0.
ERNEST FRERICHs 229 MEDWAY STREET, APT 209 PROVIDENCE, RI 02906	TRUSTEE 1	0.	0.	0.
ED GILBERT 152 YALE DRIVE RANCHO MIRAGE, CA 92270	TRUSTEE 1	0.	0.	0.
TIMOTHY HARRISON 4 BANCROFT AVENUE, 2ND FLOOR TORONTO, ON M5S1C1, CANADA	TRUSTEE 1	0.	0.	0.
LARRY HERR 5415 COLLEGE AVENUE LACOMBE, AB T4L2E5, CANADA	TRUSTEE 1	0.	0.	0.
NORMA KERSHAW 25686 MORALES MISSION VIEJO, CA 92691	TRUSTEE 1	0.	0.	0.
OYSTEIN LABIANCA 4075 LAKE CHAPIN ROAD BERRIEN SPRINGS, MI 49103-9654	TRUSTEE 1	0.	0.	0.
C.C. LAMBERG-KARLOVSKY 11 DIVINITY AVENUE CAMBRIDGE, MA 02138	TRUSTEE 1	0.	0.	0.
ERIC MEYERS PO BOX 90964, DUKE UNIVERSITY DURHAM, NC 27708-0964	TRUSTEE 1	0.	0.	0.
MARTIN MEYERSON 225 VAN PELT LIBRARY, 34TH & WALNUT STREETS PHILADELPHIA, PA 19104	TRUSTEE 1	0.	0.	0.
ELIZABETH MOYNIHAN 801 PENNSYLVANIA AVE, APT 1115 WASHINGTON, DC 20004	TRUSTEE 1	0.	0.	0.
BETH ALPERT NAKHAI 845 N PARK AVE SUITE 420 PO BOX 210158B TUCSON, AZ 85721	TRUSTEE 1	0.	0.	0.



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KEVIN O'CONNELL PO BOX 212074 AMMAN 11121 JORDAN	TRUSTEE 1	0.	0.	0.
SUSAN SHERIDAN UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 46556	TRUSTEE 1	0.	0.	0.
AUSTIN RITTERSPACH 4146 N. MERIDIAN INDIANAPOLIS, IN 46208	TRUSTEE 1	0.	0.	0.
DAVID ROSENSTEIN 4404 BUTTERWORTH PLACE, NW WASHINGTON, DC 20016	TRUSTEE 1	0.	0.	0.
BRUCE ROUTLEDGE UNIVERSITY OF LIVERPOOL HARTLEY BLDG LIVERPOOL, L69 3GS UNITED KINGDOM	TRUSTEE 1	0.	0.	0.
B.W. RUFFNER 3021 E. BROW ROAD SIGNAL MOUNTAIN, TN 37377	TRUSTEE 1	0.	0.	0.
RICHARD SCHEUER 21 WILLOW AVENUE LARCHMONT, NY 10538	TRUSTEE 1	0.	0.	0.
TAMMI SCHNEIDER 831 N. DARTMOUTH AVENUE CLAREMONT, CA 91711	TRUSTEE 1	0.	0.	0.
JOE SEGER COBB INSTITUTE OF ARCHAEOLOGY-MSU-DRAWER AR MISSISSIPPI STATE, MS 39762	TRUSTEE 1	0.	0.	0.
LYDIE SHUFRO 885 PARK AVENUE, APT. 14B NEW YORK, NY 10021	TRUSTEE 1	0.	0.	0.
KENT BIRMINGHAM 521 RETREAT LANE POWELL, OH 43065-9400	TRUSTEE 1	0.	0.	0.
STUART SWINY INSTITUTE OF CYPRIOT STUDIES, AS 105 ALBANY, NY 12222	TRUSTEE 1	0.	0.	0.

## AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

GOUGH THOMPSON, JR. PO BOX 7262 RANCHO SANTE FE, CA 92067	TRUSTEE 1	0.	0.	0.
JANE WALDBAUM 3234 N HACKETT AVE MILWAUKEE, WI 53211	TRUSTEE 1	0.	0.	0.
RANDALL YOUNKER ANDREWS UNIVERSITY, INST. OF ARCHAEOLOGY BERRIEN SPRINGS, MI 49104	TRUSTEE 1	0.	0.	0.
BURTON MACDONALD PO BOX 5000 ANTIGOSH, NS B2G2W5 CANADA	TRUSTEE 1	0.	0.	0.
MELODY KNOWLES 5460 S. UNIVERSITY AVENUE CHICAGO, IL 60615	TRUSTEE 1	0.	0.	0.
ANN KILLEBREW 108 WEAVER BLDG-PENN STATE UNIVERSITY UNIVERSITY PARK, PA 16802	TRUSTEE 1	0.	0.	0.
LOREN BASCH 95 HILLER DRIVE OAKLAND, CA 94618	TRUSTEE 1	0.	0.	0.
ELIZABETH BLOCH-SMITH 123 UPLAND TERRACE BALA CYNWYD, PA 19004	TRUSTEE 1	0.	0.	0.
JIMMY HARDIN MISSISSIPPI STATE UNIVERSITY DRAWER AR MISSISSIPPI STATE, MS 39762	TRUSTEE 1	0.	0.	0.
GEORGE LANDES 2521 BELLVIEW ROAD SCHNECKSVILLE, PA 18078	TRUSTEE 0.	0.	0.	0.
DOUGLAS CLARK 16 CLYDESDALE ROAD CHELMSFORD, MA 01824	OFFICER 40	16,836.	0.	0.
RUDOLPH DORNEMANN 11 CHAMPLAIN CIRCLE PLYMOUTH, MA 02360	OFFICER 40	45,150.	12,348.	0.
TOTALS INCLUDED ON FORM 990, PART V		61,986.	12,348.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PUBLICATIONS PROVIDE THE MOST RECENT DATA AVAILABLE FOR NEAR EASTERN SCHOLARS AND THEIR RELATED RESEARCH. ALSO, PUBLICATIONS ADVERTISE FELLOWSHIPS AND GRANT RESEARCH.
94	MEMBERSHIP DUES PROMOTES THE DISEMINATION OF KNOWLEDGE OF ANCIENT AND MODERN LANGUAGES & LITERATURE, GEOGRAPHY, HISTORY AND ARCHAEOLOGY OF NEAR AND MIDDLE EASTERN COUNTRIES.
103A	OTHER INCOME FROM ACTIVITIES RELATED TO THE EXEMPT FUNCTION OF DISSEMINATING KNOWLEDGE OF ANCIENT AND MODERN NEAR AND MIDDLE EASTERN COUNTRIES.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT
	PART III, LINE 3	10

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

SCHEDULE A	OTHER INCOME	STATEMENT
		11

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
BOARD MEETINGS & MISCELLANEOUS	47,811.	34,541.	30,583.	31,455.
TOTAL TO SCHEDULE A, LINE 22	47,811.	34,541.	30,583.	31,455.



**American Schools of Oriental Research**  
**ID # 23-1352617**  
**Form 990**  
**Part I, Line 8a, 8b & 8c**

<b>Fund Name</b>	<b>Sales Price</b>	<b>Cost Basis</b>	<b>Expenses</b>	<b>Gain/(Loss)</b>
<b><u>Stock</u></b>				
Advanced Micro Devices Inc.	1,906.57	1,716.71	-	189.86
ALCOA Inc.	599.38	700.80	-	(101.42)
Ameren Corp.	851.98	896.80	-	(44.82)
American Express	996.57	1,051.18	-	(54.61)
AT T Wireless Services Inc	902.18	-	-	902.18
Automatic Data Processing Inc	2,819.59	2,830.61	-	(11.02)
Automatic Data Processing, Inc.	769.09	1,054.88	-	(285.79)
Bank of America Corp	570.69	531.46	-	39.23
Baxter Intl Corp	412.56	689.92	-	(277.36)
Baxter Intl Corp.	1,378.48	1,412.72	-	(34.24)
Boise Cascade Corp.	1,739.34	2,552.85	-	(813.51)
Cisco Systems Inc.	1,078.97	2,888.65	-	(1,809.68)
Coca-Cola Co	498.28	510.90	-	(12.62)
Comcast	425.38	569.95	-	(144.57)
Comcast formerly AT&T	1,450.40	6,257.65	-	(4,807.25)
Consolidated Edison Inc.	1,630.52	1,790.52	-	(160.00)
General Electric	3,216.07	5,126.03	-	(1,909.96)
General Mills	1,367.96	1,409.68	-	(41.72)
General Motors	1,179.87	1,448.01	-	(268.14)
Home Depot	1,726.45	2,703.29	-	(976.84)
Home Depot	1,370.98	2,017.16	-	(646.18)
IBM	4,785.98	5,660.70	-	(874.72)
Intel Corp	554.18	956.50	-	(402.32)
International Paper Co.	1,220.67	1,232.10	-	(11.43)
JP Morgan Chase & Co	1,080.27	1,261.87	-	(181.60)
Liberty Media Corp. A	406.59	625.86	-	(219.27)
Liberty Media Corp. A	130.91	197.64	-	(66.73)
Lincoln National Corp. -IND-	2,059.37	2,027.60	-	31.77
LSI Logic Corp.	688.18	951.39	-	(263.21)
Medco Health Solutions	37.17	-	-	37.17
Nokia Corp Sponsored ADR	248.70	882.31	-	(633.61)
OGE Energy Corp.	2,329.94	2,418.00	-	(88.06)
Oracle Corp.	851.23	2,935.10	-	(2,083.87)
Pitney Bowes, Inc.	6,038.95	5,337.28	-	701.67
Proctor & Gamble Co.	6,054.96	5,599.68	-	455.28
Seacoast FINL Services Corp.	6,432.86	5,403.67	-	1,029.19
Texas Instruments, Inc.	323.95	857.19	-	(533.24)
Tribune Co.	947.57	982.06	-	(34.49)
Tupperware Corp.	884.47	906.50	-	(22.03)
Walt Dinsey Co	2,664.48	4,055.84	-	(1,391.36)
<b><u>Mutual Funds</u></b>				
Davis New York Venture Fund	39,620.38	41,549.61	-	(1,929.23)
ACM Income Fund	9,677.68	12,245.52	-	(2,567.84)
	113,929.80	134,246.20	-	(20,316.40)

American Schools of Oriental Research  
ID #23-1352617  
Form 990  
Part IV, Line 57a, 57b & 57c

	Cost Basis				Accumulated Depreciation				NBV @
	Balance @ 6/30/2003	Additions	Disposals	Balance @ Form 990	Balance @ 6/30/2003	Estimated Additions	Disposals	Balance @ Form 990	6/30/2004
<b>Furniture &amp; Fixtures (a/c 1501)</b>									
F&F Pre 6/30/97	31,526.38			31,526.38	31,526.38			31,526.38	0.00
F&F YE 6/30/97	3,971.85			3,971.85	3,971.85			3,971.85	(0.00)
Total Furniture & Fixtures	35,498.23	0.00	0.00	35,498.23	35,498.23	0.00	0.00	35,498.23	(0.00)
<b>Computers (a/c 1525)</b>									
Emory Computer Pre 6/30/96	5,650.00			5,650.00	5,650.00	0.00		5,650.00	0.00
Emory Computer - 12/15/98 (2)	4,307.00			4,307.00	3,513.13	793.87		4,307.00	(0.00)
Computer - 7/1/99	1,799.95			1,799.95	1,488.92	311.03		1,799.95	0.00
Printer - 7/1/99	617.09			617.09	510.46	106.63		617.09	0.00
Computer - 10/18/99	2,167.20			2,167.20	1,792.71	224.70		2,017.40	149.80
Printer - 11/4/99	699.99			699.99	579.03	72.57		651.61	48.38
FC Search Software - 4/24/01	1,195.00			1,195.00	1,195.00	0.00		1,195.00	0.00
Computer - 5/10/01	1,624.00			1,624.00	974.40	324.80		1,299.20	324.80
Printer - 5/10/01	1,317.90			1,317.90	790.74	263.58		1,054.32	263.58
Computer 4/24/01	2,653.00			2,653.00	1,591.80	530.60		2,122.40	530.60
Digital Camera - 3/4/2002	724.99			724.99	96.67	145.00		241.66	483.33
Notebook Computer - 3/4/2002	1,299.97			1,299.97	173.33	259.99		433.32	866.65
Computer 3/14/2002	989.00			989.00	131.87	197.80		329.67	659.33
Britt's Computer - 4/1/2002	1,352.41			1,352.41	180.32	270.48		450.80	901.61
LCD Video projector	2,171.41			2,171.41	361.90	723.80		1,085.71	1,085.71
Rudy's Computer	1,872.90			1,872.90	312.15	624.30		936.45	936.45
Atlanta's Computer	1,751.61			1,751.61	291.94	583.87		875.81	875.81
C Systems LLC (Atlanta)	9,682.38			9,682.38	1,613.73	3,227.46		4,841.19	4,841.19
JW BASOR Computer	2,018.59			2,018.59	336.43	672.86		1,009.30	1,009.30
Sandra Scham's Computer		1,534.00		1,534.00	0.00	255.67		255.67	1,278.33
IMIS software for Boston		4,915.00		4,915.00	0.00	0.00		0.00	4,915.00
Total Computers	43,894.39	6,449.00	0.00	50,343.39	21,584.52	9,589.02	0.00	31,173.54	19,169.85
TOTAL FIXED ASSETS	79,392.62	6,449.00	0.00	85,841.62	57,082.75	9,589.02	0.00	66,671.77	19,169.85

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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, NO. 5TH FL	
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 02115	

**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, 2005 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, 2003, and ending JUN 30, 2004.

- 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 ▶ Title ▶ Date ▶

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



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- 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. File by the extended due date for filing the return. See instructions.	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, NO. 5TH FL	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02115	

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 16, 2005.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004.
- 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 NEEDED TO ACCUMULATE DATA TO PREPARE 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

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

Director \_\_\_\_\_

**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
	PARENT, MCLAUGHLIN & NANGLE
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	160 FEDERAL STREET
	City or town, province or state, and country (including postal or ZIP code)
	BOSTON, MA 02110

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05-01-03