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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	Fo	r the	e 2004 calendar year, or tax year beginning JUL 1, 2004	and e	ending	JUN 30	•	200	5
В		eck in			on anny	0014 30			identification number
	арр	licat	ble: Please use IRS				D EII	ihiokei	identification number
		Addr	ress label or AMERICAN SCHOOLS OF ORIENTAL RES	EAR	СН		-	2 2 _ 1	1352617
		Vam	e type N I I I I I I I I I I I I I I I I I I		<u></u>	Room/suite			
		nitial eturr	Specific 656 BEACON STREET	50)		5TH FL			-353-6570
	F	inal eturr	Instruc-			JIII III			nethod: Cash X Accrual
	TA		nded DOCTON NA 0211E				F ACC	Other (specify	Cash Accrual
			 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tr 	usts	Hand	d Lare not anni	icable		ction 527 organizations.
			must attach a completed Schedule A (Form 990 or 990-EZ).			Is this a group re			
G	We	bsit	te: ►WWW.ASOR.ORG			If "Yes," enter nu			
J	Org	aniz	zation type (check only one) \blacktriangleright \boxed{X} 501(c) (3) \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$	527	100	Are all affiliates i			N/A Yes No
			here if the organization's gross receipts are normally not more than \$25,000		٦ ' '	(If "No," attach a	list.)		
	orga	aniz	ation need not file a return with the IRS; but if the organization received a Form 990 Pa	ackage	H(a)	ls this a separate ganization cover	retur	n filed a groui	by an or- o ruling? Yes X No
	in th	ne m	nail, it should file a return without financial data. Some states require a complete retu	rn.		Group Exemption			
									ation is not required to attach
L	Gros	ss r	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,436,9	31.		Sch. B (Form 990	0, 990	-EZ. or	990-PF).
P	art	1	Revenue, Expenses, and Changes in Net Assets or Fund	d Bala	ances				
		1	Contributions, gifts, grants, and similar amounts received:						
		а	Direct public support	1a		346,42	27.	9.65	
		b		1b		/			
		C	Government contributions (grants)	1c					
		d	Total (add lines 1a through 1c) (cash \$338,660. noncash \$	3		7,767.)	1d	346,427.
		2	Program service revenue including government fees and contracts (from Part VII, li	ine 93)	100000000000000000000000000000000000000		/ ····	2	301,940.
		3	Membership dues and assessments					3	204,186.
	.	4	Interest on savings and temporary cash investments					4	201/100:
		5	Dividends and interest from securities					5	15,249.
	1	6 a				7.0000000000000000000000000000000000000			13/147.
		b	Less: rental expenses	6b					
		C	Net rental income or (loss) (subtract line 6b from line 6a)					6c	
Ф	1	7	Other investment income (describe)	7	
Revenue	8	3 a	Gross amount from sales of assets other (A) Securities			(B) Other		100	
ě			than inventory 510,054.	8a					
ш.		b	Less: cost or other basis and sales expenses 533,264.	8b					
		C	Gain or (loss) (attach schedule) <23,210.	>8c					
		d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1					8d	<23,210.>
	9		Special events and activities (attach schedule). If any amount is from gaming, check	here 🕨				P	
		a	Gross revenue (not including \$ of contributions						
			reported on line 1a)	9a					
		b	Less: direct expenses other than fundraising expenses	9b					
		C	Net income or (loss) from special events (subtract line 9b from line 9a)	J				9c	
	10		Gross sales of inventory, less returns and allowances						
		b	Less: cost of goods sold	10b					
			Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro	m line 1	0a)		L	10c	
	11		Other revenue (from Part VII, line 103)					11	59,075.
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					12	903,667.
S	13		Program services (from line 44, column (B))				<u>L</u>	13	702,639.
nse	14		Management and general (from line 44, column (C))					14	144,004.
Expenses	15		Fundraising (from line 44, column (D))				L	15	51,446.
ũ	16		Payments to affiliates (attach schedule)					16	
-	17		Total expenses (add lines 16 and 44, column (A))					17	898,089.
S	18		Excess or (deficit) for the year (subtract line 17 from line 12)				L	18	5,578.
Net Assets	19		Net assets or fund balances at beginning of year (from line 73, column (A))					19	727,959.
-8A	20		Other changes in net assets or fund balances (attach explanation)	EE S	TAT	EMENT 2		20	40,712.
42300	21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)					21	774,249.
42300 01-13-	05	L	.HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instru	uctions.					Form 990 (2004)

Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (C) Management and general (B) Program (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services 22 Grants and allocations (attach schedule) 22 noncash \$ Specific assistance to individuals (attach schedule) 23 23 Benefits paid to or for members (attach schedule) 24 81,200 Compensation of officers, directors, etc. 40,600. 32,480. 25 8,120. Other salaries and wages 172,944. 122,855. 28,701. 26 21,388. 26 Pension plan contributions 27 27 95,242. 72,026. 18,589 Other employee benefits 28 4,627. 28 Payroll taxes 29 Professional fundraising fees 30 19,125 Accounting fees 19,125 31 11 Legal fees 11 33 7,523. 5,709. 1,296. 518. 33 Supplies 5,280 3,900 34 690. 690. Telephone 33,258 Postage and shipping 35 31,298. 735 35 1,225. 13,313. 12,775. Occupancy 269. 269. 37 Equipment rental and maintenance 37 5,268 4,458. 486 324. Printing and publications 38 194,811 194,811. 38 39 26,307. 15,370. 8,839. 2,098. 39 Travel Conferences, conventions, and meetings 40 81,466. 81,466 1,254 1,254 41 Interest 12,088 42 Depreciation, depletion, etc. (attach schedule) 42 12,088. 43 Other expenses not covered above (itemize): a INSURANCE 6,508. 1,133. 5,375 43a **b SPECIAL PROJECTS** 91,673. 91,673. 43b 39,102 16,425. 14,077 8,600. c MISCELLANEOUS 43c 11,716 8,129 d CONSULTANT 43d 3,587. 43e Total functional expenses (add lines 22 through 43).
Organizations completing columns (B)-(D), carry these totals to lines 13-15. 44 898,089. 702,639. 144,004. 51,446. Joint Costs. Check I 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 X No ____ ; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ (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 Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) 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 SEE STATEMENT (Grants and allocations \$ 702,639. b (Grants and allocations \$ (Grants and allocations \$ d (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) Total of Program Service Expenses (should equal line 44, column (B), Program services) 702,639. 423011 01-13-05 Form 990 (2004)

Part IV Balance Sheets

Note		ere required, attached schedules and amounts ald be for end-of-year amounts only.	within the des	cription column	(A) Beginning of year		(B) End of year
	45	Cook and interest begins			170 127	4.5	100 000
	45	Cash - non-interest-bearing	179,127.		182,208.		
	46	Savings and temporary cash investments			66,759.	46	16,935.
	47 a	Accounts receivable	47a	148,596.			
		Less: allowance for doubtful accounts			278,791.	47c	148,596.
			200				
		Pledges receivable		5,826.			
	b	Less: allowance for doubtful accounts	48b		14,710.	48c	5,826.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,					
m		and key employees				50	
Assets	51 a	Other notes and loans receivable	51a			14.55	
As	b	Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			91,874.	53	79,028.
	54	Investments - securities STMT 5 STM	T 6 ► L	Cost _X FMV	610,948.	54	709,302.
	55 a	, , , , , , , , , , , , , , , , , , , ,	1			10000	
		equipment: basis	55a				
		Less: accumulated depreciation				55c	
	56	Investments - other				56	
		Land, buildings, and equipment: basis		102,253.			
	The second second	Less: accumulated depreciation			19,169.		23,493.
	58	Other assets (describe				58	
	59	Total assets (add lines 45 through 58) (must equa	Llina 74)		1,261,378.	59	1 165 200
	60	Accounts payable and accrued expenses			83,448.	60	1,165,388. 83,426.
	61	Grants payable and accided expenses			03,440.	61	03,420.
	9500	Deferred revenue			299,971.	62	307,713.
es		Loans from officers, directors, trustees, and key er			200,011.	63	307,713.
Liabilities		Tax-exempt bond liabilities				64a	
iab		Mortgages and other notes payable				64b	
_		Other liabilities (describe DUE TO AF			150,000.	65	0.
					. 522 410		204 422
		Total liabilities (add lines 60 through 65)	Y and complete	lines 67 through	533,419.	66	391,139.
		69 and lines 73 and 74.	and complete	e iirles 67 tiirougn			
S					-24 760	1000	-F0 000
ü		Unrestricted			<34,768. 337,479.		<58,809.>
Sala		Temporarily restricted			425,248.	68	407,336. 425,722.
Id E	09	Permanently restricted		mplete lines	445,240.	69	445,144.
Fur		70 through 74.	omplete lines				
ō		Capital stock, trust principal, or current funds			70		
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, and equ			70		
4ss		Retained earnings, endowment, accumulated incon					
et/		Total net assets or fund balances (add lines 67 th				72	
Z		column (A) must equal line 19; column (B) must eq			727,959.	72	77/ 2/0
		Total liabilities and net assets / fund balances (ac			1,261,378.	73	774,249.
	, ,	Total matinities and net assets / fund baidines (at	a inios ou and I	3)	1,4U1,3/0.	74	1,165,388.

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.

	nt VI Other Information	0 T /	Yes	No
		70	162	X
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?	WE 1762	201111	Δ
70	If "Yes," attach a conformed copy of the changes.	70-	\$19474.X	X
78 a		78a 78b	-	
b	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
79		19	a constant	A
00 -	If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
80 a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Marin Sal	x
		OUA		21
D	and check whether it is exempt or nonexempt.			
01 0	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
	Did the organization file Form 1120-POL for this year?	81b	5-1-1-1-1-1	х
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	0.0		
02 a	fair rental value?	82a	х	
h	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 72,188.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	44-67-67-62
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		1	946
	tax deductible? N/A	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		12.715	
	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			
е	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	85g		
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	aransana 1		
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	Water Acces	99Kan-1, 2
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	2		
	against amounts due or received from them.) 87b N/A			ln is
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?	88		X
00 -	If "Yes," complete Part IX 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00	3210,000	Λ
69 a	section 4911 O •; section 4912 O • ; section 4955 O •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Ware Control	WATER STATE	MATERIAL NO.
U	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
٠	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed MASSACHUSETTS			
	Number of employees employed in the pay period that includes March 12, 2004			7
91	The books are in care of ▶ DOUGLAS CLARK Telephone no. ▶ 617-35	3-6!	570	
	Located at ▶ 656 BEACON STREET, 5TH FLOOR, BOSTON, MA ZIP+4 ▶ 0	221	5	
		A-150X A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
650.77	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/2	A	
423041 01-13-0		Form	990 (2	2004)

Form 990 (2004) AMER	ICH	OOLS O	F ORIENTAL	RES	<u>≅ 1</u> 23-	-1352617 Page 6
Part VII Analysis of Income-	P/A	ctivities	(See page 33 of the ins	structions.)	37	,
Note: Enter gross amounts unless other	wise		ed business income		d by section 512, 513, or 514	(E)
indicated.		(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt
93 Program service revenue:		code	Amount	sion code	Timount	function income
a PUBLICATION INCOM	E					301,940.
b						
C						
d						
е				\rightarrow		
f Medicare/Medicaid payments						
g Fees and contracts from government age	encies					004 105
94 Membership dues and assessments						204,186.
95 Interest on savings and temporary cash i	investments				15 040	<u> </u>
96 Dividends and interest from securities			THE PERSON IN CO.	14	15,249.	
97 Net rental income or (loss) from real esta	ate:			TO SEE SEE SEE		
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from persona	l property					
99 Other investment income				-		
100 Gain or (loss) from sales of assets	ĺ					122 210 >
other than inventory						<23,210.>
101 Net income or (loss) from special events				-+-+		
102 Gross profit or (loss) from sales of inven-	tory			-+-+		
103 Other revenue:						59,075.
a ANNUAL MEETING				+		33,013.
b				+		
C				++		
d						
e				0.	15,249.	541,991.
104 Subtotal (add columns (B), (D), and (E))	[]					557,240.
105 Total (add line 104, columns (B), (D), and Note: Line 105 plus line 1d, Part I, should	agual the amou	nt on line 12	Part I			
Part VIII Relationship of Activ	ities to the	Accompli	shment of Exe	mpt Purp	oses (See page 34 of the	instructions.)
A STATE OF THE STA	ch income is renor	ted in column	(E) of Part VII contrib	uted importa	ntly to the accomplishment	of the organization's
Explain how each activity for which exempt purposes (other than by	providina funds fo	r such purpo:	ses).	atou import		**************************************
SEE STATEMENT						
BEE BIRIDHUI						
Part IX Information Regarding	ng Taxable S	ubsidiari	es and Disrega	rded Ent	ities (See page 34 of the	instructions.)
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
name, address, and EIN of corporation, partnership, or disregarded entity	ownership interest		Nature of activities		Total moonio	assets
partitioning, or allowing	9/	T				
N/A	%					
	%					
	%					
Part X Information Regarding				I D 4	it Contracte (See nam	- Od of the implementions
	ng Transfers	Associat	ted with Persor	nai Benei	it Contracts (See pag	le 34 of the instructions.)
(a) Did the organization, during the year, red	ng Transfers ceive any funds, di	Associat rectly or indir	ted with Persor ectly, to pay premiums	on a person	al benefit contract?	Yes X No
(a) Did the organization, during the year, red	ceive any funds, di	rectly or indir	ectly, to pay premiums	s on a person	al benefit contract?	Yes X No
(a) Did the organization, during the year, red (b) Did the organization, during the year, pa	ceive any funds, di y premiums, direc	rectly or indirect	ectly, to pay premiums ly, on a personal benet	s on a person fit contract?	al benefit contract?	Yes X No
(a) Did the organization, during the year, red (b) Did the organization, during the year, pa	ceive any funds, di y premiums, direc	rectly or indirect	ectly, to pay premiums ly, on a personal benet	s on a person fit contract?	al benefit contract?	Yes X No
(a) Did the organization, during the year, red (b) Did the organization, during the year, pa Note: If "Yes" to (b), file Form 8870 and I Please Under penalties of perjury, I declare that correct, and complete Declaration of pre-	ceive any funds, di y premiums, direc	rectly or indirect tly or indirect instructions) return, including er) is based on	ectly, to pay premiums ly, on a personal benet	s on a person fit contract? s and statement enarer has any k	s, and to the best of my knowled nowledge.	Yes X No
(a) Did the organization, during the year, red (b) Did the organization, during the year, pa	ceive any funds, di y premiums, direc	rectly or indirect tly or indirect instructions) return, including er) is based on	ectly, to pay premiums ly, on a personal benef , accompanying schedules all information of which pre	s on a person fit contract? s and statement eparer has any Type or pri	s, and to the best of my knowled throwledge. F. P. CLARK Entrangement of the best of my knowledge.	Yes X No Yes X No dge and belief, it is true,
(a) Did the organization, during the year, red (b) Did the organization, during the year, pa Note: If "Yes" to (b), file Form 8870 and If Please Under penalties of perjury, I declare that correct, and complete Declaration of the Sign Here Preparer's	ceive any funds, di y premiums, direc	rectly or indirect tly or indirect instructions) return, including er) is based on	ectly, to pay premiums ly, on a personal benef accompanying schedules all information of which pre /4 / / / / / / / / / / / / / / / / / /	s on a person fit contract? s and statement enarer has any k	s, and to the best of my knowled nowledge.	Yes X No Yes X No dge and belief, it is true, Preparer's SSN or PTIN
(a) Did the organization, during the year, red (b) Did the organization, during the year, par Note: If "Yes" to (b), file Form 8870 and It Please Sign Here Preparer's Signature Signature Signature Preparer's Signature	ceive any funds, di y premiums, direc	rectly or indirect tly or indirect instructions) return, including er) is based on	ectly, to pay premiums ly, on a personal benef accompanying schedules all information of which pre /4 / / / / / / / / / / / / / / / / / /	s on a person fit contract? s and statement eparer has any Type or pri	s, and to the best of my knowled the contract? F. CLARK Entrangement of the contract of the c	Yes X No Yes X No dge and belief, it is true,
(a) Did the organization, during the year, red (b) Did the organization, during the year, par Note: If "Yes" to (b), file Form 8870 and It Please Sign Here Paid Preparer's Signature Preparer's Firm's name (or PARENT)	ceive any funds, di y premiums, direc	rectly or indirect tly or indirect instructions) return, including er) is based on	ectly, to pay premiums ly, on a personal benef accompanying schedules all information of which pre /4 / / / / / / / / / / / / / / / / / /	s on a person fit contract? s and statement sparer has any k Type or pri	s, and to the best of my knowled nowledge. F. CURRY Ent name and title. Check if self-	Yes X No Yes X No dge and belief, it is true, Preparer's SSN or PTIN
(a) Did the organization, during the year, red (b) Did the organization, during the year, particle (b) Did the organization, during the year, particle (c) Did the organization, during the year, red (b) Did the organization, during the year, red (c) Please (c) Did Feat (c) Did F	ceive any funds, di y premiums, direct Form 4720 (see ii I have examined this is constructed that office Aunual MCLAUGH DERAL STE	rectly or indirect instructions) return, including return, including return, including return, including return to based on a line of the control of the con	ectly, to pay premiums by, on a personal beneficial information of which pre- Date	s on a person fit contract? s and statement sparer has any k Type or pri	s, and to the best of my knowled throwledge. F. CLARK Ent name and title. Check if self-employed EIN OH CHECK IF CHECK	Yes X No Yes X No Idge and belief, it is true, EXECUTIVE DIP. Preparer's SSN or PTIN OF 9-44-9956 260 338 3
(a) Did the organization, during the year, rec (b) Did the organization, during the year, pa Note: If "Yes" to (b), file Form 8870 and If Please Sign Here Preparer's Signature Preparer's Signature Preparer's Signature PARENT	ceive any funds, di y premiums, direct Form 4720 (see ii I have examine this in the control of t	rectly or indirect instructions) return, including return, including return, including return, including return to based on a line of the control of the con	ectly, to pay premiums by, on a personal beneficial information of which pre- Date	s on a person fit contract? s and statement sparer has any k Type or pri	s, and to the best of my knowled throwledge. F. CLARK Ent name and title. Check if self-employed EIN OH CHECK IF CHECK	Yes X No Yes X No dge and belief, it is true, Preparer's SSN or PTIN Or 9-44-9956

Part V	Analysis of Income						
indicated		rwise	(A) Business	d business income (B) Amount	(C) Exclu- sion	(D) Amount	(E) Related or exempt function income
	ram service revenue:		code		code		
a PU	JBLICATION INCOM	1E					301,940.
b							
C							
d							
е							
f Medi	care/Medicaid payments						
g Fees	and contracts from government ag	gencies					
94 Mem	bership dues and assessments						204,186.
95 Intere	est on savings and temporary cash	n investments					
96 Divid	ends and interest from securities				14	15,249.	Color of Service and Adaptives of Color of Service and Color of Service
97 Net re	ental income or (loss) from real es	tate:					
a debt-	financed property						
b not d	ebt-financed property						
98 Net re	ental income or (loss) from person	nal property					
99 Other	investment income						
	or (loss) from sales of assets						
other	than inventory						<23,210.
101 Net in	ncome or (loss) from special event	s					
102 Gross	s profit or (loss) from sales of inve	ntory					****
103 Other							
	NUAL MEETING						59,075.
(2)(d)							
·	· · · · · · · · · · · · · · · · · · ·		CE 379/05/08/05/37/03/4		25/04/25/25/25/25	45 040	F 4 1 0 0 1
104 Subto	otal (add columns (B), (D), and (E))		() .	15,249.	541,991.
104 Subto	otal (add columns (B), (D), and (E) (add line 104, columns (B), (D), a	nd (E))	86485BY, 000	(541,991.
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105 Total	(add line 104, columns (B), (D), a a 105 plus line 1d. Part I, should	nd (E)) d equal the amoun	t on line 12.	Part I.		> _	557,240.
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization 23 1352617 AMERICAN SCHOOLS OF ORIENTAL RESEARCH 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.") (e) Expense account and other (b) Title and average hours (d) Contributions to (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation per week devoted to more than \$50,000 allowances position NONE Total number of other employees paid over \$50,000 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 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
Schedule A (Form 990 or 990-EZ) 2004

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	75	26.65	id XIB
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d		32d		
	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:	- Ria (12)		
а	Students' rights or privileges?	33a		
Ь	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		-
	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?	34b		KARIAN W.
0.5	If you answered "Yes" to either 34a or b, please explain using an attached statement.	100000000000000000000000000000000000000		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

423141

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

Pa	rt VII Information Regarding Transfers To a		nd Relationships With Nonchari	table		
	Exempt Organizations (See page 11 of the in					
51	Did the reporting organization directly or indirectly engage in any					
	501(c) of the Code (other than section 501(c)(3) organizations) of		political organizations?	ì		
a	Transfers from the reporting organization to a noncharitable exen			[=	Yes	No
	(i) Cash			100000		X
	(ii) Other assets			a(ii)		X
b	Other transactions:					
	(i) Sales or exchanges of assets with a noncharitable exempt or	ganization		. b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	on		b(ii)		X
	(iii) Rental of facilities, equipment, or other assets			b(iii)		X
	(iv) Reimbursement arrangements			b(iv)		X
	(v) Loans or loan guarantees			b(v)		X
	(vi) Performance of services or membership or fundraising solici					X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid			. C		X
d	If the answer to any of the above is "Yes," complete the following s		2009 March - 1984 A. 1984 M. 1984 M. 1984 M. 1984 M. 1985 M. 1			
	goods, other assets, or services given by the reporting organization					
	transaction or sharing arrangement, show in column (d) the value	of the goods, other assets, o	or services received:]	A/R	
(a)	(b) (c)		(d)			
Line ı	no. Amount involved Name of noncharitable of	exempt organization	Description of transfers, transactions, and	sharing arr	angem	ents
11						
				3.000,000,000		
		MARIE STATE				
2 a	Is the organization directly or indirectly affiliated with, or related to,	one or more tax-exempt org	anizations described in section 501(c) of the			
	Code (other than section 501(c)(3)) or in section 527?			Yes	X	No
b	If "Yes," complete the following schedule: N/A					
	(a)	(b)	(c)			
	Name of organization	Type of organization	Description of relationsh	ip		
				- W-1 - S		
		No. 100 to 100 t			AMARIAN I	
- 10-22						
ra cara-in-						
						- 350
3151			Schedule A (Form	990 or 99	0-EZ)	2004
THE PROPERTY AND ADDRESS OF THE PARTY OF THE						

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

2004

Name of organization Employer identification number

2004

Al	MERICAN SCHOOLS OF ORIENTAL RESEARCH	23-1352617
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	s covered by the General Rule or a Special Rule . (Note : Only a section 501(c)(7), (8), or a Special Rule-see instructions.)	(10) organization can check boxes
General Rule-		
For organizations fi contributor. (Comp	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon lete Parts I and II.)	ey or property) from any one
Special Rules-		
sections 509(a)(1)/1	e)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of t 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the 1 of these forms. (Complete Parts I and II.)	
aggregate contribu)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one tions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scien evention of cruelty to children or animals. (Complete Parts I, II, and III.)	A STATE OF THE STA
some contributions \$1,000. (If this box charitable, etc., pur	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions did r is checked, enter here the total contributions that were received during the year for an expose. Do not complete any of the Parts unless the General Rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, ation because it received
they must check the box in t	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Fo the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify (Form 990, 990-EZ, or 990-PF).	

423451 11-24-04

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
2	3	\$10,000.	Person X Payroll
(a) No.)) s. and ZIP + 4	 (c) Aggregate contributions	(d) Type of contribution
3	1 <u>F</u>	\$10,514.	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4		\$51,000.	Person X Payroll Noncash (Complete Part II if ther is a noncash contribution
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
6	<u>2</u> <u>1</u> 3716	\$25,000.	Person X Payroll

Name of organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL RESEARCH

23-1352617

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
8		\$\$.	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
9		ss18,000.	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
10	<u>V</u>	\$\$	Person X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Moncash Complete Part II if there is a noncash contribution.

FORM 990	GAIN	(LOSS)	FROM	PUBLICLY	TRADE	D SECURI	TIES	STATEMENT	1
DESCRIPTION			SI	GROSS ALES PRICE		OST OR ER BASIS	EXPENSE OF SALE		
SEE ATTACHMEN	r			510,054.	. !	533,264.	0	<23,2	10.>
ro form 990, 1	PART I,	LINE 8	2	510,054.	. !	533,264.	0	. <23,2	10.>
FORM 990	OTHER	CHANGE	S IN	NET ASSET	'S OR I	FUND BAI	ANCES	STATEMENT	
DESCRIPTION								AMOUNT	7
JNREALIZED GAI	N ON IN	VESTMEN	TS				(40,7	12.
COTAL TO FORM	990, PA	RT I, L	INE 2	10			=	40,7	12.
FORM 990 ST	'ATEMENT	OF ORG		TION'S PR	IMARY	EXEMPT	PURPOSE	STATEMENT	3

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 SER	VICE ACCOMPL	ISHMENTS	STATEMENT 4
DESCRIPTION OF PROGRAM SERVICE	CE ONE			
THE STUDY, TEACHING AND DISSE THE ANCIENT AND MODERN LANGUA SEOGRAPHY, HISTORY AND ARCHAE EASTERN COUNTRIES AND PROGRAM	GES & LITERA COLOGY OF MII	ATURES, DDLE AND NEA	R	
			GRANTS	EXPENSES
FO FORM 990, PART III, LINE A				702,639.
FORM 990 NON-	GOVERNMENT S	SECURITIES		STATEMENT 5
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS FMV PUBLICLY TRADED FMV SECURITIES	150,258.		559,044.	559,044. 150,258.
FO FORM 990, LINE 54, COL B	150,258.		559,044.	709,302.
FORM 990 GOVI	ERNMENT SECU	RITIES		STATEMENT 6
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT BONDS	FMV	0.		

0.

FOTAL TO FORM 990, LINE 54, COL B

	OF OFFICERS, DIR AND KEY EMPLOYEE	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
P.E. MACALLISTER 7515 EAST 30TH STREET INDIANAPOLIS, IN 46206	CHAIRMAN/LIFE 1	TRUSTEE 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 PRESIDEN	0.	0.	0.
BETHANY WALKER GRAND VALLEY STATE UNIVERSITY 1060AMAK ALLENDALE MI 49401	TRUSTEE 1	0.	0.	0.
JAMES STRANGE 4202 E. FOWLER AVENUE FAMPA, 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 5 DIVINITY AVENUE, ROOM 102 CAMBRIDGE, MA 02138	TRUSTEE 1	0.	0.	0.
JOHN ANDERSON 438 PINEHURST WEST DAKOTA DUNES, SD 57049	TRUSTEE 1	0.	0.	0.

AMERICAN SCHOOLS OF ORIE AL RE	ESEARCH		23-1	352617
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.
GARY ARBINO GOLDEN GATE BAPTIST THEOLOGICAL SEMINARY MILL VALLEY, CA 94941	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.

AMERICAN SCHOOLS OF ORIE AL RE	ESEARCH		23-13	352617
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.
JENNIE EBELING JNIV OF EVANSVILLE, DEPT OF ARCHAEOLOGY EVANSVILLE, IN 47722	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.
FAMMI 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.
WILFRED GESCHKE, MD 10101 SE MAIN ST., STE 1012 PORTLAND, OR 97216	TRUSTEE 1	0.	0.	0.
STUART SWINY INSTITUTE OF CYPRIOT STUDIES, AS 105 ALBANY, NY 12222	TRUSTEE 1	0.	0.	0.

AMERICAN SCHOOLS OF ORIE. AL RE		23-	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. UNIVERITY 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.	
BARRY GITTLEN 5800 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	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	81,200.	32,772.	0.	
NADER RASTEGAR 860 JOHNSON FERRY RD, STE 140317 ATLANTA, GA 30342	OFFICER 1	0.	0.	0.	

AME	RICAN S	CHOOLS OF OR	IE L RE	SEARCH			2	3-1352	617
5895		SEL N HAWK WAY CA 95409		TRUSTEE 0.		0.	0.		0.
rotal:	S INCLU	DED ON FORM S	990, PART	V	_	81,200.	32,772.	:	0.
FORM	990	PART VIII ACCO		IONSHIP O			STAT	EMENT	8
LINE	EXPLA	NATION OF REI	LATIONSHI	P OF ACTI	VITIES				
93A 94 103A	SCHOL FELLO MEMBE MODER OF NE	CATIONS PROVI ARS AND THEIR WSHIPS AND GH RSHIP DUES PR N LANGUAGES & AR AND MIDDLE INCOME FROM	R RELATED RANT RESE. ROMOTES TO LITERATO E EASTERN ACTIVITION	RESEARCH ARCH. HE DISEMINURE, GEOGN COUNTRIES ES RELATE	. ALSO, NATION OF RAPHY, HI S. D TO THE	PUBLICATION KNOWLEDGE STORY AND EXEMPT FUR	ONS ADVER OF ANCI ARCHAEOL NCTION OF	TISE ENT AN OGY	I D
	DISSE	MINATING KNOW	VLEDGE OF	ANCIENT A	AND MODER	N NEAR ANI	O MIDDLE	EASTER	IN IN
SCHED	ULE A	EXPLANATION	OF QUAL	IFICATION: ART III,	S TO RECE LINE 3	CIVE PAYME	NTS STAT	EMENT	9
AWA	RDS AND	FELLOWSHIPS	ARE GIVE	N TO THOS	E WHO BES	T QUALIFY	ACADEMIC	ALLY.	
SCHED	ULE A			OTHER IN	COME		STAT	EMENT	10
DESCR:	IPTION			2003 AMOUNT	2002 AMOUNT		01 UNT	2000 AMOUN'I	2

62,769.

62,769.

	22	STAT	PEMI	ENT(S)	7,	8,9,	10	
2004.06030	AMERICAN	SCHOOLS	OF	ORIENT	'A	0268	_1	

47,811.

47,811.

34,541.

34,541.

30,583.

30,583.

BOARD MEETINGS & MISCELLANEOUS

FOTAL TO SCHEDULE A, LINE 22

American Schools of Oriental Research Fixed Assets 6/30/05

				Cost	Basis				Accumulated Depreciation			
		Balance @ 6/30/2004		Additions	Disposals	Balance @ 6/30/2005	Life/Method	Balance @ 6/30/2004	Estimated Additions	Disposals	8/30/2005	NBV @ 6/30/2005
Furniture & Fixtures (a/c 1601)												
F&F Pre 6/30/97		31,526.38				31,526.38	7yr/MACR	31,526.3	8		31,526.38	0.00
F&F YE 6/30/97		3,971.85				3,971.85	7yt/MACR		5		3,971.85	(0.00)
Total Furniture & Fixtures	PY	35,498.23		0.00	0.00	35,498.23 ¥	VTB PY	35,498.2	3 0.00	0.00	35,498.23	(0.00)
Computers (a/c 1525)	_		•									
Emory Computer Pre 6/30/96		5,650.00				5,650.00	5yr/MACR				5,650.00	0.00
Emory Computer - 12/15/98 (2)		4,307.00				4,307.00	5yr/MACR				4,307.00	(0.00)
Computer - 7/1/99		1,799.95				1,799.95	5yr/MACR				1,799.95	0.00
Printer - 7/1/99		617.09				617.09	5yr/MACR	617.0			617.09	0.00
Computer - 10/18/99		2,167.20				2,167.20	5yr/MACR	2,017.4	0 149.80		2,167.20	0.00
Printer - 11/4/99		699.99				699.99	5yr/MACR	651.6	1 48.38		699.99	0.00
FC Search Software - 4/24/01		1,195.00				1,195.00	3yr/SL	1,195.0	0.00		1,195.00	0.00
Computer - 5/10/01		1,624.00				1,624.00	5yr/SL	1,299.2	0 324.80		1,624.00	0.00
Printer - 5/10/01		1,317.90				1,317.90	5yr/SL	1,054.3	2 263.58		1,317.90	0.00
omputer 4/24/01		2,653.00				2,653.00	5yr/SL	2,122.4	0 530.60		2,653.00	0.00
Digital Camera - 3/4/2002		724.99				724.99	5yr/SL	241.6	6 145.00		386.66	338.33
Notebook Computer - 3/4/2002		1,299,97				1,299.97	5yr/SL	433.3	2 259.99		693.32	606.65
		989.00				989.00	5yr/SL	329.6	7 197.80		527.47	461.53
Computer 3/14/2002		1,352.41				1,352,41	5yr/SL	450.8	0 270.48		721.29	631.12
Britt's Computer - 4/1/2002		2,171.41				2,171.41	3yr/SL	1,085.7	1 723.80		1,809.51	361.90
CD Video projector		1,872.90				1,872.90	3yr/SL	936.4			1,580,75	312.15
udy's Computer						1,751.61	3yr/SL	875.8			1,459,68	291,94
tianta's Computer		1,751.61				9,682.38	3yr/SL	4,841.1			8,068.65	1,613.73
Systems LLC (Atlanta)		9,682.38				2.018.59	3yr/SL	1,009.3			1,682,16	336.43
W BASOR Computer		2,018.59				1,534.00	3yr/SL	255.6			767.00	767.00
Sandra Scham's Computer		1,534.00				4,915.00	3yr/SL	200.0	819.17		819.17	4,095.83
VIS software for Boston	e	4,915.00							541.33		541.33	2,706.67
ubs. Computer			0	3,248.00		3,248.00	3yr/SL		779.17		779.17	3,895,83
projectors			0	4,675.00		4,675.00	3yr/SL		585.83		585.83	2,929.17
MIS software for Boston)+(3,515.00		3,515.00	3yr/SL		663.00		663.00	3,315.00
AIS software for Boston)4(3,978.00		3,978.00	3yr/SL		166.00		166.00	830.00
lotly's Computer)4(996.00		996.00	3yr/SL		100.00		100.00	650.00
Total Computers	PY	50,343.39		16,412.00	0.00	66,755.39 V	νтв	31,173.5	4 12,088.56	0.00	43,262.10	23,493.29
TOTAL FIXED ASSETS		85,841.62		16,412.00	0.00	102,253.62		PY66,671.7	7 12,088.56	0.00	78,760.34 WTB	23,493.28

Accumulated Depreciation

Fund Name	Sales Price	Cost Basis	Expenses	Gain/(Loss)
Stock				
ALCOA Inc.	2,501.65	2,803.20	-	(301.55)
Ameren Corp.	5,683.95	5,341.66	-	342.29
American Express	4,453.26	4,204.72		248.54
Bank of America Corp	4,935.48	4,089.84	-	845.64
Brinks Company	9,859.82	6,508.78		3,351.04
Catepillar Inc.	9,356.31	7,914.00	•	1,442.31
Cisco Systems Inc.	1,938.95	4,295.93	-	(2,356.98)
Coca-Cola Co	1,651.16	2,043.60	-	(392.44)
Conagra Foods, Inc.	10,164.96	9,682.14	•	482.82 185.90
Consolidated Edison Inc.	6,280.37	6,094.47 6,533.46		1,496.20
Dow Chemical Co. E I Dupone De Nemours & Co.	8,029.66 6.156.34	5,769.40	-	386.94
EMC Corp	1,709.67	7,773.40	-	(6,063.73)
Exxon Mobil Corp.	5,892.06	4,652.97		1,239.09
Freescale Semiconductor	617.76		-	617.76
General Electric	9,852.96	9,880.76	4	(27.80)
General Mills	4,756.88	4,698.94		57.94
General Motors	2,817.49	3,914.99		(1,097.50)
Great Plains Energy, Inc.	15,849.10	17,640.16		(1,791.06)
Hershey Foods Corp	7,208.35	6,195.87		1,012.48
Hewlett Packard Co.	2,074.94	4,487.48		(2,412.54)
Home Depot	3,146.40	3,086.88		59.52 (1,300.10)
Intel Corp	1,845.66	3,145.76	-	(1,300.10)
Int'l Business Machines Corp	1,648.45 5,316.87	1,845.97 5,481.30		(164.43)
International Paper Co. Johnson & Johnson	9,096.38	8,624.50		471.88
JP Morgan Chase & Co	14,760.61	16,213.62		(1,453.01)
Kellogg Co.	6,382.59	5,502.09		880.50
Kimberly Clark Corp.	7,383.96	6,829.25		554.71
La Quinta Corp, Paired CTF	7,946.24	6,805.05	-	1,141.19
Lincoln National CorpIND-	3,700.84	3,482.19	-	218.65
LSI Logic Corp.	2,154.79	4,286.37	-	(2,131.58)
Lucent Technology	729.97 13,387.84	8,368.80 16,815.20	-	(7,638.83) (3,427.36)
Merck & Co. Inc. Mesa Air Group, Inc.	8,719.58	10,670.45		(1,950.87)
Microsoft	5,985.65	6,097.69		(112.04)
Motorola, Inc.	5,825.71	9,452.97		(3,627.26)
Neenah Paper Inc.	63.63			63.63
Nokia Corp Sponsored ADR	11,143.09	12,865.32	-	(1,722.23)
Occidental Petroleum Corp-Del	9,340.90	6,665.85 5,487.70	_	2,675.05 503.40
OGE Energy Corp.	5,991.10 1,804.14	4,891.83	-	(3,087.69)
Oracle Corp. Pfizer, Inc.	10,114.93	14,308.04		(4,193.11)
Proctor & Gamble Co.	2,017.75	1,768.32		249.43
Progress Energy Inc.	6,337.36	6,316.64		20.72
Sarah Lee Corp.	4,630.92	4,068.28	-	562.64
SBC Communications	11,239.68	11,045.82	-	193.86
Suncor Energy Inc.	3,406.91	2,621.03		785.88
Sovereign Bankcorp Inc.	5,396.28	5,755.95		(359.67)
Texas Instruments, Inc.	2,279.49	4,559.69	•	(2,280.20)
Tribune Co.	4,687.59	5,454.90	ā u	(767.31) 191.02
Tupperware Corp. Verizon Communications	4,161.49 11,317.45	3,970.47 9,569.70	5	1,747.75
Vertex Pharmaceuticals, Inc.	5,664.50	5,179.35		485.15
Walt Disney Co.	967.02	1,511.38		(544.36)
Washington Mutual Inc.	11,953.47	12,089.89	¥	(136.42)
Weyerhaeuser Co.	34,439.00	31,776.00		2,663.00
Mutual Funds				
FHLMC	38,050.00	37,700.00	-	350.00
FHLMC	95,625.00	95,000.00	-	625.00
FHLMC	9,600.00	9,425.00	-	175.00
	510,054.36	533,265.02		(23,210.66)