

Form **990-EZ**

**Short Form  
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)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning** 7/01/08 , and ending 6/30/09

<b>B</b> Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>AMERICAN SCHOOLS OF ORIENTAL RESEARCH</b>	<b>D</b> Employer identification number <b>23-1352617</b>
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address)	<b>E</b> Telephone number <b>617-353-6570</b>
<input type="checkbox"/> Name change		Room/suite	<b>F</b> Group Exemption Number
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 <b>BOSTON MA 02115</b>	
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: WWW.ASOR.ORG

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

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **859,037**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>149,969</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>272,308</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>245,975</b>
	<b>4</b> Investment income	<b>4</b>	<b>18,203</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>20,260</b>
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	<b>8,194</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	<b>5c</b>	<b>12,066</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe <u>SEE STATEMENT 3</u> )	<b>8</b>	<b>152,322</b>	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>850,843</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>23,850</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>325,937</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>29,183</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>38,335</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>32,164</b>
	<b>16</b> Other expenses (describe <u>SEE STATEMENT 5</u> )	<b>16</b>	<b>445,537</b>
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	<b>895,006</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-44,163</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>1,148,067</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-181,106</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>922,798</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments		<b>1,350,384</b>	<b>22</b>	<b>1,065,335</b>
<b>23</b> Land and buildings		<b>4,422</b>	<b>23</b>	<b>3,966</b>
<b>24</b> Other assets (describe <u>SEE STATEMENT 7</u> )		<b>130,776</b>	<b>24</b>	<b>110,360</b>
<b>25</b> Total assets		<b>1,485,582</b>	<b>25</b>	<b>1,179,661</b>
<b>26</b> Total liabilities (describe <u>SEE STATEMENT 8</u> )		<b>337,515</b>	<b>26</b>	<b>256,863</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)		<b>1,148,067</b>	<b>27</b>	<b>922,798</b>

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

Form **990-EZ** (2008)

Form **8868**  
(Rev. April 2009)

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

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

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

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

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

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

- |                                                 |                                                                   |                                    |
|-------------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input 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 checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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

Telephone No. ▶ **617-353-6570** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **7/01/08**, and ending **6/30/09**.

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

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

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

Form **8868** (Rev. 4-2009)

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 (Grants \$ ) If this amount includes foreign grants, check here

28a

29 (Grants \$ ) If this amount includes foreign grants, check here

29a

30 (Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule) SEE STATEMENT 10

(Grants \$ 23,850 ) If this amount includes foreign grants, check here

31a

790,889

32 Total program service expenses (add lines 28a through 31a)

32

790,889

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 11'.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> _____ ; section 4912 <span style="float:right">▶</span> _____ ; section 4955 <span style="float:right">▶</span> _____		
b	Section 501(c)(3) and (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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> NONE		
42a	The books are in care of <span style="float:right">▶</span> ANDREW VAUGHN Telephone no. <span style="float:right">▶</span> 617-353-6570 656 BEACON STREET Located at <span style="float:right">▶</span> BOSTON, MA ZIP + 4 <span style="float:right">▶</span> 02215		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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.

**Sign Here**

Signature of officer: **ANDREW G VAUGHN** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed:  Preparer's Identifying Number (See instr.): **340-46-8858**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **ROMEO, WIGGINS & COMPANY, LLP**  
**110 IOWA LN STE 104**  
**CARY, NC 27511**  
 EIN: **56-1627242**  
 Phone no.: **919-467-2050**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN SCHOOLS OF ORIENTAL RESEARCH Employer identification number 23-1352617

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches... 2 A school described in section 170(b)(1)(A)(ii)... 3 A hospital or a cooperative hospital service organization... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 X An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions... 10 An organization organized and operated exclusively to test for public safety... 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations... a Type I b Type II c Type III-Functionally Integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons... f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 columns: Question, Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	555,912	662,043	381,763	544,074	395,944	2,539,736
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	555,912	662,043	381,763	544,074	395,944	2,539,736
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						2,539,736

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	555,912	662,043	381,763	544,074	395,944	2,539,736
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,249	38,952	84,438	111,680	18,203	268,522
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	59,075	100,323	95,779	126,909	152,322	534,408
<b>11 Total support.</b> Add lines 7 through 10						3,342,666
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,562,387
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	75.9794 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	82.3360 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**AWARDS AND MISCELLANEOUS** \$ **534,408**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

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

Employer identification number  
**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 boxes 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 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).

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>AMERICAN SCHOOLS OF ORIENTAL</b>	Employer identification number <b>23-1352617</b>
-------------------------------------------------------------	-----------------------------------------------------

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	P E MACALLISTER P O BOX 1941  INDIANAPOLIS IN 46206	\$ 24,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BOSTON UNIVERSITY OFFICE OF THE COMPTROLLER 881 COMMONWEALTH AVENUE  BOSTON MA 02215	\$ 33,660	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ARNOLD & PORTER LLP 555 TWELFTH STREET NW  WASHINGTON DC 20004-1206	\$ 5,208	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JEFFREY BLAKELY 1103 WELLESLEY ROAD  MADISON WI 53705-2229	\$ 7,766	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ORLYN NELSON 27 NASHUA STREET  LEOMINSTER MA 01453	\$ 6,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SAMUEL H KRESS FOUNDATION 174 EAST 80TH STREET  NEW YORK NY 10021	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AMERICAN SCHOOLS OF ORIENTAL</b>	Employer identification number <b>23-1352617</b>
-------------------------------------------------------------	-----------------------------------------------------

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MACALLISTER MACHINERY COMPANY INC P O BOX 1941  INDIANAPOLIS IN 46206	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AMERICAN SCHOOLS OF ORIENTAL</b>	Employer identification number <b>23-1352617</b>
-------------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	<u>IN-KIND RENT OF BUSINESS PREMISE</u> ..... ..... .....	\$ ..... <b>33,660</b>	.....
3	<u>LEGAL SERVICES</u> ..... ..... .....	\$ ..... <b>5,208</b>	.....
4	<u>STOCK DONATION</u> ..... ..... .....	\$ ..... <b>7,766</b>	.....
	..... ..... .....	\$ .....	.....
	..... ..... .....	\$ .....	.....
	..... ..... .....	\$ .....	.....
	..... ..... .....	\$ .....	.....

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

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

OMB No. 1545-0172  
**2008**  
 Attachment Sequence No. **67**

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

Name(s) shown on return **AMERICAN SCHOOLS OF ORIENTAL RESEARCH** Identifying number **23-1352617**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,599

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	2,599
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

### Federal Statements

#### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>245,975</u>
TOTAL	\$ <u><u>245,975</u></u>

**Federal Statements**

**Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -  
Securities**

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
90 SH CHEVRON CORPORATION PURCHASE			1/02/01	8/28/08	\$ 7,753	\$ 3,687	\$	4,066
58 SH COCA COLA COMPANY PURCHASE			VARIOUS	12/19/08	2,640	1,791		849
290 SH SCHWAB TOTAL BOND MKT FUND PURCHASE			4/30/08	6/11/09	2,514	2,716		-202
TOTAL					\$ 12,907	\$ 8,194	\$ 0	\$ 4,713



**Federal Statements**

**Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
ANNUAL MEETINGS	\$ 120,269
ROYALTIES	32,053
TOTAL	<u>\$ 152,322</u>

**Federal Statements**

**Statement 4 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Date of Gift	Purpose
	PLATT FELLOWSHIP/GRANT	6,000		NONE					PLATT FELLOWSHIP
	HERITAGE FELLOWSHIP/GRANT	17,750		NONE					HERITAGE FELLOWSHIP
	<b>TOTAL</b>	<b>23,750</b>							

**Federal Statements**

**Statement 5 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
TRAVEL	11,341
ANNUAL MEETING	89,673
TRUSTEES MEETING	1,618
INTEREST	761
INSURANCE	5,224
PUBLICATION PRODUCTION	215,981
SPONSORED PROJECTS	22,792
DEVELOPMENT EXPENSES	3,801
BAD DEBT EXPENSE	25,676
DISTRIBUTION & MARKETING	18,174
EDITORIAL EXPENSE	41,820
G&A - CHAIR SUPPORT	3,126
G&A - IMIS	2,250
CORPORATE REGISTRATION	645
INSTITUTIONAL DUES	2,655
TOTAL	<u>\$ 445,537</u>

**Statement 6 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED LOSSES	\$ -181,106
TOTAL	<u>\$ -181,106</u>

**Statement 7 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 116,998	\$ 59,139
LESS ALLOWANCE	14,000	
INVENTORIES FOR SALE OR USE	21,054	44,432
PREPAID EXPENSES AND DEFERRED CHARGES	6,724	6,789
	<u>130,776</u>	<u>110,360</u>

**Statement 8 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 37,577	\$ 22,840
DEFERRED REVENUE	299,938	234,023
	<u>337,515</u>	<u>256,863</u>

**Federal Statements**

**Statement 9 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Description

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

**Statement 10 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

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

Statement 11 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
VAUGHN, ANDY 375 DUNHAM POINT ROAD DEER ISLE, ME 04627	EXEC DIR		92,851	0	0
BLAKELY, JEFFREY 1103 WELLESLEY ROAD MADISON, WI 53705-2229	VP PUBLICATI		6,500	0	0
ACKERMAN, SUSAN DARTMOUTH COLLEGE HANOVER, NH 03755	TRUSTEE		0	0	0
ARBINO, GARY GOLDEN GATE BAPTIST THEOLOGICAL SEM MILL VALLEY, CA 94941	TRUSTEE		0	0	0
ARNOLD, BILL 204 NORTH LEXINGTON AVE WILMORE, KY 94941	TRUSTEE		0	0	0
BLOCH-SMITH, ELIZABETH 123 UPLAND TERRACE BALA CYNWYD, PA 19004	TRUSTEE		0	0	0
CHADWICK, JEFFREY 2134 W 900 NORTH FARR WEST, UT 84404	TRUSTEE		0	0	0
CHAVALAS, MARK 1725 STATE STREET LACROSSE, WI 54601	TRUSTEE		0	0	0
CLINE, ERIC 801 22ND STREET NW WASHINGTON, DC 20052	TRUSTEE		0	0	0

**Federal Statements**

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CROSS, FRANK MOORE 6 DIVINITY AVENUE, ROOM 102 CAMBRIDGE, MA 02138	TRUSTEE		0	0	0
EBELING, JENNIE DEPT OF ARCHAEOLOGY & ART HISTORY EVANSVILLE, IN 47722	TRUSTEE		0	0	0
FEISSEL, GUSTAVE 5895 MOUNTAIN HAWK WAY SANTA ROSA, CA 95409	CAARI REP		0	0	0
FOX, NILI 935 WENINGER CIRCLE CINCINNATI, OH 45203-3181	TRUSTEE		0	0	0
FOX, SHELDON 2303 CHURCHILL ROAD RALEIGH, NC 27608	TREASURER		0	0	0
FRERICHS, ERNEST 229 MEDWAY ST PROVIDENCE, RI 02906-5300	TRUSTEE		0	0	0
GERATY, LAWRENCE T 4500 RIVERWALK PKWY RIVERSIDE, CA 92515	PAST PRES		0	0	0
GITTLEN, BARRY 5800 PARK HEIGHTS AVENUE BALTIMORE, MD 21215-3932	TRUSTEE		0	0	0
GREENE, JOSEPH A 6 DIVINITY AVENUE CAMBRIDGE, MA 21215-3932	TRUSTEE		0	0	0

## Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HARDIN, JIMMY DRAWER AR MISSISSIPPI STATE, MS 02138	TRUSTEE		0	0	0
HARRISON, TIM 4 BANCROFT AVENUE, 2ND FLOOR TORONTO, CA M5S 1C1	PRESIDENT		0	0	0
HOMAN, MICHAEL 1 DREXEL DRIVE POB 81-A NEW ORLEANS, LA 70125	CO-VP PROG		0	0	0
KERSEL, MORAG 603427 ROAD 60 INGERSOL, CA N5C 3N6	CO-VP PROG		0	0	0
KERSHAW, NORMA 25686 MORALES MISSION VIEJO, CA 92691	TRUSTEE		0	0	0
LABIANCA, OYSTEIN 4075 LAKE CHAPIN ROAD BERRIEN SPRINGS, MI 49103-9654	TRUSTEE		0	0	0
LAMBERG-KARLOVSKY, CC 11 DIVINITY AVENUE CAMBRIDGE, MA 02138	TRUSTEE		0	0	0
LANDES, GEORGE 2521 BELLVIEW ROAD SCHNECKSVILLE, PA 18078	TRUSTEE		0	0	0
MACALLISTER, P E 7515 EAST 30TH STREET INDIANAPOLIS, IN 46206	CHAIRMAN/LIF		0	0	0

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MEYERS, CAROL P O BOX 90964 DURHAM, NC 27708-0964	TRUSTEE		0	0	0
MEYERS, ERIC P O BOX 90964 DURHAM, NC 27708-0964	PAST PRES		0	0	0
MEYERSON, MARTIN 34TH AND WALNUT STREETS PHILADELPHIA, PA 19104	TRUSTEE		0	0	0
MOYNIHAN, ELIZABETH 65 CENTRAL PARK WEST NEW YORK, NY 10023	TRUSTEE		0	0	0
MULLINS, ROBERT 585 E BONITA AVENUE SAN DIMAS, CA 91773	TRUSTEE		0	0	0
NAKHAI, BETH ALPERT 845 N PARK AVENUE, SUITE 420 TUCSON, AZ 85721-0158	TRUSTEE		0	0	0
NELSON, ORLYN 27 NASHUA STREET LEOMINSTER, MA 01453	TRUSTEE		0	0	0
O'CONNELL, KEVIN P O BOX 212074 AMMAN, JO 11121	TRUSTEE		0	0	0
RICHARD, SUSAN 250 STONEGATE DRIVE ERIE, PA 16505	TRUSTEE		0	0	0



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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RITTERSPACH, AUSTIN 4146 N MERIDIAN INDIANAPOLIS, IN 46208	TRUSTEE		0	0	0
RUFFNER, BW 3021 E BROW ROAD SIGNAL MOUNTAIN, TN 37377	TRUSTEE		0	0	0
SCHEUER, RICHARD J	TRUSTEE		0	0	0
SCHNEIDER, TAMMI 831 N DARTMOUTH AVENUE CLAREMONT, CA 91711	VP MEMBERSHI		0	0	0
SCHWARTZ, GLENN DEPARTMENT OF NEAR EASTERN STUDIES BALTIMORE, MD 21218	AIA REPRESENTEN		0	0	0
SEGER, JOE DRAWER AR MISSISSIPPI STATE, MS 39762	TRUSTEE		0	0	0
SHERIDAN, SUSAN 611 FLANNER HALL SOUTH BEND, IN 46556	TRUSTEE		0	0	0
SHUFRO, LYDIA 885 PARK AVENUE NEW YORK, NY 10021	TRUSTEE		0	0	0
STRANGE, JAMES 4202 E FOWLER AVENUE TAMPA, FL 33620	SECRETARY		0	0	0
THOMPSON JR, GOUGH P O BOX 7262	TRUSTEE		0	0	0

**Federal Statements**

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RANCHO SANTE FE, CA 92067					
WRIGHT, EDWARD MARSHALL 420 TUCSON, AZ 85721	AIAR REPRES		0	0	0
YOUNGER JR, K LAWSON 2065 HALF DAY ROAD DEERFIELD, IL 60015	TRUSTEE		0	0	0
YUNKER, RANDALL INSTITUTE OF ARCHAEOLOGY BERRIEN SPRINGS, MI 49104	TRUSTEE		0	0	0