

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, H(c) Group exemption number

I Tax-exempt status: X 501(c) ( ) t (insert no.) 4947(a)(1) or 527

J Website: WWW.ASOR.ORG, K Form of organization: X Corporation, L Year of formation: 1935, M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

Table with 2 columns: Description (3-6, 7a, 7b) and Amount (32, 32, 14, 243, 0, 01,533,953,953)

Table with 2 columns: Description (8-12) and Amount (47,920, 2,412, 26,880, 0, 684,744)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)









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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	260,516				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	911,806				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 109,478				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,172,322				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> INDIVIDUAL MEMBERSHIPS		900099	180,948	180,948		
	<b>b</b> ANNUAL MEETING		900099	165,952	165,952		
	<b>c</b> JOURNALS REVENUE		900099	115,440	115,440		
	<b>d</b> INSTITUTIONAL MEMBERSHIPS		900099	59,000	59,000		
	<b>e</b> BOOK REVENUE		900099	8,156	8,156		
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	529,496					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	293,564			293,564	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>	34,580			34,580	
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> OTHER INCOME		900099	20,851			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions	<b>u</b>						

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**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
1	Cash—non-interest-bearing		1
2	Savings and temporary cash investments		2
3	Pledges and grants receivable, net		3
4	Accounts receivable, net		4
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		5
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
7	Notes and loans receivable, net		7
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges		9
10a	Land, buildings, and equipment: cost or other		
b	Less: accumulated depreciation		10c
11	Investments—publicly traded securities		11
12	Investments—other securities. See Part IV, line 11		12
13	Investments—program-related. See Part IV, line 11		13
14	Intangible assets		14
15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		16
17	Accounts payable and accrued expenses		17
18	Grants payable		18
19	Deferred revenue		19
20	Tax-exempt bond liabilities		20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30	. . .22 . . . . .555 Tc 1.248 Tw -198.32 -9.489945 . .e22r custodial UnslV, 5.8noted		30
31			31
32			32
33			33

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? _____  <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		







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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

**Section A. Public Support**

<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513					
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge					
<b>6</b>	<b>Total.</b> Add lines 1 through 5					
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons					
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					
<b>c</b>	Add lines 7a and 7b					
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)					

**Section B. Total Support**

<b>9</b>	Amounts from line 6					
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					
<b>c</b>	Add lines 10a and 10b					
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)					

**14 First 5 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**

<b>15</b>	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))		
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15		

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))		
<b>18</b>	Investment income percentage from 2019 Schedule A, Part III, line 17		

17 is not more than 33 1/3%, check this box and







**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

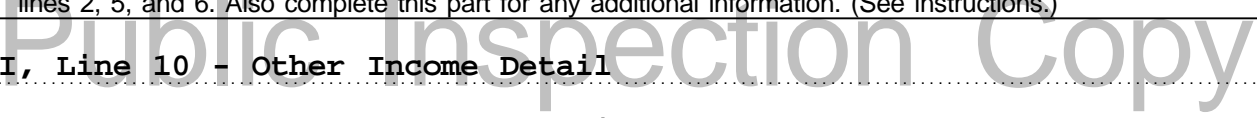
Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

\$ 23,288



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

**AMERICAN SCHOOLS OF ORIENTAL**

Employer identification number

**23-1352617**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 30,450</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 200,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 212,500</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
4	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 45,650</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
5	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 27,200</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
6	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... 120,560</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

**AMERICAN SCHOOLS OF ORIENTAL**

Employer identification number

**23-1352617**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... <b>60,095</b> .....</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... <b>81,721</b> .....</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
9	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ ..... <b>118,700</b> .....</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>



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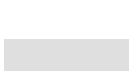




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**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
u Attach to Form 990.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**AMERICAN SCHOOLS OF ORIENTAL**

Employer identification number

**RESEARCH**

**23-1352617**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

RECIPIENTS OF FELLOWSHIPS ARE REQUIRED TO SUBMIT REPORTS TO ORGANIZATION.

REPORTS ARE THEN PUBLISHED ON THE ORGANIZATION'S WEBSITE. ORGANIZATION

FOLLOWS UP WITH RECIPIENTS IF THEY DO NOT SEND IN REPORTS.





**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 HARRIS GRANT	3	15,000			
2 SEGER GRANT	1	2,500			
3 STRANGE/MIDKOFF GRANT	3	5,000			
4 DONOR SUPPORTED	2	4,000			
5 MEYERS GRANT	3	5,000			
6 STEINMETZ GRANT	1	1,500			
7 PLATT GRANT	9	15,500			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

RECIPIENTS OF FELLOWSHIPS ARE REQUIRED TO SUBMIT REPORTS TO ORGANIZATION.

REPORTS ARE THEN PUBLISHED ON THE ORGANIZATION'S WEBSITE. ORGANIZATION

FOLLOWS UP WITH RECIPIENTS IF THEY DO NOT SEND IN REPORTS.







**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1		(i)						
		(ii)						
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12	1 2	(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Public Inspection Copy

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical art				
23				
24				
25				
26				
27				
28				


**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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Name of the organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL

23-1352617

PROMOTING THE EDUCATIONAL GOALS OF NEAR EASTERN STUDIES AND DISCIPLINES, AND BY ADVOCATING HIGH ACADEMIC STANDARDS IN TEACHING AND INTERDISCIPLINARY RESEARCH.

MAINTAINING AN ACTIVE PROGRAM OF TIMELY DISSEMINATION OF RESEARCH RESULTS AND CONCLUSIONS.

OFFERING EDUCATIONAL OPPORTUNITIES IN NEAR EASTERN HISTORY AND ARCHAEOLOGY TO UNDERGRADUATES AND GRADUATES IN NORTH AMERICAN COLLEGES AND UNIVERSITIES.

DEVELOPING ENGAGING PROGRAMS OF OUTREACH FOR THE GENERAL PUBLIC.

SUPPORTING AND PARTICIPATING IN EFFORTS TO PROTECT, PRESERVE, AND PRESENT TO THE PUBLIC THE HISTORICAL AND CULTURAL HERITAGE OF THE NEAR EAST AND THE WIDER MEDITERRANEAN AND TO RAISE AWARENESS OF ITS DEGRADATION.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

ERIC MEYERS

CAROL MEYERS

BOARD MEMBER

INST BOARD M

HUSBAND AND WIFE

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Effective December 9, 2020, and following a year-long process with two surveys of membership about ASOR's new name, ASOR's Board of Trustees voted to change the name of the Organization to "American Society of Overseas Research" and to continue using the acronym "ASOR". Effective October 27, 2021, the responsible authority in the District of Columbia approved the amendment to ASOR's Articles of Incorporation. At the date on which these financial statements were available to be issued, management is in the process of filing the legal name change with financial institutions and

Name of the organization

Employer identification number

AMERICAN SCHOOLS OF ORIENTAL

23-1352617

with local, state, and federal agencies.

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Form 990, Part VI, Line 7a - Election of Members and Their Rights

DESCRIBED IN BY-LAWS. THE GENERAL MEMBERSHIP ELECTS 2 MEMBERS PER YEAR FOR 3-YEAR TERMS. THE INSTITUTIONAL REPRESENTATIVES ELECT 2 MEMBERS PER YEAR FOR 3-YEAR TERMS. UP TO 4 MEMBERS ELECTED BY THE BOARD EACH YEAR FOR 3-YEAR TERMS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the treasurer and Executive Director first. It is then reviewed by the Board Chair and by the Finance Committee during its meeting at the Annual Meeting or during a conference call .

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH MEMBER OF THE BOARD MUST EXECUTE AND SUBMIT A CONFLICT-OF-INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director's salary is determined by the Executive Committee and takes into account performance and comparable salaries of the directors at other learned societies. It also takes into account salaries of directors of learned societies and other similar non-profits in the DC / Alexandria, VA area.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

FORM 990 IS POSTED ON WEBSITE.

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