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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

Department of the Treasury

SEASING MAR DI PRIS

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

		nue Service	► The organization may have to us	se a copy of this	return to satisfy	state n	eporting requi	rements.			
A	or the	2012 calend	ar year, or tax year beginning	Jan. 1	, 2	2012, a	and ending	D	ec. 31	, 20	12
В	heck if ap	oplicable	C Name of organization					D Emple	oyer ide	ntification numb	er
	Address c	hange	American Society of Comparative L	aw					13	-6167943	
	Name cha	-	Number and street (or P O box, if mail is n	ot delivered to st	reet address)		Room/suite	E Telep	hone nu	mber	
=	Initial retur -		65 Elizabeth Street			i		}	860	570 5262	
=	Terminate Amended		City or town, state or country, and ZIP + 4					F Grou			
=		n pending	Hartford, CT 06105-2290					Num	ber 🕨	•	
_		ting Method	✓ Cash	pecify) ▶			Н	Check	√ (f	the organization	n is not
	Websit		comparativelaw.org							ch Schedule B	
			eck only one) — 🗸 501(c)(3) 🔲 501(c)) () ◀ (inse	rt no) 🔲 4947(a)(1) or	527	•		-EZ, or 990-PF	
_	Check ▶		e organization is not a section 509(a)(3)				527 organizatio	on and its	s aross	receipts are no	rmally
1	not more		0. A Form 990-EZ or Form 990 return i				-		-	•	-
			oses to file a return, be sure to file a co	•	ŭ	•	. ,		,		•
L	dd lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts 1	f gross receipts	are \$200,000 or i	more, o	or if total assets	s (Part II,			
li	ne 25, c	olumn (B) belo	ow) are \$500,000 or more, file Form 990 in	stead of Form 9	90-EZ				► s		
P	art I	Revenu	e, Expenses, and Changes in	Net Assets	or Fund Ba	lanc	es (see the	instruc	tions	for Part I)	
			the organization used Schedule								. 🗸
	1		ons, gifts, grants, and similar amou						1		
	2		ervice revenue including governme						2		0
	3	-	ip dues and assessments						3		79,170
	4	Investmen							4		15,560
	5a	Gross amo	ount from sale of assets other than	inventory		5a					_10,000
	b		or other basis and sales expenses	-		5b		<u>`</u>			
	c		ss) from sale of assets other than			للتنتا	ne 5a)		5c		0
	6		nd fundraising events	monory (our							
	a	-	ome from gaming (attach Sche	edule G if a	reater than				;		
e	-					6a		o			
Revenue	Ь	Gross inco	ome from fundraising events (not in	ncludina \$	ı	سنت	contribution				
ě			raising events reported on line 1)		lule G if the	— "					
			ch gross income and contributions	•		6b		О			
	C		ct expenses from gaming and fund		•	6c		0			
	d		ie or (loss) from gaming and fund	-		a and	l 6b and su				
		line 6c)			. `				6d		0
	7a	Gross sale	es of inventory, less returns and alle	owances .		7a		o			
	Ь		of goods sold			7b		0			
	c		fit or (lòss) from sales of inventory			'a) .			7c		0
	8								8		0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7					. ▶	9		94,730
_	10		d similar amounts paid (list in Sche						10		0
	11		aid to or for members	· ·					11		0
S	12	Salaries, o	ther compensation, and employee	benefits .					12		0
nse	13		al fees and other payments to inde		tractors	-			13		0
Expenses	14		y, rent, utilities, and maintenance		RECEI	VEr)]		14		
Ä	15		ublications, postage, and shipping			V C	- 第一		15		0
	16	• .	enses (describe in Schedule O) .	[2-1	AAAA	A A	. lo		16		46,579
	17		enses. Add lines 10 through 16 .	:: S	WAR II	2013		. ▶	17		46,579
	18		(deficit) for the year (Subtract line	17 from line 9)				18	 .	48,151
ě	19	Net assets	s or fund balances at beginning o	f year (from I	ne 27 Colum	in (A)	must agree	e with			,
155		end-of-yea	ar figure reported on prior year's re	etum)	A LEGICAL CO.	, 60			19		320,416
Net Assets	20	_	nges in net assets or fund balance		chedule O)				20		17,235
ž	21		or fund balances at end of year	• •	•	n .	· · ·		21		205 002

orm	agn.	E7	(201	121

	_
_	-
Page	_

Pai	t II 'Balance Sheets (see the instructions f	or Part II)				<u> </u>
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗅
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[320,416	22	385,802
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			320,416		385,802
26	Total liabilities (describe in Schedule O)		<u> </u>		26	0
27	Net assets or fund balances (line 27 of column			320,416	27	385,502
Par						Expenses
\A/ba	Check if the organization used Schedule tis the organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·				quired for section
	, , , , ,		of Comparative Law i			(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provided	, the number of	494	7(a)(1) trusts, optional others)
28	Scholarly Conferences and Business Meetings (lowa					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28 a	32,144
29	Prizes for outstanding scholarship					
						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ∐</u>	29 a	1,187
30						
	(Grants \$) If this amount	includes foreign ar	ants, check here .		30a	
31	Other program services (describe in Schedule O)		· · · · · · ·		300	' -
			ants, check here		31a	
32	Total program service expenses (add lines 28a t				32	33,331
Par					struc	
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
H. Pa	itrick Glenn					
Presi	dent	5	0		0	0
Davi	d Gerber					
Vice	President	1	0		0	0
Fran	klın Gevurtz			•		
Secr		2	0		0	0
	ard Kay	<u> </u> _				
Treas	surer	5	0		0	0
Soo :	attached list of Directors					
<u> </u>	Reducted fist of Directors				+	
	· · · · · · · · · · · · · · · · · · ·				1	
	,					
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Part	· ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	\ \sqrt{\sqrt{\sqrt{\color{100}{\color{1000}{\color{1000}{\color{1000}{\color{1000}{\color{1000}{\color{1000}{\color{10000}{\color{1000}{\color{1000}{\color{1000}{\color{1000}{10
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		→
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N \dots	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b	Did the organization file Form 1120-POL for this year?	37b		✓
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 outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		¥
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			f
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		1
41	List the states with which a copy of this return is filed ► New York			
42a		860-57		
	Located at ► 65 Elizabeth St., Hartford, CT ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	0610	5-2290	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		./
С	Did the organization receive any payments for indoor tanning services during the year?	44c	+	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		Ť
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		√

Form	990-	F7	1201	121

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PAGE.	4

46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities o	on behalf of or	n opposit			1
Part '		s only						ies
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI	<u> </u>	<u> </u>	<u></u>	<u>. D</u>
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) elect				Yes	No
48 49a	Is the organization a school as described in Did the organization make any transfers to	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule E		. 49	В	\
ь 50	If "Yes," was the related organization as Complete this table for the organization's employees) who each received more than	s five highest compen	sated employees (o	ther than offic	ers, direct	ors, trus	tees ar	nd key
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions	benefits, to employee and deferred	(e) Estim	ated amo	ount of
None				-				
51 (a)	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization and address of each independent contractor part of the	's five highest compensation. If there is no	ensated independer	nt contractors	· · ·	Compens		e than
None								
								—— -
						-		
		••••	-					
d 52	Total number of other independent contribution of the organization complete Schedule	A? Note: All section 5	01(c)(3) organization	•)(1)	0		
Under po	nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha	return, including accompan	ying schedules and stater	ments, and to the	best of my kn	owledge		No , it is
	Juno Sia				M 2 204	6	2013	
Sign Here	Signature of officer Richard S. Kay Type or print name and title			Date				
Paid Prepa	Print/Type preparer's name	Preparer's signature	1	Date	Check self-employ	of PTII		
Use (Only Firm's name -				's EIN ▶			
May th	Firm's address ► ne IRS discuss this return with the prepare	r shown above? See i	instructions	Pho	ne no	▶ 🗇 v	es 🗆	No
				<u> </u>	<u> </u>		90-EZ	

SCHEDULE A (Form 990 of 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2012 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	can Society of Con			_						67943	
Part			rity Status (All orga						nstructio	ns.	
1	A church, con	vention of churc	ition because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches	s describe		-).		
	A medical rese		spital service organiza on operated in conjund e:						D(b)(1)(A)	(iii). Enter	the
5		on operated for ()(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit de	scribed in
	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	ıl part of					nit or fron	n the gene	eral public
8	☐ A community t	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	come (les	s, and (2) ss section	no more	e than 331	/ ₃ % of its
	An organization	on organized ar one or more pub	l operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). Se	
е		indation manage	II c Type II that the organization ers and other than one	is not co	ntrolled d	Irectly or	ndirectl	y by one	or more		d persons
f	_		written determination					I, Type I	ll, or Typ	e III supp 	oorting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the)		
			ndirectly controls, eithody of the supported								Yes No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
h	(iii) A 35% cor	ntrolled entity of	a person described in on about the support	ı (ı) or (ıı) a	above? .					11g(iii)	
1 (i)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?		of monetary port
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
	<u> </u>							i			

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked the						alıfy under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					·	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				ł		
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4.	manti tuni	:	postava se ese se va I	t)	;= 	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•			12 ear as a section	on 501(c)(3)
	organization, check this box and stop he	•	·				
Secti	on C. Computation of Public Support						
14	Public support percentage for 2012 (line			11, column (fl)		14	%
15	Public support percentage from 2011 Sci		•			15	%
16a	331/3% support test—2012. If the organibox and stop here. The organization qua					/3% or more, c	heck this
b	331/2% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33¹⁄a% 	or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "to organization	ets the "facts-	and-circumsta	ınces" test, ch	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	op here.
18	Private foundation. If the organization d					k this box and	see □

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cooti	on A Bublic Support	<u> </u>	NO HOLOG BOIL	, piodoc co	inploto i dit i	<u>··/</u>	
	on A. Public Support	(-) 0000	#1.0000	(1) 0040	(D 0044	() 0040 T	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	71,067	71,140	77,270	76,895	79,170	375,542
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the				,		
	organization without charge						
6	Total. Add lines 1 through 5	71,067	71,140	77 270	76,895	70 170	275 542
7a	Amounts included on lines 1, 2, and 3	71,067	71,140	77,270	/6,893	79,170	375,542
, ,	received from disqualified persons .						
	· · ·					~	
b	Amounts included on lines 2 and 3	!					
	received from other than disqualified						
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)					Ĺ,	375,542
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	71,067	71,140	77,270	76,895	79,170	375,542
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	6,049	6,797	8,278	11,508	15,560	48,192
b	Unrelated business taxable income (less				·		•
	section 511 taxes) from businesses						
	acquired after June 30, 1975			•			
С	Add lines 10a and 10b	6,049	6,797	8,278	11,508	15,560	48,192
11	Net income from unrelated business		-,	3,2.0	,	10,000	
	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						
	(Explain in Part IV.)	9,448					0.840
13	Total support. (Add lines 9, 10c, 11,	3,440					9,448
. •	and 12.)	86,564	77,937	85,548	00 402	94,730	A22 102
14	First five years. If the Form 990 is for the						433,182 n 501(c)(3)
• •	organization, check this box and stop he	•	*		•		
Sacti	on C. Computation of Public Suppor			 			<u> </u>
15	Public support percentage for 2012 (line to			2 column (fl)		15	96 50 96
	• • • • • • • • • • • • • • • • • • • •			• • • •			86 69 %
16 Socti	Public support percentage from 2011 Sci ion D. Computation of Investment In				<u></u>	16	86 31 %
			-	lma 10 ==!	(6)	1471	
17	Investment income percentage for 2012 (-	* * * *	17	11 12 %
18	Investment income percentage from 2011					18	15.86 %
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this						_
20	Private foundation. If the organization di	d not check a	box on line 14.	. 19a. or 19b. d	check this box	and see instru	ctions 🕨 🗔

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**12**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
American Society of Comparative Law	13-6167943
Tanonical Costs of Comparative Care	
Line 20 Increase in market value of securities	
••••••	

'	

•••••	
•••••••••••••••••••••••••••••••••••••••	***************************************
•••••••••••••••••••••••••••••••••••••••	

American Society of Comparative Law - EIN 13-6164973	Attachment to Form 990-EZ Part IV - TY 2012
SCHOOL	DIRECTOR
University of Alabama	Professor Ken Rosen
American University	Professor Fernanda Nicola
University of Arizona	Professor Boris Kozolchyk
Arizona State University	Professor Dennis S. Karjala
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