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Department of the Treasu Internal Revenue Service

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# 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 \$500,000 and total assets less than \$1,250,000 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.

2009 Open to Public Inspection

OMB No. 1545-1150

A For the 2009 calendar year, or tax year beginning January 1 , 2009, and ending Dec					Dec	embe	r 31	, 20	09			
В	Check ı	f applicable	Please	C Name of organization			-	D Emple	yer id	entification	number	r
		s change	use IRS tabel or	American Center for Mong	jolian Studes			1	5	5-0799211		
H		change	print or	Number and street (or P O box	k, if mail is not delivered to str	eet address)	Room/suite	E Telep	hone n	umber		
H	Initial re		I 1155 Obcompton Dr							360-356-1020		
Ħ		led return	Specific Instruc-	City or town, state or country,	and ZIP + 4			F Grou	р Ехе	mption		
Ħ		ation pending	tions.	Madison, WI 53706-1319					ber I	•		
=	• Se	ection 501(c)(3)	omaniz	zations and 4947(a)(1) none	xempt charitable trusts	must attach	G Acco	intina Me	thod	☐ Cash	√ Ac	crual
			-	npleted Schedule A (Form	-			(specify)				
	H Check ▶ ☐ If the organization is <b>not</b>											
	Website: ► www.mongoliacenter.org required to attach Schedule B (Form 990,											
	Website: ► www.mongolacenter.org required to attach Schedule B (Form 990, 1 Tax-exempt status (check only one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).											
	Check			zation is not a section 509(a)(						ore than \$2	5.000	
				turn is not required, but if th							5,000.	^
_			_	9 to determine gross receipts					\$			
	art	_		enses, and Changes							71	
	1			ts, grants, and similar ame				ī	1	5 101 T WIT		1,867
	2			revenue including governr				}	2			8,422
	3							}	3			6,677
	i		•	s and assessments					4			4,785
	4	Investmen				1.5-	i · · · ·	-0-	*228			4,700
	5			m sale of assets other tha		-		-0-				
				er basis and sales expens			<u> </u>					
0				n sale of assets other than tivities (complete applicable parts					5c			-0-
Revenue	6				· · · · · · · · · · · · · · · · · · ·	-	ing, check here		10 Sept. 1			
Š	'		-	ot including \$		1	ı					
Œ		=		)				-0-				
	1		•	nses other than fundraisin	• .		<u> </u>	-0-	- "			
	1 _			ss) from special events an	· ·		line 6a) .     .	٠.	6c			-0-
	7			entory, less returns and a	llowances			-0-				
		b Less: cost				. <u>  7b</u>		-0-	<u>``</u>			
	1			ss) from sales of inventor	y (Subtract line 7b from	line 7a) .			7c			-0-
	8	Other reve	-					<u>-</u> '	8			-0-
_	9			dd lines 1, 2, 3, 4, 5c, 6c,		=IV/FD	<u> </u>	. ▶	9			1,751
	10			r amounts paid (attach sc	1		(d) · · ·		10		8	5,056
	11	•		r for members	. l.ml		တ္တြ	· · }	11			-0-
Ses	12			mpensation, and employe	I'I AUU A	4 2010 ·	<u>위</u> · ·	}	12			2,959
ë	13			and other payments to in	1 - 1		<u> </u>		13			2,378
Expenses	14	•	•	utilities, and maintenance		NI 11	F <sup> -</sup>   · ·		14			<u>-0-</u>
ш	1.5			ons, postage, and shippir		1V, U			15			1,652
	16			describe See Stateme			<del> </del>	<u>-</u> ')	16			0,275
	17	Total expe	enses.	Add lines 10 through 16	<u> </u>	<u></u>	<u></u>	. ▶	17			2,320
ş	18			for the year (Subtract line					18		12	9,431
Net Assets	19			d balances at beginning								
ĕ		•	•	e reported on prior year's	•			H	19			2,731
횾	20			net assets or fund balance					20	<del> </del>		-0-
	21	Net assets	or fund	d balances at end of year.	Combine lines 18 thro	ugh 20 .	<del></del>	. 🕨	21	1 /5	35	2,162
P	art I	Balance	e Shee	ets. If Total assets on line		250,000 or	more, file Fo	m 990 i	nstea			
				(See the instructions fo	•		<u> </u>	ginning of			d of year	
2				vestments				143	3,666		21	8,216
2	3 1	Land and build	dings .				·		-0-	_		-0-
2				e ► Accounts/Grants Re					3,216	_		8,051
2							·		5,882			6,267
2	6 .	Total liabilitie	s (desc	cribe Accounts Payab	le		_)		1,151			4,105
3	<del>,</del> 1	Nat accate or	fund b	palances (line 27 of colum	n (B) <b>must</b> agree with i	line 21)	.	222	2,731	27	35	2,162

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Page	2

Form	gan.	F7	(2005)	41

	555 22 (2555)					. 490 =
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Research and Education Su	pport			ured for section
Desc	cribe what was achieved in carrying out the org	janization's exempt purpo:	ses. In a clear a	nd concise	501(C	(3) and 501(c)(4) elizations and section
man	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts; optional
each	program title.				for ot	hers)
28	Operated an office in Ulaanbaatar, Mongolia to provi	de support for academic res	earch and exchang	e.		<u>-</u> -
			***			
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a	102,663
29						
	conferences, events, annual meeting, education, trai	ining, and support for research	ch projects.			
		92	i/			
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	29a	87,211
30						
•						
	***************************************					
	(Grants \$ ) If this amount	includes foreign grants, ch	ack hara	<b>►</b> □	30a	
21	Other program services (attach schedule)				50a	
31		includes foreign grants, che			31a	
32	Total program service expenses (add lines 28a t				32	189,874
	t IV List of Officers, Directors, Trustees, and Key					
Гаі	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit deferred compe	plans &	account and
D-L	-d- HD-kinli Chamantia	devoted to position	enter -0)	deferred compe	nsation	other allowances
	erta "Robin" Charpentier	Resident Director 40hrs	42.000			
	. #5 National University of Mongolia, Ulaanbaatar		13,000		-0-	-0-
	n White	Resident/US Dir. 40hrs				
	E. Johnson St. #4, Madison, WI 53703		36,774	ļ	-0-	-0-
	rles Krusekopf	Executive Director 10hrs	40.000			_
3880	Mildred St., Victoria, BC, Canada		18,000		-0-	-0-
	attached list of Officers and Directors who were not					
com	pensated (Statement #3)			ļ		
	<del> </del>					
	<u> </u>				-	
		]	]			
	***************************************					
		- "."				
			1			i

Other Information (Note the statement requirements in the statement requirement requirements in the statement requirement requirements in the statement requirement requirement requirements in the statement requirement requiremen			Vac	
33 Did the organization engage in any activity not previously reported			169	No
description of each activity		33		<b>✓</b>
34 Were any changes made to the organizing or governing documents				-/-
the changes	la de la companya de	34		<del></del> -
If the organization had income from business activities, such as those repor not reported on Form 990-T, attach a statement explaining why the organizar			: }	,
a Did the organization have unrelated business gross income of \$1,0	· · · · · · · · · · · · · · · · · · ·	ال د ۱۳۵۰		
6033(e) notice, reporting, and proxy tax requirements?		35a		✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<i></i>	35b		
36 Did the organization undergo a liquidation, dissolution, termination during the year? If "Yes," complete applicable parts of Schedule N	<b>•</b>	36	·	✓
37a Enter amount of political expenditures, direct or indirect, as described		-	••	1 6
		37b		1
38a Did the organization borrow from, or make any loans to, any officer, or				
any such loans made in a prior year and still outstanding at the end of	the period covered by this return?	38a		<b>√</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount invo	olved   <b>38b</b>			*
39 Section 501(c)(7) organizations. Enter:	at .		٠,	
a Initiation fees and capital contributions included on line 9	39a		4	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .		1		· .
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the	organization during the year under:	' A	*\hat{k};	`\*\
section 4911 ▶; section 4912 ▶	; section 4955 ▶	<i>m</i> )	1	3.
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization en		اتتا	<u> </u>	لحسا
transaction during the year or is it aware that it engaged in an exceperson in a prior year, and that the transaction has not been rep Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of	f tax imposed on	** .	× .	
organization-managers or disqualified-persons-during-the-year-un4955, and 4958			· 25,	.**
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount or reimbursed by the organization	_			ġ.
e All organizations. At any time during the tax year, was the organiz transaction? If "Yes," complete Form 8886-T		40e	(C)	1
41 List the states with which a copy of this return is filed. ▶ WA, WI				
42a The organization's books are in care of ▶ Charles Krusekopf	Telephone no. ▶ 2	50-38	2-0250	õ
Located at ► 3880 Mildred St., Victoria, BC, Canada	ZIP + 4 ▶	V8Z	7G1	
<b>b</b> At any time during the calendar year, did the organization have an ir				
over a financial account in a foreign country (such as a bank accounts)	unt, securities account, or other financial		Yes	No
account)?		42b		
If "Yes," enter the name of the foreign country: ► Mongolia	TD 500 004 Days 1 (5 1 5 1	ş .	4,	* 1
See the instructions for exceptions and filing requirements for Form and Financial Accounts.	TD F 90-22.1, Report of Foreign Bank	. ' Aş	<b>∳</b> n	*
c At any time during the calendar year, did the organization maintain a	n office outside of the U.S.?	42c	1	
If "Yes," enter the name of the foreign country: ▶ Mongolia				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in	· · · · · · · · · · · · · · · · · · ·		. 1	▶ □
and enter the amount of tax-exempt interest received or accrued du	ring the tax year			N/A
		r	V I	A
AA Did the consideration of the last of th		,	Yes	No
Did the organization maintain any donor advised funds? If "Yes," Form 990-EZ	-orm 990 must be completed instead of		·	
		44	· · · ·	<u>√</u> ,,
45 Is any related organization a controlled entity of the organization wit	thin the meaning of section 512(b)(13)? If	AE		
"Yes," Form 990 must be completed instead of Form 990-EZ		45	-F7	(2009)

o.	200	4

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt c d 51.	nexempt charita haritable trusts m	able trusts only. A ust answer question	il sec ons 46	tion 5–491	 o
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete S				46		<b>✓</b>
47	Did the organization engage in lobbying activities	s? If "Yes," complete S	chedule C, Part II		47		<b>✓</b>
48	Is the organization a school as described in section				48		<del>/</del>
	Did the organization make any transfers to an ex		-		49a		<del>-                                    </del>
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high employees) who each received more than \$100,000.	ghest compensated en	nployees (other that om the organization	officers, directors,	truster ter "N	es an one."	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio		(e)	Expension allows	se Ind
None							-
f	Total number of other employees paid over \$100	\ 000			<u> </u>		
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Cor	npensa	ation
d	Total number of other independent contractors e	each receiving over \$10	0,000 ▶				
	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accor of preparer (other than office	npanying schedules and r) is based on all informat	statements, and to the beaution of which preparer has	at of my	knowl	edge e
Sign Here	Signature of officer	<del></del>		Aug. 15, 201	0		
	Charles Krusekopf, Executive Director Type or print name and title				·		
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	e instruc	tions)
Prepar Use Or	I Firm Shame to:			EIN ▶			
May th	ne IRS discuss this return with the preparer shown	above? See instruction	ons	🕨 🗀	Yes		No
				Fo	rm <b>99</b>	0-EZ	(2009)

### SCHEDULE A. (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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

2009

Open to Public Inspection

Employer identification number-55 0799211 **American Center for Mongolian Studies** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Ω An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II d ☐ Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? Yes Yes Yes

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 56,979 110,747 124,135 414,838 426,966 1,133,665 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 56,979 110,747 124,135 414,838 426,966 1,133,665 Total. Add lines 1 through 3 The portion of total contributions by each -3/10 16 : € person (other than a governmental unit or publicly supported organization) included s Ě on line 1 that exceeds 2% of the amount shown on line 11, column (f) ٠٠, Public support. Subtract line 5 from line 4 20 -\*\* Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 56,979 110,747 124,135 414,838 426,966 1,133,665 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 300 -0--0-1,567 4,785 6,652 sources Net income from unrelated business activities, whether or not the business is -0--0--0--0 ٠0. -0regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 2,783 -0-1,000 330 (Explain in Part IV) . . . . . . ٠n. 4,113 19 1,144,430 100 \* i Sur 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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 99.059 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.197 15 Public support percentage from 2008 Schedule A. Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . b 10%-facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sched	dule A (Form 990 or 990-EZ) 2009						Page <b>〔</b>
Par	Support Schedule for Organ (Complete only if you checke	nizations De	scribed in S	ection 509(a)	)(2)		
Sec	tion A. Public Support	<u> </u>	-	/			
Ca	lendar year (or fiscal year beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 7a	Amounts included on lines 1, 2, and 3 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 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
<u> </u>	line 6.)		200	<u> </u>	૮ - ડાકોર્સ અને કરેલે =	જિલ્લો <sub>કર્યો</sub> હો જો તેમજ <b>દ</b> ું !	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(b) 2000	(6) 2007	(4) 2000	(6) 2009	(i) iotai
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b  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 (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for torganization, check this box and stop to the sto	here	<u></u>	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ [
Sec	tion C. Computation of Public Sup	pport Percer	ntage				

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for a organization, check this box and stop	the organization	on's first, secor	nd, third, fourth	n, or fifth tax y	ear as	s a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Perce	ntage					
15	Public support percentage for 2009 (lin					15		%%
16	Public support percentage from 2008 S			<u> </u>	<u> </u>	16		%_
Sec	tion D. Computation of Investmer	nt Income Po	ercentage			_		
17	Investment income percentage for 2009	<b>9</b> (line 10c, co	lumn (f) divided	d by line 13, co	olumn (f)) .	17		%_
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17		18		<u>%</u>
19a	331/3 % support tests - 2009. If the orga	anization dıd n	ot check the b	ox on line 14, a	and line 15 is r	nore t	han 33/ <sub>3</sub> 9	%, and line
	17 is not more than 331/3 %, check this b	ox and <b>stop h</b> e	<b>ere.</b> The organi	zation qualifies	s as a publicly	suppo	rted orga	nization ► ⊔
b	line 18 is not more than 331/2 %, 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 b	ox and	see inst	ructions ▶ ∐
					Sch	edule A	(Form 990	or 990-EZ) 2009

chedule A (F	orm 990 or 990-EZ) 2009			•	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10;
				•••••	
·					
			•••		
. <b></b>					
·					
					<del></del>
					·····
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State, City	Zip	Amount
Missoula, MT	59802	\$3,000
Springfield	65807	3,000
Missoula, MT	59801	3,000
Bloomington, IN	47401	3,000
<u>-</u>	Subtotal	\$12,000
Jackson, WY	83002	\$3,000
Centennial, CO	80122	3,000
Bloomington, IN	47408	3,000
-	Subtotal	\$9,000
Bethesda, MD	20817	\$13,056
Bloomington, IN	47408	14,000
Bloomington, IN	47404	26,000
Bozeman, MT	59715	9,000
	Subtotal	\$62,056
		\$2,000
	Subtotal	\$2,000
	Total	\$85,056

# American Center for Mongolian Studies EIN#55-0799211 Statement 2

Description/Type		Amount
Mongolia Office Expenses		
Resident Mongolia Staff Salaries/Wages		\$39,353
Printing, publications, postage, and shipping		783
Other (Program services, bank fees, books, conferences, travel, Internet; etc)		62,527
·	subtotal	\$102,663
US Office Expenses		
Other (Program services, bank fees, books, conferences, travel, Internet; etc)		\$37,613
	subtotal	\$37,613
Total Other Expenses	Total	\$140,276

### American Center for Mongolian Studies EIN#55-0799211 Statement 3

# American Center for Mongolian Studies, Board of Directors and Officers Note: All members of the board of directors and officers are uncompensated

Member	Institution	Roard	Renresei	ntativae
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Member Institution Board Representatives				
Title	Last Name	First Name	Institution	
Dr.	Davis-Kimball	_	American-Eurasian Research Institute	
Dr.	Langton	Scott	Austin College	
Dr.	Barfield	Thomas	Boston University	
Dr.	Ojima	Dennis	Colorado State Uviversity	
Dr.	Jacoby	Gordon	Columbia University	
Dr.	Atwood	Chris	Indiana University	
Dr.	Freeman	Carla	Johns Hopkins SAIS	
Dr.	Weatherford	Jack	Macalester College	
Dr.	Montagne	Cliff	Montana State University	
Mr.	Saunders	Steve	North America-Mongolia Business Council, Inc (NAMBC)	
Dr.	May	Timothy	North Georgia College and State University	
Mr.	Williams	John	Principia College	
Dr.	Lewis	Steven	Rice University	
Dr.	Boydell	Tony	Royal Roads University	
Dr.	Janes	Craig	Simon Fraser University	
Dr	_Eitzhugh	_William	-Smithsonian Institute	
Dr.	Olsen	John W.	Univ. of Arizona	
Dr.	Nix	Nancy	University of Alaska Anchorage	
Dr.	Dierkes	Julian	University of British Columbia	
	Woods	John	University of Chicago	
Dr.	Shultz	Edward	University of Hawaii at Manoa	
Dr.	Abelman	Nancy	University of Illinois at Urbana-Champaign	
Dr.	Herron	Erik	University of Kansas	
Dr.	Gardner	Scott	University of Nebraska	
Dr.	Stewart	Alec	University of Pittsburgh	
Dr.	Miller	Richard	University of Wisconsin-Madison	
Dr.	Frazier	DeWayne	Upper Iowa University	
Dr.	Vajda	Edward	Western Washington Univ.	
Dr.	Honeychurch	William	Yale University	
Dr.	Bazely	Dawn	York University	
Dr.	Mikkelsen	Marta	University of Washington	

Title	Last Name	First Name	Institution
Mr.	Lake	Joseph	•
Dr.	Myagmar	Saruul-Erdene	
Mr.	Croft	Layton	Ivanhoe Corporation
Dr.	Endicott	Elizabeth	Middlebury College

Dr.	Rossabi	Morris	Columbia University
Mrs.	Wright	Christine	McEvoy Oil
N.4-	Mannassa	Doto	Business Council of Me

Mr. Morrow Pete Business Council of Mongolia

Officers 2009

Fitzhugh William President Dr. Dierkes Julian Vice President for External Relations Dr. Vice President for Member Services Dr. Atwood Chris Mrs. Wright Christine Treasurer

Mrs. Wright Christine Treasurer
Dr. Endicott Elizabeth Secretary

### 2009

### Title

Director

Associate Professor of Japanese

Professor and Chair Anthropology Dept.

Senior Research Scientist, Natural Resource Ecology Laboratory

Special Scientist, Tree-Ring Lab

**Assistant Professor** 

Associate Professor

Professor, Anthropology

Land Resources and Environmental Sciences

**Executive Director** 

Assistant Professor, History

Professor of Political Science

Director

Director, School of Environment and Sustainability

Associate Dean

Director, Arctic Studies

Professor and Head

Assistant Professor

Institute of Asian Research

Professor

School of Pacific and Asian Studies

Professor of Anthropology and East Asian Languages and Cultures

Associate Professor

Associate Professor

Dean, Honors College

Associate Director, Center for East Asian Studies

Sr. Vice President for International Programs

Associate Professor

Assistant Professor of Anthropology

Associate Professor of Biology

**Associate Director** 

### Title

US Ambassador (Retired) Language Instructor, Foreign Service Institute Vice-president for Corporate Relations Professor Emerita of History

Adjunct Associate Professor Certified Public Accountant CEO, Khan Bank

Address above Address above Address above Address above Address above

Address 1

2158 Palomar Avenue 900 North Grand Avenue

232 Bay State Road

B229 Natural & Environment

963 Newport Rd.

Goodbody Hall 157

1619 Massachusetts Ave, NW

1600 Grand Avenue

334 Leon Johnson Hall

1015 Duke Street

82 College Circle 100 Maybeck Place

MS-40 6100 Main Street

2005 Sooke Road

10 Firview Place P.O.Box-37012

Dept. of Anthropology

Department of Health Sciences 3211 Providence

Drive, DPL 405 1855 West Mall

Pick Hall - Room 115

1890 East-West Road, Moore 315

Davenport Hall, MC-148

310 Blake Hall, 1541 Lilac Lane

Manter Laboratory of Parasitology

University of Pittsburgh

333 Ingraham Hall, 1155 Observatory Dr

Department of International Programs

Department of Modern and Classical Languages

PO Box 208277

4700 Keele Street

Box 253650

Address 2

Campus Box 61600

Anthropology - Rm 105

1011 E. 3rd Street

PO Box 173120

**History Department** 

Principia College

PO Box 210030

5828 S. University Avenue

W, 529 Nebraska Hall

3600 Cathedral of Learning

605 Washington Street, P.O.Box 1857

MS-9057 Western Washington University

Address 1

790 SE Webber Street, Apt #205 2142 N. Brandywine Street Ste. 654 - 999 Canada Place 125 Field Days Road Address 2

City and State Ventura, CA Sherman, TX Boston, MA Ft. Collins, CO Raphine, VA Bloomington, IN Washington, DC St. Paul, MN Bozeman, MT Alexandria, VA Dahlonega, GA Elsah, IL Houston, TX Victoria, BC Port Moody British Columbia Washington, DC Tucson, AZ  Anchorage, Alaska Vancouver BC Canada Chicago, IL	Zip Code 93001 75090-4400 02215 80523-1499 24472 47405 20036 55105 59717-3120 22314 30597 62028 77005 V9B 5Y2 v3h 5h6 20013-7012 85721-0030 99508 V6T 1Z2 60637
Urbana, IL Lawrence, Kansas Lincoln, NE Pittsburgh, PA Madison, WI Fayette, IA Bellingham, WA New Haven, CT Toronto, ON Seattle, WA  City and State Portland, OR Arlington, VA Vancouver, BC Weybridge, VT	96822 61802 66045 68588-0514 15260 53706 52142-1857 98225 06520-8277 M3J 1P3 98195 Zip Code 97202 22207 V6C 3E1 05753