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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service A TO A SECOND AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSE

Open to Public

		2010 calendar war or tay war hadinating October 01 2010, and or								
		2010 calendar year, or tax year beginning October 01 , 2010, and er applicable: C Name of organization American Center for Mongolian Studies	кину 5ер	tember 30	, 20 11 loyer identification	number				
		- · · · · · · · · · · · · · · · · · · ·		- Land	-	number				
	Address	11 1 11 11 11 11 11 11 11 11 11 11 11 1	n/suite		55 0799211					
	Name ch		E leaes	E Telephone number						
	Initial retu	1700		360 356-1020						
닏	Terminate		1							
	Amended			s receipts \$	433,958					
Ц	Application	on pending F Name and address of principal officer: Charles Krusekopf same as C above		turn for affiliates? 🔲 Y						
		s included? 🔲 Y								
<u>t</u>		npt status:	27 1	f "No," attacl	h a list. (see instruct	ions)				
<u>J</u>	Website: ► www.mongoliacenter.org H(c) Group exemption n									
_		rganization: Corporation ☐ Trust ☐ Association ☐ Other ► L Year of the Section ☐ L. Year of the Section ☐ Other ► L. Year of the	ormation: 200	02 M St	ate of legal domicile	: TX				
Р	art i	Summary			· · · · · · · · · · · · · · ·					
	1	Briefly describe the organization's mission or most significant activities: Pro-	·							
ø	•	supporting academic research, operating an academic resource center in Ulaanl	aatar, Mongo	olia, and pu	ublic outreach					
a	1	and educational activities such as lectures and language training.								
Ĕ		**************************************								
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net as	sets.						
94 G	3	Number of voting members of the governing body (Part VI, line 1a)		. 3		40				
88	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4		40				
\$	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		. 5		3				
₹	6	Total number of volunteers (estimate if necessary)		. 6		-0-				
٩	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	1	-0-				
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b		<u>Ф</u>				
			r Year	Current '	fear					
•	8	Contributions and grants (Part VIII, line 1h)								
Š	9	Program service revenue (Part VIII, line 2g)	11,09	5	25,434					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59	597						
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-(-0-					
		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		43.02	43,027					
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		56.25	+	433,958 103,307				
		Benefits paid to or for members (Part IX, column (A), line 4)		-(-0-				
60	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,89	18	108,204				
Expenses	ľ	Professional fundraising fees (Part IX, column (A), line 11e)		-(-0-				
ē		Total fundraising expenses (Part IX, column (D), line 25) ▶ -0-	—		-					
Ã	i .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		70,38	5	158,655				
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		207,53		370,166				
	19	Revenue less expenses. Subtract line 18 from line 12	-	(164,506	·· · · · · · · · · · · · · · · · · · · ·	63,792				
- S		62.6	Beginning of	f Current Yes	-					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	201,47		255,021				
Ass	21	Total liabilities (Part X, line 26)		13,81		3,573				
¥.5	22	Net assets or fund balances. Subtract line 21 from line 20		187,65		251,448				
	art II	Signature Block		107,00	<u> </u>	201,110				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	totomonte and	to the best o	of my knowledge, as	d bolief it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of which pre			or my knowledge at	iu oeilei, ii is				
_		Marcha		m.	14, 2012					
Sig	ın	Signature of officer		Date	1712012					
He	-	Charles CKrusekoof Executive Drector								
		Type or print name and title								
	• •	Print/Type preparer's name Preparer's signature	Date		PTIN					
Pa					k [] if] '''' mployed					
	epare		<u> </u>							
Us	e Onl		·····	Firm's EIN 🕨	<u> </u>					
Ma	v the ID	Firm's address S discuss this return with the preparer chawn above? (see instructions)	<u> </u>	Phone no.	<u> </u>	. —				
IAIS	y me iH	S discuss this return with the preparer shown above? (see instructions)	<u> </u>		<u>· · · </u> <u> </u>	es 📙 No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (201

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	The American Center for Mongolian Studies is an academic organization promoting scholarship and research about and in Mongolia.
	The organization provides support services to students and faculty conducting study or research in Mongolia at its full service
	resource center and library in Mongolia. It also conducts a variety of public outreach and educational activities including lectures
	and language training.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 113,118 including grants of \$ 300) (Revenue \$ 0)
14	Resource Center and Library in Mongolia: the organization maintains a fully staffed resource center and research library in
	Ulaanbaatar, Mongolia. The center is housed in the Mongolian University of Science and Technology library building and is overseen
	by a full-time Resident Director who is a US citizen. The Resident Director is supported by a full-time US Director hosted at the
	Center for East Asian Studies at University of Wisconsin-Madison. Primary support for the center comes from the US Department of
	Education, US Department of State, Henry Luce Foundation, and donations. The resource center offers visiting US and international
	scholars a comfortable research environment which includes computers, office equipment, and a research library collection with
	over 4,000 volumes. The organization regularly acquires new books for the library in both the US and Mongolia. Grants supporting
	these activities in the current year were received at the beginning of fiscal year 2011 (October 2010).
4b	(Code:) (Expenses \$ 103,307 including grants of \$ 100,000) (Revenue \$ 0)
	Fellowships/Conferences/Lectures: the organization supported four fellowship programs with grant funds received at the beginning
	of fiscal year 2011 (October 2010) and in fiscal year 2010 from the US State Department and Henry Luce Foundation, respectively.
	The programs provided \$103,307 in fellowship awards to 17 US students and faculty, as well as 1 Italian Faculty. The five programs
	support field research and language acquisition for students and faculty. In addition, the organization held conferences and public
	lectures in Mongolia in support of the fellowship programs and as part of the organization's public outreach goals. These activities
	were organized by staff in Mongolia.

4-	(Code:) (Expenses \$ 28,161 including grants of \$ 15,527) (Revenue \$ 0)
4c	
	Digital Library Development: The organization provides technical expertise to the Digital Library for International Re-search (DLIR).
	The US Director is the primary contributor to this project, and grants received from the Council for American Overseas Research
	Centers (CAORC) cover half of his salary. The DLIR is a consortium of Overseas Research Centers (ORCs) aimed at creating a
	unified collection of digital objects held at ORCs such as the American Center for Mongolian Studies (ACMS). ACMS is an active
	member of DLIR, contributing to the union catalog and digital archive (www.dlir.org), and working to digitize rare manuscripts held in
	Mongolia.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 46,175 including grants of \$ 10,000) (Revenue \$ 25,966)
4e	Total program service expenses ▶ 296,605

Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No_
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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	3	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>→</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	:	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓_
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 , 	/
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14a	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	✓
		For	m yyl	(2010)

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	

Form **990** (2010)

	0 2010)			age J
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	•••		No
			169	1
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	ŀ		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	1	ł
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	 	-	\vdash
20			·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	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)?	4a	1	
h	If "Yes," enter the name of the foreign country: ▶ Mongolia	<u> </u>		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a		1
	grifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	İ	1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	İ	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	· · · · · · · · · · · · · · · · · · ·	7.		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	!
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	t	1
10	Section 501(c)(7) organizations. Enter:		 	 `
8		ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	1	
11	Section 501(c)(12) organizations. Enter.	i	1	1
а	Gross income from members or shareholders	4	l	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	i
	against amounts due or received from them.)	j	ļ	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	1
_	Note. See the instructions for additional information the organization must report on Schedule O.	F	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
-	Market and the Comment of the commen			
_	100	-	1	
C	Enter the amount of reserves on hand	 	 	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u> </u>	

Part	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
•	O. See instructions. Check if Schedule O contains a response to any question in this Part VI	s in	SCHE			
Section	on A. Governing Body and Management	•	····	✓		
	<u>9</u>		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 40					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 40	. 1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1		
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓		
6	Does the organization have members or stockholders?	6	1			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	1			
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		✓		
а	The governing body?	8a	1			
b	Each committee with authority to act on behalf of the governing body?	8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode i	<u> </u>		
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue O	Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		1		
b	If "Yes," does the organization have written policies and procedures governing the activities of such			<u> </u>		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		İ		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	<u> </u>		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		1		
13	Does the organization have a written whistleblower policy?	13	✓			
14	Does the organization have a written document retention and destruction policy?	14	1			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		1		
þ	Other officers or key employees of the organization	15b	✓_			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
	with a taxable entity during the year?	16a		1		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Secti	ion C. Disclosure		-			
17	List the states with which a copy of this Form 990 is required to be filed ► WI, TX					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ailable		
40	Own website Another's website Upon request	f into	rant -	ب مایم		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.			жису,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9			
	organization: ► David Dettmann, 1155 Observatory Dr. Room 333, Madison, WI, 53706 Tel: 608-265-8039					

Form 990 (2010)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
•	and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[7] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer		Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Dr. William Fitzhugh								-0-	-0-	-0-
President		<u> </u>	✓	1	L	 				
(2) Dr. Julian Dierkes		ĺ						-0-	-0-	-0-
Vice-President for External Relations			1	1	<u> </u>	<u> </u>	<u> </u>			
(3) Dr. Christopher Atwood								-0-	-0-	-0-
Vice-President for Member Services		ļ	1	✓	<u> </u>	ļ	<u> </u>			
(4) Matt Schick		1	1		1		1	ــــــــــــــــــــــــــــــــــــــ	-0-	- 0-
Treasurer		<u> </u>	<u>L</u>	1	<u>L</u>		L			
(5) Dr. Elizabeth Endicott		1						-0-	-0-	-0-
Secretary		✓	L	✓		<u> </u>	<u> </u>	<u> </u>		
(6) Dr. Nancy Nix]	ŀ	1		1	İ		-0-	_مـ ا	-0-
University of Alaska Anchorage Rep.	1		1	_	<u> </u>		上			
(7) Dr. Jeannine Davis-Kimball			i		1		1	۔مـ	-0-	-0-
American Eurasian Research Institute Rep.			1	L		<u> </u>				
(8) Mrs. Tserinpil Ariuna		1		1		İ		-0-	-0-	-0-
Arts Council of Mongolia Rep.		L	1	_	L	L	L			····
(9) Dr. Scott Langton				l	l			-0-	-0-	-0-
Austin College Rep.	_1		1	L	L	<u> </u>	_		-0-	
(10) Dr. Thomas Barfield				1	1	1	1	-0-	-0-	-0-
Boston University Rep.			✓	<u> </u>	L		L		-0-	-
(11) Dr. Marta Mikkelsen				1		1	l	-0-	-0-	-0-
University of Washington Rep.		<u> </u>	1	<u> </u>		<u> </u>				
(12) Dr. Denis Ojima				Ì		İ		-0-	-0-	-0-
Colorado State University Rep.		L	1	L	L	Ì	L			-
(13) Dr. Rick Taupier		ĺ	}			1	1	-0-	ئو.	-0-
Univ. Massachusetts - Amherst Rep.		<u> </u>	✓	L	L	<u> </u>	L			-
(14) Mr. Otgonbat Barkhuu]							-0-	-0-	-0-
Global Leadership University Rep.			1		<u> </u>	L	L			
(15) Dr. Edward Shultz								-0-	-0-	-0-
University of Hawaii at Manoa Rep.		<u> </u>	1		L			-0-	-0-	-0-
(16) Dr. Carla Freeman								-0-	-0-	-0-
Johns Hopkins University Rep.			1			<u> </u>			1	

Part	VII Section A. Officers, Directors, Trus	stees, Key I	Emplo	yee	2S, 2	and	Highe	est	Compensated	Employees (co	ntinue	ed)		
	(A)	(B) (C)							(D)	(E)		(F	•	_
	Name and title	Average	Positi	ion (d	chec	k all t	that ap	pły)	Reportable	Reportable	1	Estim		
	hours per	25	5	0	ᇫ	ΘI	Ţ	compensation	compensation fro	m	атюч			
		week (describe	충돌	9	Officer	Key employee	걸등	Former	from the	related organizations		oth	-	
		hours for	3 5	븅	٩	Ĕ	oye s	₹	organization	(W-2/1099-MISC		from		
		related	역류	量	ĺ	Š	Ψğ		(W-2/1099-MISC)	,		organı		
		organizations in Schedule	Individual trustee or director	Institutional trustee		8	Đ.	i				and re		
		O)	5	8			Highest compensated employee		ł	ļ		organiz	Auoris	
			L		_	ļ	ă	L.						
	s. Tserenpil Tserenchimeg						İ	١	-0-	4	<u>.</u>			- 0-
Intern	ational Bridge College Rep.			✓	L_			L.	•					
(18) Dr	. Jack Weatherford	1				ĺ	İ	1	-0-	1 4	.l			-0-
Macal	ester College Rep.			✓							<u> </u>			-0-
(19) Dr	. Cliff Montagne						}		-0-					-0-
Monta	na State University Rep.			1					-0-	·				-0-
(20) Dr	. S. Davaa										\Box			_
Nation	al University of Mongolia Rep.	1		1			[-0-	-	۲			-0-
	. Steve Saunders								_					
North	America Mongolia Bus. Cou. Rep.			1		1	ŀ	l	-0-	-4	}			-0-
	. Timothy May			 		\vdash		\vdash	 		\top			
	Georgia College & Sta. Uni. Rep.			1			ŀ		-0-	[-4)-			-0-
	. John Williams			Ë	┢	-		┢╾	 		+-			
	pia College Rep.	1		1					-0-	-4) -			-0-
	. Steven Lewis	<u> </u>	 	┞	├	├		-			+-			
22		1		,		1			-0-	-)-			-0-
	Iniversity Rep.	 	_	-	⊢	┢	├							
	. Tony Boydell	1		Ι,	1			[-0-	-()-[-0-
	Roads University Rep.		<u> </u>	✓	-	<u> </u>		_	<u> </u>					
	. Craig Janes		[١.					-0-	-)-			-0-
Simor	Fraser University Rep.	ļ		✓	L_	<u> </u>	ļ	<u> </u>			1			
(27) Di	. John Olsen			1	ļ				-0-		₂ -			-0-
Unive	sity of Arizona Rep.	<u> </u>		✓	L	_	L	L						
(28) Dr	. John Woods]	i						-0-	1 -				-0-
Unive	rsity of Chicago Rep.			1						l				
1b	Sub-total							\triangleright	-0-	-4	D-			-0-
C	Total from continuation sheets to Part	VII, Section	n A					▶	99,875	-4	D-			-0-
d	Total (add lines 1b and 1c)							▶	99,875	-	D-			-0-
2	Total number of individuals (including but							e) w	ho received m	ore than \$100.	000 ir	า		
	reportable compensation from the organi							,			-			
		· · · · · · · · · · · · · · · · · · ·											Yes I	No
3	Did the organization list any former of	fficer, direc	ctor c	er tr	ust	ee,	key e	emp	oloyee, or high	nest compensa	ited			
	employee on line 1a? If "Yes," complete							. '				3	1.	✓
4	For any individual listed on line 1a, is the	sum of re	norta	hle	വേ	nne	nsatic	n a	and other come	nensation from	the			
	organization and related organizations											1 1	i	
	individual	9,000,0, 0,	·		,00			<u>-</u> ,				4	- 1.	1
=	Did any person listed on line 1a receive of		 nmna	nea	tion	fro	m anı		related organi	zation or individ	dual	 		
5	for services rendered to the organization									CALIOTT OF ITICIVIE	-ua	5		,
Conti		, , , , ,						-	baon porcon	· · · · ·		1 3 1		<u>•</u>
	on B. Independent Contractors Complete this table for your five highest	namanana	od in	don	000	lont	contr		om that maan	ad mara than 4	100 (100 of		
1	compensation from the organization.	compensar	eu m	neb	enc	en	COH	acı	ors triat receive	ea more man a	100,0	וט טטט		
	(A) Name and business add	····							(B) Description of s	~~~	C.	(C) ompensa	tion	
	waite and business and							-	Description or s	SCIVICES		Jiliperisa		
								L				<u>.</u>		
								<u> </u>						
								oxdot						
								L						
								L						_
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 in compens	sation from	the o	rgaı	niza	tion	▶ .	0-						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b, 8	All other organizations must complete colonot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	-0-	-0-		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	100,557	100,557		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,750	2,750		
4	Benefits paid to or for members	-0-	- 0-		
5	Compensation of current officers, directors, trustees, and key employees	86,108	38,908	47,200	-0-
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-0-	-0-
7	Other salaries and wages	-0-	-0-	-0-	-0-
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-0-	-0-	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10	Payroll taxes	22,096	9,984	12,112	-0-
11	Fees for services (non-employees):				
а	Management	-0-	-0-	-0-	-0-
b	Legal	-0-	-0-	-0-	-0-
C	Accounting	6,175	-0-	6,175	-0-
d	Lobbying	-0-	-0-	-0-	-0-
е	Professional fundraising services. See Part IV, line 17	-0-			-0-
f	Investment management fees	-0-	-0-	-0-	-0-
9	Other	-0-	-0-	-0-	-0-
12	Advertising and promotion	115	115	-0-	-0-
13	Office expenses	4,364	1,366	2,997	-0-
14	Information technology	1,513	99	1,414	-0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	-0- 3,098	-0- 3,098	-0- -0-	-0-
17 18	Payments of travel or entertainment expenses	3,036	3,036		-0-
10	for any federal, state, or local public officials	-0-	-0-	-0-	-0-
19	Conferences, conventions, and meetings .	3,594	3,594	-0-	-0-
20	Interest	-0-	-0-	-0-	-0-
21	Payments to affiliates	-0-	-0-	-0-	-0-
22	Depreciation, depletion, and amortization .	-0-	-0-	-0-	-0-
23	Insurance	3,663	-0-	3,663	-0-
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column	Ì			
	(A) amount, list line 24f expenses on Schedule O.)				
а	Library Books	5,846	5,846	-0-	-0-
b	Mongolia Office Staff Salaries & Taxes	46,607	46,607	-0-	-0-
С	Mongolia Office Expenses	2,814	2,814	-0-	-0-
d	Mongolia Office Conferences/Seminars	52,345	52,345	-0-	-0-
е	Mongolia Office Travel	14,596	14,596	-0-	-0-
f	All other expenses Miscellaneous	13,927	13,927	-0-	-0-
25	Total functional expenses. Add lines 1 through 24f	370,166	296,605	73,561	-0-
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part	VIII	Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1a	Federated campaigns		1a	-0-				
Jrar Oun	b	Membership dues .		1b	8,670				
8, g	C	Fundraising events .		1c	-0-			ļ	
gift lar	d	Related organizations		1d	-0-			ļ	
ß, Im∐	е	Government grants (con		1e	212,517				
itloi 9 8	f	All other contributions, gi							
d to		and similar amounts not inc		ستسا	186,805				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include			-0-			1	
	h	Total. Add lines 1a-1	·	• • •	Business Code	407,992	-		
Program Service Revenue	0-	Educational Seminar/	·		900099	17 250	17.250		•
eve	2a	Logistical Support Ser			900099	17,250	17,250	-0- -0-	-0- -0-
5e F	b	Educational Materials	VICES		900099	2,300 5,884	2,300 5,884	-0-	-0-
λ	d	Educational materials			300033	3,004	3,004	-0-	-0-
Š	u							-	
gra		All other program sen	rice reveni	ю					· · · · · · · · · · · · · · · · · · ·
Pro	g	Total. Add lines 2a-2				25,434			
	3	Investment income							
		and other similar amo			▶	532	532	-0-	-0-
	4	Income from investment	t of tax-exe	npt bo	ond proceeds ►	-0-	-0-	-0-	-0-
	5	-			. 1	-0-	-0-	-0-	-0-
			(i) Real		(ii) Personal				
	6a	Gross Rents		-0-	-0-				
	Ь	Less: rental expenses		-0-	-0-			}	
	С	Rental income or (loss)		-0-	-0-	1		ļ	
	d	Net rental income or (<u> </u>		-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securit		(ii) Other	1			
		assets other than inventory		-0-	-0-				
	b	Less: cost or other basis and sales expenses .		•					
	١.			-0- -0-	-0- -0-		İ		
	d	Gain or (loss) Net gain or (loss) .	L		<u> </u>	-0-	-0-	-0-	-0-
enne	8a	Gross income from fu		• •		-0-	•0-	-0-	-0-
Other Reve		events (not including \$ of contributions reporte		-					
Ę.		See Part IV, line 18 .		_		į		<u> </u>	
δ	1	Less: direct expenses				-0-		ام	•
		Net income or (loss) f Gross income from ga			everito .	-0-		-0-	-0-
		See Part IV, line 19 .			ا۔و۔				
	Ь	Less: direct expenses		_	<u> </u>]	·		
	c	Net income or (loss) f				-0-	-0-	-0-	-0-
	10a	Gross sales of in returns and allowance	ventory,					· · · · · · · · · · · · · · · · · · ·	······································
	b	Less: cost of goods s							
	С	Net income or (loss) f		of inve		-0-	-0-	-0-	-0-
		Miscellaneous R	evenue		Business Code				
	11a				ļ				
	b							····	
	C	A. 1.							
	d	All other revenue .		-					
	1.e	Total. Add lines 11a-			🟲		05.000		
	12	Total revenue. See in	istructions	• •	· · · •	433,958	25,966	-0-	-0-

Part X **Balance Sheet** (A) (B) Beginning of year End of year 619 1 3.886 2 150,551 174,661 2 24,347 3 56,353 3 4 -0-4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of -0--0-Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary -0--0-7 -0--0--0-**-**0-8 8 Prepaid expenses and deferred charges . . -0-9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b -0- 10c -0b 1,848 11 1,848 11 Investments—publicly traded securities -0--0-12 12 Investments-other securities. See Part IV, line 11 -0-13 -0-Investments—program-related. See Part IV, line 11 13 -0-14 -0-14 Other assets. See Part IV, line 11 42.384 15 -0-15 201,475 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 255,021 17 13,819 17 (148)þ 18 -0-18 Deferred revenue $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$ -0--0-19 19 20 -0-20 -0--0--0-21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 -0--0--0-23 Secured mortgages and notes payable to unrelated third parties . . . -0-23 -0-24 Unsecured notes and loans payable to unrelated third parties . . . -0-24 Other liabilities. Complete Part X of Schedule D 25 -0-25 -0-26 Total liabilities. Add lines 17 through 25 13,819 26 3,573 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 352,162 30 187,656 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . -0- 31 -0-32 (164,506) 32 63,792 Retained earnings, endowment, accumulated income, or other funds . 251,448 33 187,656 33 Total liabilities and net assets/fund balances 201,475 34 255,021

Form **990** (2010)

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Page	1	

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,958
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,166
3	Revenue less expenses. Subtract line 2 from line 1	3			3,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	7,656
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-0-
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		25	1,448
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		.		. 🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	in	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for one		. 2b	1	1
C	of the audit, review, or compilation of its financial statements and selection of an independent account			1	1
d	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	plain i	in		
	issued on a separate basis, consolidated basis, or both:				1
3a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ne 3b		
			Fo	m 99 () (2010)

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

Open to Public Inspection

Name of the organization Employer identification number **American Center for Mongolian Studies** 55-0799211 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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). [7] 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.) ☐ 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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 **b** Type II e 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 I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (viii) Amount of (v) Did you notify (vi) Is the in col. (i) listed in your the organization in organization (described on lines 1–9 organization in col. support col. (1) of your governing document? (i) organized in the above or IRC section U.S.? support? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

instructions . . .

Part							
•	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify under	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support		····				
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ		I			
	include any "unusual grants.")	124,135	414,838	426,966	42,430	433,426	1,441,795
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		i				
4	Total. Add lines 1 through 3	124,135	414,838	426,966	42,430	433,426	1,441,795
	_	124,133	414,030	420,300	72,730	433,420	1,441,755
5	The portion of total contributions by	ľ					
	each person (other than a governmental unit or publicly	ĺ	ł				
	supported organization) included on					ĺ	
	line 1 that exceeds 2% of the amount		İ				
	shown on line 11, column (f)					1	-0-
6	Public support. Subtract line 5 from line 4.						1,441,795
Section	on B. Total Support				-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	124,135	414,838	426,966	42,430	433,426	1,441,795
8	Gross income from interest, dividends,						
	payments received on securities loans,					i	
	rents, royalties and income from similar sources		4			500	7 704
^		300	1,567	4,785	597	532	7,781
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	İ					
	(Explain in Part IV.)	1,000	330	-0-	-0-	-0-	1,330
11	Total support. Add lines 7 through 10						1,450,906
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	· · · ·	· · · · ·			🕨 🗀
	on C. Computation of Public Suppor	rt Percentage)			,, ,	
14	Public support percentage for 2011 (line	**	-			14	99.372 %
15	Public support percentage from 2010 Scl					15	99.239 %
16a	331/a% support test—2011. If the organization qua					/3% or more, ci	
.	331/3% support test—2010. If the organ	•	• • •	_			لت
b	check this box and stop here. The organ	ization qualifies	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			it. The organiza	ation qualities	as a publicly si	``
	organization						. ▶ 🔲
ь	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization m						-
	Explain in Part IV how the organization or supported organization	iceis lile Tacis	-and-circums		ne organizado	ii quaiiles as a	· Publicly
18	Private foundation. If the organization di	id not check a l			. or 17b. chec	k this box and	

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 te	sts listed belo	ow, please co	omplete Part	H.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		j l				
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						
7	organization's benefit and either paid						
	to or expended on its behalf		1		l		
=	The value of services or facilities		<u> </u>		 	 	
5	furnished by a governmental unit to the						
	organization without charge				ŀ		
_	-				 	<u> </u>	
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3	1	i		1		ì
	received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3		1		Ì		
	received from other than disqualified		1		ļ	ļ	
	persons that exceed the greater of \$5,000				Ì	j	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				1	1	
	line 6.)	<u> </u>	1	L	<u> </u>	L	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,					1	
_	payments received on securities loans, rents,	1			1		
	royalties and income from similar sources .				1		
ь	Unrelated business taxable income (less		1		1		
_	section 511 taxes) from businesses			1	1	ľ	1
	acquired after June 30, 1975				1	1	
_	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·			 		
11	Net income from unrelated business	<u> </u>	!		 	 	
• •	activities not included in line 10b, whether	1	[Ì		1	
	or not the business is regularly carried on		1			1	1
40	• •	·	 		 	 	
12	Other income. Do not include gain or loss from the sale of capital assets	1	Į.]	1	1	1
	(Explain in Part IV.)	j	1				
12			 	ļ	<u> </u>	 	
13	Total support. (Add lines 9, 10c, 11, and 12.)			1		1	ĺ
4.4	•	L	1			1	tion 501/5\((2))
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>		· · · ·	· · · P []
	on C. Computation of Public Suppo					1	
15	Public support percentage for 2011 (line						<u>%</u>
16	Public support percentage from 2010 Sc				· · · · · · · · · · · · · · · · · · ·	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011	(line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2011. If the organ	nzation did not	t check the box	x on line 14, a	nd line 15 is n	nore than 33	1/3%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organiz	ration . $ ightharpoonup$
b	331/3% support tests-2010. If the organiz		-				
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_			-	

Schedule A (Form 990 or 990-EZ) 2011					
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			
					
*					
	·				

••••					

SCHEQULE D (Form 990)

Supplemental Financial Statements

2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	f the or	ganization		Employ	er identification number
Ameri	can Ce	enter for Mongolian Studies			55-0799211
Par	_		r Advised Funds or Other Similar Fu	nds or	Accounts. Complete if the
		organization answered "Yes" to Fo			•
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year) .			
3		egate grants from (during year)			
4		egate value at end of year			
5			donor advisors in writing that the assets	held in o	donor advised
•			t to the organization's exclusive legal conti		
6			ors, and donor advisors in writing that gra		
O			benefit of the donor or donor advisor, or		
		erring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		
Part			ete if the organization answered "Yes"		
			 	IO FOII	m 990, Fait IV, line 7.
1	•	* *	by the organization (check all that apply).	-£ b	Assissible increases to a discourse
			ecreation or education) Preservation		· ·
	=	rotection of natural habitat	☐ Preservation of	or a cern	ified historic structure
_		reservation of open space			
2			tion held a qualified conservation contribut	ion in the	e form of a conservation
	ease	ment on the last day of the tax year.		r	[
				ļ	Held at the End of the Tax Yes
a		number of conservation easements .			2a
Ь			ements		2b
C			tified historic structure included in (a)		2c
d			ed in (c) acquired after 8/17/06, and not	tona	
_		ric structure listed in the National Regist		· · [2d
3			l, transferred, released, extinguished, or te	rminated	d by the organization during the
	tax y				
4		ber of states where property subject to			
5			cy regarding the periodic monitoring, in		
		ions, and enforcement of the conservat			
6	Staff	and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservatio	n easem	nents during the year
	▶				
7		unt of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements	during the year
	▶\$				
8			on line 2(d) above satisfy the requirements	of section	ion 170(h)(4)(B)
		, ,, ,, ,,	· · · · · · · · · · · · · · · · · · ·		· · · · · 🔲 Yes 🗌 N
9			ports conservation easements in its revenu		
		· · · · · · · · · · · · · · · · · · ·	text of the footnote to the organization's f	inancial	statements that describes the
		nization's accounting for conservation e			
Part			ctions of Art, Historical Treasures, o		r Similar Assets.
			ered "Yes" to Form 990, Part IV, line 8		
1a	If the	organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in i	ts reveni	ue statement and balance she
	work	s of art, historical treasures, or other	similar assets held for public exhibition, e	education	on, or research in furtherance
	publi	c service, provide, in Part XIV, the text o	of the footnote to its financial statements the	nat descr	ribes these items.
b	If the	e organization elected, as permitted ur	ider SFAS 116 (ASC 958), to report in its	s revenu	ue statement and balance she
	work	s of art, historical treasures, or other	similar assets held for public exhibition, e	education	on, or research in furtherance
	publi	c service, provide the following amount	s relating to these items:		
	(i) R	evenues included in Form 990, Part VIII,	line 1		🕨 \$
2			of art, historical treasures, or other simil-		
	follov	ving amounts required to be reported u	nder SFAS 116 (ASC 958) relating to these	items:	
а	Reve	nues included in Form 990, Part VIII. lin	e1		▶ \$
		ts included in Form 990. Part X			• •

_	
Page	4

Part											
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	follow	ving that are a	sign	ııficant	use o	of its
а	☐ Public exhibition				or exchange						
b	Scholarly research		е	Other	, 						
C	Preservation for future generations	3				_					
4	Provide a description of the organizat XIV.	tion's collections	and expla	in how th	hey further t	the org	anization's exe	empt	t purpo	se in	Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easures	s, or other sim	ilar			
	assets to be sold to raise funds rather	than to be maint	ained as p	part of the	e organizatio	on's co	llection? .		☐ Ye	s 🗌	No
Part	IV Escrow and Custodial Arra	ngements. Co	mplete i	the org	anization a	nswei	red "Yes" to F	orn	າ 990,	Part	ĪV,
	line 9, or reported an amoun										
1a	Is the organization an agent, trustee,							not			
	included on Form 990, Part X?							•	☐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	llowing to	able:						
							ļ	Amo	ount		
C	Beginning balance					1c			·		
d	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amous		art X, line	21? .				•	☐ Ye	s ∐	No
	If "Yes," explain the arrangement in Particle V Endowment Funds. Complete V Endowment Funds.				"V" +- F		00 Dod IV II-	1			
Pari	Endowment runds. Comple	(a) Current year		or year	(c) Two years		(d) Three years ba		(e) Four	wears h	nark
4	Desirous of year balance	tal content year	(0) - 10	or year	(c) Iwo years	JUGAN	(d) Timee years be	_	(e) i oui	years o	
1a	Beginning of year balance		 		<u> </u>			\dashv			
Þ	Contributions							\dashv	· · ·		
C	losses				İ						
d	Grants or scholarships		<u> </u>		<u> </u>		•	\dashv			
e	Other expenditures for facilities and		 		· · · · · · · · · · · · · · · · · · ·			\dashv			—
•	programs		!		}			ł			
f	Administrative expenses							_			
g	End of year balance		 								
2	Provide the estimated percentage of t	the current year e	nd balanc	e (line 1g	, column (a)) held	as:				
а	Board designated or quasi-endowment					-					
b	Permanent endowment >										
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2										
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held a	and ad	ministered for	the	_		
	organization by:									Yes	No
	(i) unrelated organizations							•	3a(i)	\longrightarrow	
	(ii) related organizations							•	3a(ii)	\rightarrow	
_	If "Yes" to 3a(ii), are the related organ					• •		•	3b		
4	Describe in Part XIV the intended use										
Par											
	Description of property	(a) Cost or of (investr			or other basis other)		Accumulated epreciation		(d) Boo	k value	
18	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment										
e	Other	<u>. </u>		<u> </u>							
TotaL	Add lines 1a through 1e. (Column (d) r	nust equal Form S	990, Part I	X, columi	n (B), line 10	(c).)	🕨				

Part VII	Investments - Other Securities	s. See Form 990, Part X	, line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other	·			
(A)				
(B)				
(C)				
(D)				
(E)			· · · · · · · · · · · · · · · · · · ·	
(F)				
(G)				
(H)				
(I) 7-4-1 (D-1	5)			
	(b) must equal Form 990, Part X, col. (B) line 12.) I Investments — Program Relat	ed Soc Form 000 Part \	V line 12	
Part VIII				hatian
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				· · · · · · · · · · · · · · · · · · ·
(1)				
(2)				
(4)				
(5)		-	· · · · · · · · · · · · · · · · · · ·	
(6)				
_(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990,		· · · · · · · · · · · · · · · · · · ·	····
		(a) Description		(b) Book value
	held in Mongolia for Mongolia office op	erating expenses		42,384
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
<u>(7)</u>				· · · · · · · · · ·
(8)				
(9)		<u> </u>		,
(10)	umn (b) must equal Form 990, Part X,	col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	42,384
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Book value		
(1) Federa	l income taxes		7	
(2)			7	
(3)			7	
(4)				
(5)			7	
(6)			7	
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)			
	ASC 740) Footnote. In Part XIV, provi		to the organization's financial state	ments that reports the
organizatio	n's liability for uncertain tax positions	s under FIN 48 (ASC 740).		<u> </u>

Schedul	D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to /	Audited Financial Stateme	ents
`1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u>}</u>	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	P	3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities	<u>-</u>	5
6	Investment expenses		6
7	Prior period adjustments	_	7
8	Other (Describe in Part XIV.)	la la la la la la la la la la la la la l	8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combin		10
Part	XII Reconciliation of Revenue per Audited Financial Staten		Return
- 1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		1 1
C	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIV.)		1
е	Add lines 2a through 2d		1 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIV.)		1
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5
Part	Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	er Return
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
C	Other losses	2c	1
d	Other (Describe in Part XIV.)		1 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ine 18.)	5
Part	XIV Supplemental Information		
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, an line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XI ditional information.		

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
•		
,	^	
		·

SCHEDULE F

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

American Center for Mongolian Studies

Inspection
Employer identification number

	can center for Mongonari Studi	162				3-0/33211
Pari	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	swered "Yes" to
1	For grantmakers. Does the	organization	maintain reco	ords to substantiate the am	ount of its grants and othe	r
	assistance, the grantees' ele	gibility for the	e grants or as	sistance, and the selection	n criteria used to award the	9
	grants or assistance?		· · · ·			☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its gran	its and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)	Mongolia	1	5	Program Services	Resource Center	113,118
(2)						
(3)		<u> </u>				
(4)	.,					
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)				İ		
(14)						
(15)						
		 	 		 	
(16)		 				
(17)						
	Sub-total	1	5			113,118
D	Total from continuation sheets to Part I	1	5	}		113,118

c Totals (add lines 3a and 3b)

113,118

Schedule F (Form 990) 2011) 2011							Page 2
Part II Grai	nts and Other A IV, line 15, for a	Grants and Other Assistance to Organizations or El Part IV, line 15, for any recipient who received more the	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 part II can be diminated if additional space is peeded.	es Outside the U 35,000. Check this	inited States. Corr s box if no one reci	iplete if the organ blent received mo	sor Entities Outside the United States. Complete if the organization answered "Yes" to Form 990 nore than \$5,000. Check this box if no one recipient received more than \$5,000.	;" to Form 990,
1 (a) Name of organization	(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(E)								
(2)								
(6)		,						
(4)								
(5)								
9								
6								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	I number of recipi	ent organizations lis grantee or counsel	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charities 1501(c)(3) equivaler	s by the foreign coun	try, recognized as t	ax-exempt	
3 Enter tota	I number of other	Enter total number of other organizations or entitles	inles				Sche	Schedule F (Form 990) 2011

				to account (a)	A Amount of		(h) Mathod of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) manner or cash disbursement	non-cash non-cash assistance	(g) Description of non-cash assistance	(book, FMV, appralsal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							

P	ane	4

Sch.	adii	F۵	(Form	990)	2011
ಯ	euu	IE F	IL OF 111	33U)	2011

Part	V 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 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)	☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Part V

Supplemental Information

Complete this part to 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).

Center Operations in Mongolia: The Resident Director in Mongolia is responsible for maintaining financial records for the office in Mongolia.
Each month she submits a copy of the accounting books and scans of receipts to the US Director who reviews the records
concurrently with his preparation of the US books. Both are then submitted to the Executive Director for review. The office in Mongolia
generally receives transfers to cover operating costs, and expenses are booked in the month they accrued in both the US and Mongolia
financial records. The Mongolia office may request an advance of funds to cover expenses, and later reimbursements are adjusted
accordingly by subtracting out advance amounts. The Mongolia office maintains four accounts at a Mongolian banking institution, 2 in US\$
and 2 in Mongolian tugriks. The office also maintains a petty cash account in dollars and tugriks that normally should not exceed \$200 in
balance, although exceptions to this rule do occur when alternative methods of receiving or distributing payments are not available. All
transactions are recorded with receipts and monthly statements from the banking institution. Each year the Executive Director or US
Director visits the Mongolia office to review operations and verify records are being handled and stored properly.
Fellowship selection and oversight: Each fellow must submit an application to an competitive process which includes review of personal
statements and academic or professional achievement by a selection committee. After the selection committee makes their recommend-
ations for awards, awardees are notified in writing of their selection. Each awardee must complete administrative paperwork which includes
a liability waiver form, payment information, and the general terms and conditions of the award. After receiving the required paperwork, the
ACMS disburses the award amount minus \$250 to be held until successful completion of the program and submission of a final report on
the fellowship experience. Fellowship awards are intended to cover travel and living costs associated with conducting research or study in
Mongolia. All fellows are required to maintain communication with the Resident Director in Mongolia and are expected to meet at
least once during their stay in the country.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

OMB No. 1545-0047 201 Open to Public Inspection

% □ (h) Purpose of grant Employer identification number or assistance to Form 990, Part IV, line 21, for any reciplent that received more than \$5,000. Check this box if no one reciplent received more than \$5,000. Yes ✓ 55-0799211 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (S) EIN American Center for Mongolian Studies 1 (a) Name and address of organization or government Name of the organization Part Part II ල € 9 Ξ 8 9 9 8 9 Ξ

Schedule I (Form 990) (2011)

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants an

(a) Type of grant or assistance rectional space of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisel, other)	(f) Description of non-cash assistance
1 ACMS Field Research Fellowship	9	20,500	·0-		
2 ACMS Faculty Research Fellowship	4	12,750	-0-		
3 ACMS Summer Language Fellowship	т	4,000	-0-		
4 ACMS Library Fellowship	2	8,000	-0-		
5 ACMS Research Fellowship	3	48,300	0		
9					
1					
Part IV Supplemental Information. Complete this part		vide the information	n required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	itional information.
Fellowship selection and oversight: Each fellow must submit an application to an competitive process which includes review of personal statements and academic or professional	ubmit an applicatior	to an competitive proc	ess which includes rev	riew of personal statements a	nd academic or professional
achievement by a selection committee. After the selection committee makes their recommendations for awards, awardees are notified in writing of their selection. Each awardee must	on committee make	s their recommendation	is for awards, awardee	s are notified in writing of the	ir selection. Each awardee must
complete administrative paperwork which includes a liability waiver	bility waiver form, p	ayment information, an	d the general terms an	d conditions of the award. Af	form, payment information, and the general terms and conditions of the award. After receiving the required paperwork,
the ACMS disburses the award amount minus \$250 to be held until successful completion of the program and submission of a final report on the fellowship experience. Fellowship awards	e held until success	ful completion of the pr	rogram and submission	n of a final report on the fello	wship experience. Fellowship awards
are intended to cover travel and living costs associated with conducting research or study in Mongolia. All fellows are required to maintain communication with the Resident Director in	with conducting re	search or study in Mong	golia. All fellows are rec	quired to maintain communic	ation with the Resident Director in
Mongolia and are expected to meet with her at least once during thei	e during their stay	n the country. Fellows	are required to submit	boarding passes to confirm o	ir stay in the country. Fellows are required to submit boarding passes to confirm compliance with the fly America act
when appropriate.					
	ii				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

OMB No. 1545-0047

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.

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Department of the Treasury Internal Revenue Service

Name of the organization

American Center for Mongolian Studies

Employer identification number 55-0799211

Part III Line 4d: Other expenses for program services development of a language program, digital scanning project, and services such as
seminars, logistical support for visiting scholars, and acquistion of educational materials. In addition, materials expenses for providing
services to scholars such as photocopying and printing are also included.
Part VI Line 7a: Members join the organization by paying annual dues. Membership comprises students and individuals. Every three years
elections are held for five "At-Large" members of the board of directors for three year terms. Active members, as defined as having paid the
annual dues for the current year, are eligible to vote in these elections. Members are also eligible to nominate candidates. As of writing this,
the ACMS has over 340 active members. Membership is defined in the corporate by-laws to begin September 1 and end August 30 of each
year for purposes of determining a member's active or non-active status.
Institutional members join the organization by paying annual dues. Institutional members may select a representative on the board of
directors. Institutional representatives along with "At-Large" directors may nominate and vote for officers and members of the Executive
committee. They may also, as outlined in the corporate by-laws appoint members to committees. As of writing this, the ACMS has 35
institutional members.
Part VI Line 19.: The corporate by-laws of the organization are available on the organization website, along with a list of institutioal members
and members of the board of directors (see www.mongoliacenter.org). The organization also maintains a policy manual to guide operations.
This manual is available upon request but is not normally shared with the public. It is, however, available to all officers, directors, and
employees. Within this policy manual are the conflict of interest policy, as well as other rules and regulations. At each annual meeting of
members, which is open to the public, a general statement of the organization's finances are presented by the Treasurer or other officer
present at the meeting. Other financial records are available upon request but are not normally shared with the public.

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
American Center for Mongolian Studies	55-0799211
Part XI Line 2c: Until the current tax year the finanical statements of the organization were reviewed	ed on a monthly basis by the Executiive
Director and on a quarterly basis by the Treasurer. During the current tax year a committee was de	esignated for quarterly review of
the financial statements. During a meeting of the Exective Committee in November 2010, it was de	cided that the Executive
Committee, which comprises the officers of the board, would fulfill this responsibility.	
The Executive Director submits an annual financial statement to the board for review. This statem	ent is
in addition to the 990 form, because the annual meeting is generally held in spring before filing the	e 990. The organization is not required to
submit to an annual A-133 audit,; however, it does receive a review of its books and financial state	ements by an independent auditing firm.
The review reports are provided to the President, Treasurer, and Executive Director in original hard	dcopy form when received, and copies are
available on request.	
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

American Center for Mongolian Studies

Employer identification number 55 079921

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (F) Position (check all that apply) Reportable Reportable Estimated Name and title Average hours compensation amount of per week Individual to or director compensation Officer Highest compensated employee institutional trustee from related from other y employee compensation the organizations (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization trustee and related organizations Dr. Nancy Abelman University of III. Urbana-Cham. Rep. -0--0--0-Dr. Erik Herron University of Kansas Rep. -0--0--0-Dr. Scott Gardner University of Nebraska Rep. -0--0--0-Dr. Rajive Ganguli Univ of Alaska - Fairbanks Rep. -0--0--0-Dr. DeWayne Frazier -0-Upper Iowa University Rep. ٠0٠ -0-Dr. Edward Vajda Western Washington University Rep. -0--0--0-Dr. William Honeychurch Rep. -0--0-Yale University Rep. -0-Dr. Dawn Bazely York University -0--0--0-Mr. Joseph Lake -0-At-Large Director -0--0-Dr. Saruul-Erdene At-Large Director -0--0--0-Mr. Layton Croft At-Large Director -0--0--0-Dr. Morris Rossabi -0--0-At-Large Director -0-Dr. Charles Krusekopf 10 18,000 **Executive Director** -0--0-Mr. Brian White -0-**US Director** 40 50,375 -0-Roberta Charpentier 33,500 **Resident Director** 40 -0--0-