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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u> _	For the	2014 cale	<u>endar year, or tax year b</u>	eginning	October 1	, 2014	, and ending	Septe	mber 30		
В	Check if	applicable	C Name of organization Al	MERICAN CEN	NTER FÖR MON	GOLIAN STI	UDIES		D Emp	loyer identific	ation number
\Box	Address	change	Doing business as						1	55-0799	211
$\vec{\Box}$	Name ch	•	Number and street (or P (O box if mail is n	not delivered to stree	et address)	Room/surt		E Telep	hone number	
\Box		-	255 S 36TH STREET, 6			,		-		360-356-	1020
H	Initial ret					ntal ando			 		
닏		m/terminated		•	ild ZiP or foreign po	istal code			l		670.000
닏	Amende		PHILADELPHIA, PA 191		011151500115	HAEKARE				s receipts \$	670,083
Ш	Applicate	on pending	F Name and address of prin	ioipai oiliooii	CHARLES C KR	USEKOPF		H(a) Is this a (group return	for subordinates?	Yes 🗹 No
			Address same as above					H(b) Are all	subordin	ates included?	∐ Yes ∐ No
1	Tax-exer	mpt status	✓ 501(c)(3)	501(c) () ◀ (insert no)] 4947(a)(1) or	r_ 🔲 527	lf "N	No," attac	halist (see in	structions)
J	Website	: ► ww	w mongoliacenter org					H(c) Group	exempt	ion number 🕨	
ĸ	Form of o	organization	Corporation Trust	Association	Other ▶	LY	Year of formation	on 2002	M St	ate of legal do	nicile TX
_	art I	Summ								<u> </u>	
-	1		escribe the organizatio	n'e mission c	r most significs	ant activitie	s Support	ına educatio	on and re	esearch in ar	nd about
۵	'		, supporting academic res								
ĕ	ł										
'n			nal activities such as lectu								
Ş	2	Check th	nis box ▶□ if the orgai	nization disco	ontinued its ope	erations or	disposed of	more than	n 25% i	of _. its net as	
မ္ပ	3	Number (of voting members of t	the governing	j body (Part VI,	lıne 1a) .			. 3		30
∘ಶ	4	Number (of independent voting	members of	the governing b	ody (Part \	VI, line 1b)		. 4	.]	30
ë	5	Total nun	mber of individuals em	ployed in cale	endar year 2014	4 (Part V, lii	ne 2a) .		. 5	. [1
≅	6		mber of volunteers (est						. 6		5
Activities & Governance	i .		related business reveni		• •				76		0
_			lated business taxable				DEOLI	VED	71		0
	- -	THE GINE	idled business taxable	meone nom	11 01111 000 1, 111		KEU#I	VEU	gar,		rent Year
		Contribut	tions and avents (Dort)	\/!!! lime th\		٦۵١			02 ,72		506,491
æ	8		tions and grants (Part				.AUG. 1 6	2016	Q 86	1	159,581
Revenue	9	-	service revenue (Part '	•		1 9	·Aud. 4	2010	1771		
æ	10		ent income (Part VIII, co				· · ·		14 53		362
_	11		venue (Part VIII, columi			F 6	TENIT	THE	3,63		3,649
	12		enue-add lines 8 throu			column (A);	Ine 12	u o	-246,76		670,083
	13	Grants ar	nd sımılar amounts pai	id (Part IX, co	olumn (A), lines	1–3)			31,99		29,467 00
	14	Benefits	paid to or for members	s (Part IX, col	umn (A), line 4)		<u>L</u>			0	0
Ś	15	Salaries,	other compensation, en	nployee benef	fits (Part IX, colu	ımn (A), line	s 5–10)		153,10)7	176,009
136	16a	Professio	onal fundraising fees (F	art IX, colum	ın (A), line 11e)					0	0
Expenses			draising expenses (Pai				ļ				~·····································
щ			penses (Part IX, colum			e)			75,25	56	148,706
			penses. Add lines 13-1				- -		260,36	51	354,182
	1		less expenses. Subtra	•					-13,59		315,901
		Heveriue	less expenses. Subtra	ict line 10 noi	11111116 12			ginning of Ci			d of Year
Assets or Balances	00	Total and	nata (Dant V. lima 40)				<u> - </u>		143,64		478,082
SSe	20		sets (Part X, line 16)				· · ·			0	590
Net A Fund	21		pilities (Part X, line 26)							<u>-</u>	
_			ts or fund balances. Su	ubtract line 2°	1 from line 20	<u> </u>	 		143,64	9	477,492
P	art II	Signat	ture Block								
			iry, I declare that I have exam							of my knowled	ge and belief, it is
tru	e, correct	, and compl	lete Declaration of preparer (otner than officer	r) is based on all int	ormation of w	nich preparer r	as any know	leage		
		I			<u></u>						
Sig	ın	Signa	nature of officer	//	7 7	\	1.1	Da	ate , _	1	
He	re		yan a	,,,	DAVID D	TELLIMAN	10,02 t	VIKECIOK	12	AUG 2	516
		Type	or print name and title								
D^	id	Print/Typ	pe preparer's name	Prepa	arer's signature		Date)	Chas	k 🖂 ıf PTIN	i
Pa		_								mployed	
	epare		nama 🏲						n's EIN ▶		
US	e Only	y Firm's na	ant -					FIM	H 2 CHV		
		F						Bi	.na - :		
Ma			ıddress ►	renarer shows	n above? (see:	netructions	2)	Pho	one no		TVon Clare
	y the IR	S discuss				nstructions		Pho 	one no	[Yes No No Form 990 (2014)

Checklist of Required Schedules

Form **990** (2014)

			Yes	No
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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	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	-	1
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	_	V
_		-	 -	_
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		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		*
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		4
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	•	
b	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		1
С	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		•
d	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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	4	
f	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	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		~
b	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 and XII 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		14a	1	
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	•	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		4
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		4
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		√
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		,
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 25a	24a		V
	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), 501(c)(4), and 501(c)(29) 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		4
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		•
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		4
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		~
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	y	
		Forn	n 990	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		,
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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	✓	ĺ
b	If "Yes," enter the name of the foreign country: ▶ Mongolia			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		4
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	O.L.		
-	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		•
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	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		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
 а	Gross income from members or shareholders	İ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	J		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		1		
C 140	Enter the amount of reserves on hand	4.0	-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
	in 103, has a nied a rotti 120 to report these payments the No, provide an explanation in schedule O.	140		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		~
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		4
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		4
6	Did the organization have members or stockholders?	6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			/
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	}
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	i
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		4
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		l
13	Did the organization have a written whistleblower policy?	13		1
14	Did 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?	1		İ
а	The organization's CEO, Executive Director, or top management official	15a		*
b	Other officers or key employees of the organization	15b		1
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			-
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)e	onlv)
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(دردر <u>ی</u>	City)
19	Own website Another's website Dopon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	orost.	nalia	, 254
13	financial statements available to the public during the tax year.	ا د ی اد	hours	, and
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction between David Detimann, 255 S 36th St. Rm. 642, Philadelphia, PA 19104 (360) 356-1020	ords:	•	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Empl	oyees,	Highest	Compensated	i 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 employees."
- 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.

Check this box if neither the organization r	nor any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	òοx,	unles	Pos neck ss pe	rson	e than one the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	n an		(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr William Fitzhugh	0									
President, Smithsonian Rep		ł	1	~			ļ	o	o	o
(2) Dr Julian Dierkes	 		-	-	-		-		<u> </u>	
Vice President-External, UBC Rep		1	1			[) o	О	o
(3) Dr Paula DePriest	0		Ť	Ť			\vdash			
Vice President-Internal		i		~				o	0	0
(4) Dr Elizabeth Endicott	0		f							
Secretary, Middlebury College Rep		1	•	1				0	0	0
(5) Munkhtuya Goulden	0									
Treasurer		1		1				0	0	0
(6) Steve Saunders	0									
North America Mongolia Business Council Rep			1	ĺ			l	0	o	0
(7) Dr Cliff Montagne	0									
Montana State University Rep			1	İ		!		0	0	0
(8) Dr John W Olsen	0									
University of Arizona Rep			1	[0	0	0
(9) Dr Holly Barcus	0					,				
Macalester College Rep			1					0	0	0
(10) Dr John Woods	0									
University of Chicago Rep			1					0.	0	0
(11) Dr Vicki Hamblin	0									
Western Washington University Rep			1					o	0	0
(12) Dr Christopher Atwood	0									
Indiana University Rep			1					0	0	0
(13) Dr Jennifer Tishler	0									
University of Wisconsin Rep			~					0	0	0
(14) Dr Scott Gardner	0									
University of Nebraska Rep			√					0	o	0

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	.				•	C)					1		
	(A)	(B)	(40.5	not ct		ition	e than o	nna	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation from		Estimate amount of	
		week (list any					or/trus	,	from	related	1	other	
		hours for related	Individual trustee or director	nst at	Officer	Key employee	ag light	Former	the organization	organizations (W-2/1099-MISC)		mpensat from the	
		organizations	ecto	Lt or	۳	뺼	st c	9	(W-2/1099-MISC)		0	rganızatı	ion
		below dotted line)	7 2	nal ti		oye	~ omp				1	and relate ganızatıo	
			stee	Institutional trustee		۱	Highest compensated employee					J	
	Debat Charac		ļ	, °			<u> </u>				 		
34	Robert Stearns ational School of Ulaanbaatar Rep	0		اما					0	ļ ,	٥		
	Alexander Deiner	0		1	_	-		-	 	<u> </u>			
2	s State University Rep	 		/				1	۰ ا] ,	0		
	Joseph Cook	0				 		-			1		
	sity of New Mexico Rep	 		1	١.]	,) 0] (اه		
	John Williams	0						 			-		
22	ola College Rep	†		V					О .		o		1
	Rick Taupier	0		M				-			+-		
3	sity of Massachusettes Rep			10				ļ	0	(0		
	Scott Langton	0									1		
	College Rep	T		/					0		o		
3	Maria Fernandez-Gimenez	0									1		
	do State University Rep			1					0	(0		(
	Timothy May	0						l					
	sity of North Georgia Rep			1					0	(기		
	Pete Morrow	0											
	ess Council of Mongolia Rep			V				Ĺ	0	<u> </u>	7		
	Nancy Steinhardt	0							_		_		
	sity of Pennsylvania Rep			~					0		기		
2	Tony Boydell	0						ļ			.		
	Roads University Rep			•				Ļ_	0	L))		•
1b	Sub-total	 		•	•		•		81,500		<u> </u>		
۲ C	Total from continuation sheets to Part			•	•		•		81,500				
<u>d</u>				<u>.</u>	· lot		<u>.</u>			<u></u>			
~	Total number of individuals (including but reportable compensation from the organic		i to tn	ose	แรเ	eu a	above	;) W	no received m	ore man \$100,0	/UU OI		
	roportable compensation from the organi	Lation				-						Ye	s No
3	Did the organization list any former of	ficer, direc	tor, o	r tri	uste	ee,	key e	emp	loyee, or high	est compensat	ted 🗀		+
	employee on line 1a? If "Yes," complete s										. з	3	1
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole c	com	per	isatio	n a	nd other comp	ensation from	the		
	organization and related organizations	greater that	an \$1	50,0	000	? //	"Yes	s, "	complete Sch	edule J for su	ıch		
	indıvıdual			•			•				. 4	<u> </u>	1
5	Did any person listed on line 1a receive of										1		
	for services rendered to the organization'	? If "Yes," c	omple	ete S	Sch	edu	le J f	or s	uch person	<u> </u>	. 5	<u> </u>	
	n B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Repyear.	ort comper	nsatio	n to	or tn	e ca	alend	ar y	ear ending wit	n or within the o	organiza	ition's	tax
	(A)								(B)			(C)	
	Name and business add	ress							Description of se	ervices	Compe	ensation ———	
													
				_									
2	Total number of independent and track	ro linelistic	a b				- I		ooo lieka-lada		·········		
~	Total number of independent contractor received more than \$100,000 of compens							m	ose listed abo	ove) who			

Part	VIII	Statement of Revenue			5		
		Check if Schedule O contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Grants nounts	1a b	Federated campaigns 1a Membership dues 1b	7,529		revenue	revendo	512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	224,635				
ntributio	f g	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	274,327				
	h	Total. Add lines 1a-1f	▶	506,491			
Program Service Revenue	2a	Educational Seminar/Tour fees	Business Code 900099	87,353	87,353		
8	b	Logistical Support Services	900099	28,250	28,250		
<u>vi</u> ce	С	Language Program fees	900099	14,569	14,569		
Ser	d	Books for Asia program fees	900099	29,409	29,409		
gram	e f	All other program service revenue.					
- <u>P</u>	g	Total. Add lines 2a-2f		159,581			
	3	Investment income (including dividend and other similar amounts)	▶	362			362
	4	Income from investment of tax-exempt b	. [
	5	Royalties	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
_	d	Net gain or (loss)	•				
venue	8a	Gross income from fundraising events (not including \$					
Other Rever		of contributions reported on line 1c). See Part IV, line 18	~				
ō			events ►	,		* *	
		Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19					
	b					h.	^^
		Gross sales of inventory, less returns and allowances					
	b						~*
	С	Net income or (loss) from sales of inv					
	<u> </u>	Miscellaneous Revenue	Business Code	3,649	3,649	w.v.	~ · ·
	11a	Other Income	900099	3,649	3,049		
	b						
	C						
	d	All other revenue		0.640			
	e	Total. Add lines 11a–11d	🟲	3,649	163,230		362
	112	Total revenue. See instructions.		670,0831	103,230	0	ı 30∠

Statement of							
Statement of	HIINCHANA	-Ynanca	c				
Otatomont of	i unotiona	LAPCING	J				

	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b	, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,467	29,467		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				ورون و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المستقدم و المس
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	95,747	74,683	20,107	957
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	47,210	37,795	8,988	428
9	Other employee benefits	24,704	19,269	5,188	247
10	Payroll taxes	8,348	6,512	1,753	83
11	Fees for services (non-employees):				
а	Management				
b	Legal	6 705		6.705	
С	Accounting	6,785		6,785	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees			 	
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	3,043	2,587	456	
15	Royalties				
16	Occupancy				
17	Travel	9,749	9,359	390	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	38,369	27,626	10,743	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization . Insurance	4,175	835	3,340	
23	Other expenses. Itemize expenses not covered	.,,,,,			
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	İ			
а	Educational Tours and Trainings	50,027	50,027		
b	Language Program	9,771	9,771		
С	Dues & Subscriptions	6,600		6,600	
d	Office supplies	4,377	3,939	438	
е	All other expenses	15,810	13,438	2,371	
25	Total functional expenses. Add lines 1 through 24e	354,182	284,308	67,159	1,715
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 21,775 8,222 1 83,952 339,788 2 2 105,167 39,883 3 3 4,100 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 12,135 10a 783 12,135 10c 11,352 **b** Less: accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 148.929 16 478,082 3.353 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,290 590 25 4,643 590 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 143,649 27 477,492 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 143,649 477,492 33 33 148.292 478.082 34 34 Total liabilities and net assets/fund balances

					1 4	ge : -
Par						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	•		4
1	Total revenue (must equal Part VIII, column (A), line 12)	1				0,083
2	Total expenses (must equal Part IX, column (A), line 25)	2			354	,182
3	Revenue less expenses. Subtract line 2 from line 1	3				,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			143	3,649
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7		· ·		
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			17	7,942
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_			
	33, column (B))	10		_	477	,492
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		<u></u>	✓
					Yes	No
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	olain	in [- [
	Schedule O.			-	ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			3	\perp	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were compared to the year were year.	oiled o	or		1	
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			<u> </u>		/
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:				ŀ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account			: _		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın i	in		- 1	
	Schedule O.				1	
За	, , ,	forth i	in			
	the Single Audit Act and OMB Circular A-133?		· 3a	1		<u> </u>
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	udits.	3t			
			E.	orm (aan	(2014)

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.

Name of the organization

OMB No 1545-0047

Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

55-0799211 American Center for Mongolian Studies Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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: 5 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (ii) EIN (iii) Type of organization (iv) is the organization (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 506,491 include any "unusual grants.") . . . 433,426 136,905 176,574 221,729 1,475,125 levied for the revenues 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 136,905 176.574 221,729 506.491 1,475,125 433,426 Total. Add lines 1 through 3. . . . The portion of total contributions by person (other than governmental publicly unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,475,125 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2013 (e) 2014 (a) 2010 (b) 2011 (c) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ 433,426 136,905 176,574 221,729 506,491 1,475,125 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 330 86 533 362 1,843 sources 532 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 1,476,968 Total support. Add lines 7 through 10 11 12 13 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) Section C. Computation of Public Support Percentage 99 88 % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2013 Schedule A, Part II, line 14 15 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")		}	1			
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	-		ŀ			
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		ł	ł	}		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the]			
	organization without charge		 				
6	Total. Add lines 1 through 5						
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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		 				
•	line 6.)						
Secti	on B. Total Support		<u> </u>	I	I		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<u> </u>	,			, ,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		1	ļ			
b	Unrelated business taxable income (less			_		_	-
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						·
11	Net income from unrelated business		1	1			
	activities not included in line 10b, whether						
	or not the business is regularly carried on	· <u>-</u> -					
12	Other income. Do not include gain or		1			ļ	
	loss from the sale of capital assets						
46	(Explain in Part VI.)	····	ļ				
13	Total support. (Add lines 9, 10c, 11, and 12.)		J				
14	First five years. If the Form 990 is for th	o organization	'e firet, secon	d third fourth	or fifth tay w	par as a soctio	n 501(a)(3)
17	organization, check this box and stop her				•		
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2014 (line 8			3, column (fl)		15	%
16	Public support percentage from 2013 Sch	. ,,	•			16	%
	on D. Computation of Investment Inc				<u> </u>		
17	Investment income percentage for 2014 (I			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013			-		18	%
19a	331/3% support tests-2014. If the organi						
	17 is not more than 331/3%, check this box a					-	_
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this b		-	•			
20	Private foundation. If the organization did	d not check a	box on line 14	. 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗀

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	<u>'.) </u>	
Sect	ion A. All Supporting Organizations		1./	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	** **	
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	>> %4	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	 9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Concac	10 1 (1 SIM 555 51 555 EE) E514		•	ago -
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116	!	
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,		
	supervised, or controlled the supporting organization.	2	<u> </u>	
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		
	or management of the supporting organization was vested in the same persons that controlled or managed	١.		
	the supported organization(s).	1_1_		l
Sect	ion D. All Type III Supporting Organizations		Vaa	No
	D. Life and a state of the support of an appropriate one by the lest day of the fifth month of the		Yes	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
_			Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	•	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			,
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	 	_

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mpie	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		17.0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	ıv-in	tearated Type III supporti	ng organization (see

Part		s) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u> 6 </u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	h the executed on to rea		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	polisive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line 8 amount divided by Line 3 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				
<u>c</u>				
d				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u> _	Applied to underdistributions of prior years Applied to 2014 distributable amount			
<u>h</u> i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section			
4	D, line 7: \$			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		an han shirinka (f. 7 ° H · m	·
8	Breakdown of line 7:			
а	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
c				<u> </u>
d				
е	Excess from 2014			

oci iedule A (i	O(iii 990 0i 990-LZ) 2014
Part VI	Supplemental Information. 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.)
	<u></u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047 20**14**

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evenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 55-0799211 American Center for Mongolian Studies Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

	Organizations Maintaining								
3 `	Using the organization's acquisition,	accession, and ot	her recor	ds, chec	k any of the	follov	ving that are a si	gnificant u	se of its
	collection items (check all that apply):								
а	☐ Public exhibition		d l	Loan	or exchange	prog	rams		
b	☐ Scholarly research		e l	Othe	r				
С	Preservation for future generation	s							
4	Provide a description of the organiza	tion's collections a	and expla	in how t	hey further th	he org	janization's exem	pt purpose	ın Part
	XIII.								
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	asure	s, or other simıla	r	
	assets to be sold to raise funds rather	r than to be mainta	ined as p	art of the	e organizatıo	n's co	ollection?	☐ Yes	☐ No
Part	IV Escrow and Custodial Arra					-			
	Complete if the organization	answered "Yes'	" to Forn	n 990, F	Part IV, line	9, or i	reported an amo	ount on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee	, custodian or oth	er interm	ediary fo	or contribution	ons or	other assets no	t	
	included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:				
							Ar	nount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cus	stodia	l account liability	? 🗌 Yes	☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been p	rovide	ed in Part XIII .		
Par	V Endowment Funds.								
	Complete if the organization							,	
		(a) Current year	(b) Pric	r year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions				_				
С	Net investment earnings, gains, and					Î		•	
	losses								
d	Grants or scholarships								<u> </u>
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of		d balanc	e (line 1g	ı, column (a))	held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ►								
_	The percentages in lines 2a, 2b, and 2	•							
3a	Are there endowment funds not in th	e possession of th	e organiz	ation tha	at are held a	nd ad	ministered for the		1
	organization by:							Ye	s No
	(i) unrelated organizations					•		3a(i)	
	(ii) related organizations					•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							3b	l
4	Describe in Part XIII the intended uses		n s endo	wment it	unas.				
Part	, , ,		, to Lore	- 000 5	ant IV/ line	11. (Coo Form 000 F	Dart V line	. 10
	Complete if the organization		-						
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Book va	aiue
		(iiii Sairie							
1a	Land	•							
Ь	Buildings	•			10.902		648		10,154
C	Leasehold improvements	•		-	1,333		135		
d	Equipment	•			1,000				1,198
e Tatal	Other	• [20. 2= 11		(D) 1 10				11,352
i otal.	Add lines 1a through 1e. (Column (d) r.	nust eauai Form 99	ы. Рап Х	. coiumr	i ibi. iine 10c		- 1		11,002

Part VII	Investments—Other Securities. Complete if the organization answ		m 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					. <u> </u>
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments—Program Related Complete if the organization answers	l. vered "Yes" to For	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1)		<u> </u>			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answ	vered "Yes" to For	m 990, Part IV, li	ne 11d. See Form	990, Part X, line 15.
) Description			(b) Book value
(1)					
(2)				·	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<i></i>	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization ansuline 25.	vered "Yes" to For	m 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	·		
(1) Federal in			230		
(2) Book de			360		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25.) ▶		590		
	r uncertain tax positions. In Part XIII, provid	de the text of the footn		ion's financial stateme	ents that reports the
	s liability for uncertain tax positions under				

chedu Part	American Center for Mongolian Studies 55-077211 ED (Form 990) 2014 Statements With Revenue per Audited Financial Statements With Revenue per Part Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statements Statemen	Dotu	Page 4
rari	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	nelu	rn.
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 (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-
Part		r Re	turn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_ a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			-
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		

Schedule D (Fo	sm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
•		
*		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Center for Mongolian Studies

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 55-0799211

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ansi	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for th	e grants or as	ssistance, and the selection		
2	For grantmakers. Describ assistance outside the Unit		the organizati	on's procedures for moni	toring the use of its grant	s and other
3_	Activities per Region. (The fo	,	I, line 3 table o	can be duplicated if addition	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)	East Asia and the Pacific	1	15	Program Services	Resource Center and Library,	249,000
(2)					Language program,	
(3)					Academic study tour leader	
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	1	15			249,000
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	15		<u> </u>	249,000

Schedule F (Form 990) 2014

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Day IV line 15, for any recipient who received more than \$5,000 Bay II can be diministed if additional energies as needed.

-	(a) Name of	(h) IBS code	(4) Domon	me of thy los and the burnose of the Amount of (f) Manner of (g) Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount	(e) Amount of	(f) Manner of	(g) Amount of	(h) Decembros	(i) Method of
-	organization	(b) IHS code section and EIN (if applicable)	u oibay (b)	(a) rurpose or grant	cash grant	cash disbursement	non-cash assistance	(n) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
Ξ									
(2)									
(3)									
(4)									
(2)									
9									
E									
(8)									
(6)									
(10)									
11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

55-0799211 American Center for Mongolian Studies

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2014
(g) Description of non-cash assistance																			Sot
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																			
(b) Region																			
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	•

Page	4

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; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

Part V

Supplemental Information

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

Part I, Line 2
The ACMS uses grant funds to support operations in Mongolia The grants are monitored by management through review of grant agreements and
knowledge of the requirements and restrictions. The Resident Director in Mongolia is responsible for maintaining financial records for the office
ın Mongolia Each month he 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. The office in Mongolia generally receives transfers to cover operating costs from the US office, which is facilitated
by a wire transfer by the Executive Director. The Mongolia office maintains six accounts at a Mongolian banking institution, 2 in US\$ and 4 in Mongolian.
tugrks. The office also maintains a petty cash account in dollars and tugriks that normally should not exceed \$200 in balance. All transactions are
recorded with receipts and monthly statements from the banking institution. Each year the Executive or US Director visit the Mongolia office to review
operations and verify records are being handled and stored properly

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection 2014

Employer identification number

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance ₹ Yes 55-0799211 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) . Cat No 50055P . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant of nongrant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (b) EIN American Center for Mongolian Studies 1 (a) Name and address of organization or government Partl Part II N 9 8 <u>@</u> (12) Ξ <u>N</u> ල **£** 9 6

Schedule I (Form 990) (2014)

Page 2 selection committee. After the selection committee makes their recommendations for awards, awardees are notified via email and 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 (f) Description of non-cash assistance 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 with him at least once Fellowship selection and oversight Each fellow must submit an application to a competitive process which includes review of personal statements and academic or professional achievement by a minus \$250 to be held until successful completion of the program and submission of the a final report on the fellowship experience. Fellowship awards are intended to cover travel and living costs Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) during their stay in the country Fellows are required to submit boarding passes to confirm compliance with the Fly America Act when appropriate 0 (d) Amount of non-cash assistance 26,467 3000 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 7 (a) Type of grant or assistance 1 ACMS Field Research Fellowship 2 Cultural Heritage Fellowship က Ŋ 9

Schedule I (Form 990) (2014)

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employer identification number 0799211 55

American Center for Mongolian Studies Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (F) (A) Reportable Reportable Estimated Name and title Average hours Position (check all that apply) compensation compensation amount of per week Individual trustee or director Officer Highest compensated employee Institutional trustee Key employee from related other from organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations (27) Dr. Saruul-Erdene Myagmar Member At-Large 0 0 0 0 (28) Mr. Joseph Lake 0 0 Member At-Large 0 0 (29) Dr. Morris Rossabi 0 0 Member At-Large 0 0 (30) Mr. Layton Croft Member At-Large 0 0 0 U (31) Dr. Charles Krusekopf **Executive Director** 12,500 0 0 10 (32) Marc Tasse 0 0 **Resident Director** 40 45,000 (33) David Dettmann **US Director** 24,000 0 0 20

Total to Part VII, Section A, line 1c

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 55-0799211 American Center for Mongolian Studies Part III, Line 4d, Other program services ACMS runs an intensive Mongolian language program, and also customized academic study tours and cultural trainings. This fiscal year the ACMS was hired by an ROTC group to organize a multiweek tour and cultural training Expenses \$ 53,853 Including grants of \$ 0 Revenue \$ 101,923 Part VI, Section B, Line 11: The Board of Directors are provided with a draft copy of the Federal Form 990 for review and approval before being filed with the IRS Part VI, Section C, Line 19 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 Part VII, Section A The US Director is paid through a third party independent organization in accordance with an administrative services agreement Part XI, Line 2a The organization is not required to submit to an annual A-133 audit,; however, it normally receives a review of its books and financial statements by an independent auditing firm. This year, however, the organization changed its independent accounting first too late to have the last fiscal year reviewed before submitting the form 990 That review will happen in fall 2016

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization American Center for Mongolian Studies	Employer identification number 55-0799211
American Content of Mongolian Cladies	35-07-99211
Part XI, Line 9	
Due to errors and omissions in the form 990 filed for 2013-14, bank accounts of \$25,434 were missed in the tabula	ation of the organization's balance
sheet (990 Part X, 2013) Because of that omission, the assets from the beginning of the year were off by \$25,434	That amount, minus \$7,492 (the
amount from last year's Part X, Line 10c \$12,135 minus liabilities \$4,643) results in difference \$17,942	
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