Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury

> Do not enter social security numbers on this form as it may be made public.

Open to Public

,		ue Service	*	rs.gov/rorm990 for instructions and tr	io latost ii	ionnauon.		Inspection
A	For the	2018 cale	endar year, or tax year beginn	ing Jul 1 , 2018, a	ınd ending	Ju	n 30	,20 19
В	Check If	applicable:	C Name of organization Asia	Society Texas Center			D Employ	er Identification number
	Address	change	Doing business as				03-0	433949
	Name ch	ange	Number and street (or P.O. box	If mail is not delivered to street address)	Room/suit	8		ne number
	initial ret		1370 Southmore				(713)496-9916
		n/terminated		country, and ZIP or foreign postal code	4	······································		
	Amended		Houston, TX 77004				G Grace r	ecelpts \$ 6,766,218.
		on pending		* * * * * * * * * * * * * * * * * * *		Well to bling of		subordinales? Yes No
ţI	Аррасан	on pending		Southmore, Houston, TX 77	2004			substituted? Tes Included? Yes No
	Tax aver	npt status:		(c) () ◀ (insert no.) ☐ 4947(a)(1) or				a list. (see instructions)
<u>"</u> J	Website:		1/A	(c) () = (insert no.) [4947(a)(1) or	L1921	{		
			(✓ A) Corporation ☐ Trust ☐ Asset	antalian College	1 1 1 1	H(c) Group		
			······	Ociation Little Lives	r of formalic	on: ZUU	/ M State	of legal domicile: TX
	art I	Summ						
٨	1			nission or most significant activities:				
Activities & Governance				zation dedicated to prom				tanding and
Ē				ps between Asia and the				
Š				on discontinued its operations or dis				its net assets.
ũ				overning body (Part VI, line 1a)				30
ey V	1		•	bers of the governing body (Part VI,			1	30
ě				d in calendar year 2018 (Part V, line	•		5	40
χį	6	Total nur	nber of volunteers (estimate	off necessary)			6	102
¥	7a	Total unr	elated business revenue fro	m Part VIII, column (C), Ilne 12 .			7a	0.
	b	Net unre	ated business taxable incor	me from Form 990-T, line 38			7b	0.
						Prior Ye	ear	Current Year
ø	8	Contribut	tions and grants (Part VIII, Ii	5,032	2,559.	1,518,025.		
ă	9	Program	service revenue (Part VIII, li	ne 2g) ,	Г		9,447.	605,076.
Revenue	10	Investme	nt income (Part VIII, column	n (A), lines 3, 4, and 7d)			3,934.	367,500.
Œ	1		· · · · · · · · · · · · · · · · · · ·	lines 5, 6d, 8c, 9c, 10c, and 11e)			5,657.	696,316.
				l (must equal Part VIII, column (A), lin			2,597.	3,186,917.
				rt IX, column (A), lines 1-3)		4/5	.,	0,200,027,
				t IX, column (A), line 4)				
ı,	1			ee benefits (Part IX, column (A), lines 5		1 837	7,850.	1,986,802.
8	1			K, column (A), line 11e)		1,00	7000.	1750070021
Expenses			draising expenses (Part IX, o					
Щ			penses (Part IX, column (A),			1 910),057.	2,113,777.
				ist equal Part IX, column (A), line 25)	<u> </u>		7,907.	4,100,579.
	1	_	•	e 18 from line 12	_		690.	-913,662.
. 0		Hatalina	less expenses, oubtract inte	e to nomane 12		eginning of Cu		End of Year
its or	20	Tatal acc	ets (Part X, line 16)		-			
ŠÄ	21		llitles (Part X, line 26)		• •	59,859		59,092,967.
Net Assets Fund Baland	22		ts or fund balances. Subtrac	at line Od from line OO	` '	~~~~),919.	1,104,327.
	rt II		ure Block	stand 21 from line 20 , , , .	• •	58,678), 165. j	57,988,640.
				*	1 . 1 . 4			
				nis return, including accompanying schedules han officer) is based on all information of whic				ny knowledge and bellet, it is
	.,	1					9+-	
Sig	ın İ	Signs	alure of officer			Da	<u> </u>	
Gig Hei		,				Ua	ıe	
116	i e		nna Kol, President					***************************************
	i	<i></i>	or print name and title	I Bronovovio olanotura	I 5.2.			Inth
Pai	îd	ronv typ	preparer's name	Preparer's signature	Date	,	Check [
Pre	eparer						self-emp	
	e Only	/ Firm's ne				Firm	's EIN ➤ (03-0433949
		Firm's ac	ddress ► 1370 SOUTHMOR		004	Pho	ne no.	parama
เกลา	the IR	S discuss	this return with the prepare	er shown above? (see instructions)				Yes X No

	Dura 2
om 99 Part	
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 847,680. including grants of \$ 0.) (Revenue \$ 243,561.) See attached
4b	(Code:) (Expenses \$ 902,066. Including grants of \$ 0.) (Revenue \$ 763,730.) See attached
4c	(Code:) (Expenses \$ 767,171, including grants of \$ 0.) (Revenue \$ 272,253.) See attached
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 1,052,623, including grants of \$ 0.) (Revenue \$ 227,789.) Total program service expenses ▶ 3,569,540.

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

Continuation Statement

	Description
future.	Asia Society Texas Center operates as a separete 501(C)(3)organization
and has	an affiliate relationship with Asia Society, a global network.

4a.Performing Art and Culture -Through live performances, literature, film, culinary experiences, and more, the ASTC celebrates the culture, creativity, and vibrancy of Asia. In FY2019, thirty offerings reached almost 12,000 individuals, including ASTC's regional premiere of Ping Chong and *Company's* Beyond Sacred: Voices of Muslim Identity, a theatrical drama illuminating the daily experiences of five young Muslim Americans who came of age in a post-9/11 society. Eighty-seven percent of the offerings were presented in collaboration with some of Houston's most diverse cultural organizations like Miller Outdoor Theatre, AARP, Inprint, OCA of Greater Houston, Houston Cinema Arts Festival, the Museum of Fine Arts Houston and more.

4b. The Business and Policy Department celebrated four decades of educating Houstonians in FY2019, presenting 32 events for more than 4,600 attendees. The programs centered around current U.S. foreign policy and relations with key countries in Asia, updates on trade and new innovation, and the diverse stories of the Asian-American diaspora as well as how to build connections between communities. Notable speakers included Aasif Mandvi, Peabody Awardwinning actor, writer, and comedian; MSNBC anchor and reporter Ali Velshi; Ryan Crocker, Diplomat-in-Residence at Princeton University and former Ambassador to Afghanistan, Iraq, Kuwait, Lebanon, Pakistan, and Syria; Vali Nasr, Dean and Professor of International Politics at Johns Hopkins University's School of Advanced International Studies (SAIS); Dr. Michael Mandelbaum, Professor Emeritus of American Foreign Policy at The Johns Hopkins University School of Advanced International Studies; and Karen Korematsu, Founder and Executive Director of the Fred T. Korematsu Institute and the daughter of the late Fred T. Korematsu. Highlighted programs include the 3rd Houston India Conference; Trade Between Asia and Latin America: What's Next?; Texas Perspectives: The Past, Present, and Future of U.S.-China Relations; the Bank of America Women's Leadership Series: Energy Executives on the Importance of STEM Education; Asian Representation: Overcoming Whitewashing and Stereotypes: U.S.-Iran Relations after the Nuclear Deal; and The Importance of LNG in Asia's Sustainable Future.

4c. Education & Outreach Department lies at the heart of ASTC's mission and focuses on a variety of audiences: students, adults, families and communities. Through a balanced programming schedule that includes school tours, art & architecture tours, family programs, food workshops, wellness classes, language classes, and summer camps, education at ASTC sparks curiosity, builds cross-cultural empathy, and develops global competency. The education and outreach team served approximately 20,000 visitors through over 140 programs between July 2018 and June 2019.

4d. The Exhibitions Department at ASTC showcases the best of the visual arts from and about Asia, in rotating exhibitions along with related programs. In FY2019, we served 37,000 visitors through 8 exhibitions, showcasing the works of 47 artists, both from the US and Asia, ranging from Pakistan to the Philippines. Our department's programming enhances member and visitor engagement, and deepens appreciation for the arts in Texas. In FY2019, the Organization created 15 unique exhibition-related programs that provide unequaled access in Houston to these global artists, including a focus on food in the Philippines, Korean paper making, and mapmaking in contemporary art. Featured artists included Ayomi Yoshida, Tiffany Chung, Mik Gaspay, Ambreen Butt, and Jun Nguyen Hatsushiba.

Form 990 (2018)

Part I	V Checklist of Required Schedules	₁		
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
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		×
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		×
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		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	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		×
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		X
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	ļ
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		×
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		×
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	×	
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		×
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 1	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	37		×
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.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u>, </u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63			Table Table
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1002		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
~	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		,	
		Nesser esc	aeY	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10 AW	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40	0.00 0.00	\$50.00 N	tage)
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	909934
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-11456	×
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		
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		×
b	If "Yes," enter the name of the foreign country: ▶			
	See Instructions for filling 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		
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Οŭ		<u> </u>
Ŋ	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	10.00	PAGE 1	51.55 ST
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	B148		V 5.0.3
-	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c	87 <u>108</u> 71	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> ^</u>
9 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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1065864
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter:	2004		
a	Gross income from members or shareholders			
b	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	2007 1000721	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	Marie 1	2337
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	1500 SEGO	6765-1703-14
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		多温料
	If "Yes," complete Form 4720, Schedule O.	Fore	n 99 0	L (2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				Ø//6/ [⊠]
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 30			
	If there are material differences in voting rights among members of the governing body, or			55 KF	
	if the governing body delegated broad authority to an executive committee or similar		TO S	žavi.	
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	X	8.654
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9	30 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		X
6	Did the organization have members or stockholders?		6		×
7 a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,	7b	·	
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
a	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C), <i>.</i> .	9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exern	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×	271023123
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				100 mg
12a			12a	X_	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<u>×</u>	ļ
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	nolicy? If "Yes,"	120	×	
13	Did the organization have a written whistleblower pollcy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	X_	20-10-00-10-0
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			
a	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				D. 60.07
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the			7 E. S
	organization's exempt status with respect to such arrangements?	z + + + +	16b		<u> </u>
	on C. Disclosure				*****
17	List the states with which a copy of this Form 990 is required to be filed TX	V 000 and 000	10	tion !	E04/~\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Sc	it apply. hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				y, and
20	State the name, address, and telephone number of the person who possesses the organization Bonna Kol, 1370 Southmore, Houston, TX 77004 (713)496-9902	on's books and re	cords	>	

Form 990 (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe l a d	rson irect	than o is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nancy Allen	2.00	×							0	4
Director		^	_			-	\vdash	0.	0.	0.
(2) Edward D Allen III Chairman	2.00	×						0.	0.	0.
(3) Gordan J Quan Vice-Chairman	2.00	×						0.	0.	0.
(4) Alexander C Chae Director	2.00	×						0.	0.	0.
(5) Theodore Y Louie	2.00	×						0.	0.	0.
(6) Durga Agrawal Director	2.00	×						0.	0.	0.
(7) Charles C Foster Director	2.00	×						0.	0.	0.
(8) Shahzad Bashir Director	2.00	×						0.	0.	0.
(9) Albert Chao Director	2.00	×						0.	0.	0.
(10) Nancy Chang Director	2.00	×						0.	0.	0.
(11) Nanako Tingleaf Director	2.00	×						0.	0.	0.
(12) John P Cogan, Jr. Director	2.00	×						0.	0.	0.
(13) Alan Crain Director	2.00	×						0.	0.	0.
(14) Martyn E. Goossen Director	2.00	×						0.	0.	0.

REV 05/20/19 PRO

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
				•	C)						
(A)	(B)	Idon			ltion	. Iban a		(D)	(E)	ļ	(F)
Name and title	Average					than d is both		Reportable	Reportabl		Estimated
	hours per					or/trust		compensation	compensation related	from	amount of other
	week (list any hours for	45	5	9	줐	9,7	ਹ	from the	organizatio	ns	compensation
	related	윩챬	鬱	Officer	9	200	Former	organization	(W-2/1099-M		from the
	organizations	G E	ğ	•	호	\e\dag{4}	"	(W-2/1099-MISC)			organization and related
	below dotted line)	individual trustee or director	압		Key employee	d.					organizations
		ě	Institutional trustee		i w	Highest compensated employee					•
			ř			ated				- 1	
(15) Glen Gondo	2.00										•
Director		×						0.		0.	0.
(16) Kevin P. Lewis	2.00	ļ								i	
Secretary		×						0.		0.	0.
(17) Alistair Vickers	2.00								1		
Director		×						0.		0.	0.
(18) Milton D Rosenau, Jr.	2.00								•		_
Director		×					<u> </u>	0.		0.	0.
(19) Moez Magalji	2.00	۱.,									^
Director	<u> </u>	×	_					0.		0.	0.
(20) Y. Ping Sun	2.00	×									^
Vice-Chairman		L			-	<u> </u>	<u> </u>	0.	 	0.	0.
(21) Charles Roff	2.00	×						0.		0.	0.
Director	2.00	<u> </u>			-			0.		- ' -	
(22) John McKay Treasurer	2.00	х						0.		0.	0.
(23) Ravi Chidambaram	2.00	<u> </u>					<u> </u>	· · ·	 	<u> </u>	<u> </u>
Director	12	×						l o.		0.	0.
(24) Mingda Zhao	2.00										
Director		×						0,		0.	0.
(25) Rosine Matthews	2.00										
Director X 0. 0. 0.											
1b Sub-total				٠				0.		0.	0.
	c Total from continuation sheets to Part VII, Section A ▶ 520, 594. 0. 101, 261.										
d Total (add lines 1b and 1c)							<u> </u>	520,594.	L	0.	101,261.
2 Total number of individuals (including bu		i to th	ose	list	ted	above	a) W	ho received m	ore than \$1	00,000) 01
reportable compensation from the organ	ization 🚩					4					Yes No
a state of the second state of the second se		1						املط معاملا	ant commo	naata	CONTRACTOR RECOGNISES RECOGNISES
3 Did the organization list any former of employee on line 1a? If "Yes," complete	ilicer, airec Schadula J	for s	or w uch	usu ind	ee, Inida	key € ≀al	3H IĮ.	noyee, or nigi	iest compe	nsate	3 ×
							, ,	nd ather some	 Sanaatlan fr	om th	Company Contractor Systematics
4 For any individual listed on line 1a, is the organization and related organizations	oraștar th	on &. hous	DIE (I KN :	UUL	ıhai	isauu f "Ye	ท ; a ๛"	complete Sch	nedule .l fo	r suci	h
individual	groates the			,							4 ×
5 Did any person listed on line 1a receive of			nsat	lon	fro	n anv	un un	related organi	zation or inc	lividua	Transport Commence (Commence Commence C
for services rendered to the organization	? If "Yes," c	omp	lete	Scł	redu	ıle J f	or s	such person			5 ×
Section B. Independent Contractors											
Complete this table for your five highest.	compensat	ed in	depe	end	ent	contr	acte	ors that receive	ed more tha	n \$10	0,000 of
compensation from the organization. Rep	oort compe	nsati	on fo	or tł	he c	alend	lar y	ear ending wil	h or within	the or	ganization's tax
year.							·				
(A) Name and business add	Brace							(B) Description of s	saniuras		(C) Compensation
Page seemistru on sinesy soc	11033						-	Gesonphon of s	, , , , , , , , , , , , , , , , , , ,		
							-	,			
							-				
4		•									
								·		3a 34 - 4 - 4 - 4 -	
2 Total number of independent contractor							th	iose listed ab	ove) who		
received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	>				1444	recent about a section of

Continuation Statement

Asia Society Texas Center

Form 990; Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

			Pos	Position					
Name and title	Average hours per week (list any hours for	C1 - Ind director C2 - Ins C3 - Off	i i i i	al tr	ustee trusi	и е е	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation from the
	organizations on the right)	ा पूँ ।	her employee Highest compensated Yee	COMPE	nsate	71	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizations
		-	C2 C3	42	CS	95			
James Cuclis	2.00	\vdash	-	-					
Director		4					0.	0	0
Rishi Varma	2.00	×					(C	
urector									
Kishore Sundararajan	2.00	×							
Director		4					0	0.	0
Bradley Corson	2.00	>	>						~~~~
Director		∢	∢				0.	0,	0
Michelle Herrea	2.00	>	>						
Director		4	4				0	0	0
Bonna Kol	40.00	>	>						
President		4	4				203,543.	.0	46,538
Joy Partain	40.00								
VP, Marketing and		×	×						
Communications							108,527.	0	22,305
Sophia Wong	40.00	>	>						
VP, Finance		∢	<				107,221.	0.	15,548
Michael Gillespie	40.00	>	>						
VP, Operation		¢	۷				101,303.	0	16,870
							520,594.	•	101,261.

	90 (2018							Page 9
Part	VIII	Statement of Reve				Doub VIII		П
		Check if Schedule O	contains a resi	ponse or note to	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	i , , 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	84,563.					
Arr	c	Fundralsing events .		191,985.				
ig di	d	Related organizations		F 4 2F0				
Sin.		e Government grants (contributions) 1e 54,35 f All other contributions, gifts, grants,		54,358.				
utic	1	and similar amounts not included above 11 1,194,804						
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions includ		277,484.				
Con	h	Total. Add lines 1a-1		· · · · · ·	1,518,025.			
		- Address		Business Code		- 12.50 x 25.55.49.59.1	general month in the	
Program Service Revenue	2a	Program fees & ot	her revenue	900099	605,076.	605,076.	0.	0.
8	b							
ervi	d							
ŠE	e	***************************************						
igra	f	All other program ser	vice revenue.					
Pro	g	Total. Add lines 2a-2	f		605,076.			
	3	Investment income					_	
		and other similar amo	-		281,260.	0.	0.	281,260.
	4	Income from investmen		ond proceeds				
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	289,322.	(,, , , , , , , , , , , , , , , , , , ,	A STANCTON	Appropriate and the		
	b	Less: rental expenses	329,824.			26.05 (14.02)		100000000000000000000000000000000000000
	ြိ	Rental Income or (loss)	-40,502.					5.0000000000000000000000000000000000000
	ď	Net rental income or		<u>, , , , </u> ▶	-40,502.	0.	0.	-40,502.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,981,506.					
	b	Less; cost or other basis						
		and sales expenses	2,895,266.		}			
	¢	Gain or (loss) Net gain or (loss) .	86,240.	L >	86,240.	0.	0.	86,240.
	d	iver gain or (ross) .			00,240.	0.		
e Le	8a	Gross income from fu	undraising					
Other Revenue		events (not including \$	191,985.					
Ω.		of contributions reporte	-			100 000070		
ř		See Part IV, line 18 .		1,091,029.				
₹	b	Less: direct expenses			506.010			726 010
	C	Net income or (loss) f Gross income from ga		events	736,818.		0.	736,818.
	9a	See Part IV, line 19						0.00
	b	Less: direct expenses	**	ļ				
	C	Net income or (loss) f		L		A communication and an artist of the contract		
	10a							
		returns and allowance	es a					
	b	Less: cost of goods s						
	C	Net income or (loss) f						
	44	Miscellaneous F	(evenue	Business Code				
	11a b							
	l c							
	d	All other revenue .						
	e	Total. Add lines 11a-	-11d	>				
	12	Total revenue. See li	nstructions .	<u> ▶</u>	3,186,917.	605,076.	0.	1,063,816.
				9EV 056	20/19 PRO			Form 990 (2018)

REV 05/20/19 PRO

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. Al			ımn (A).
	Check if Schedule O contains a respor				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management end general expenses	(O) Fundraising 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				0.00
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
	trustees, and key employees	551,319.	357,020.	103,427.	90,872.
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	Other salaries and wages	1,035,831.	943,466.	18,252.	74,113.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,041.	108,027.	8,920.	12,094.
9	Other employee benefits	130,975.	109,647.	9,053.	12,275.
10	Payroll taxes	139,636.	116,897.	9,652.	13,087.
11	Fees for services (non-employees):				40.400
a	Management	110,126.	96,990.	0.	13,136.
b	Legal	10 500	177 AAE	1,247.	1,248.
0	Accounting	19,500.	17,005.	1,241.	1,240.
d	Lobbying	<u> </u>			
e f	Investment management fees		で発生が発生がある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがある。できるがあるがある。できるがあるがある。できるがあるがある。できるがあるがある。できるがあるがある。できるがあるがある。できるがあるがあるがある。できるがあるがあるがある。できるがあるがあるがあるがある。できるがあるがあるがあるがある。できるがあるがあるがあるがあるがあるがあるがある。できるがあるがあるがあるがあるがあるがあるがあるがあるがあるがあるがあるがあるがある	######################################	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	35,999.	9,298.	8,562.	18,139.
12	Advertising and promotion	56,567.	56,044.	523.	0.
13	Office expenses	42,784.	41,428.	516.	840.
14	Information technology	50,827.	36,537.	4,552.	9,738.
15	Royalties				
16	Occupancy	240,713.	230,064.	8,497.	2,152.
17	Travel	13,204.	7,742.	3,335.	2,127.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	***************************************		
19	Conferences, conventions, and meetings .			22 500	
20	Interest	37,500.	0.	37,500.	0.
21	Payments to affiliates	32,696. 764,187.	32,696. 748,957.	7,253.	7,977.
22	Depreciation, depletion, and amortization .	71,595.	68,428.	2,527.	640.
23	Insurance	71,393.	00,420.	2,3271	040.
24	Other expenses. Itemize expenses not covered 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.)				
а	Administrative Support	56,720.	19,332.	29,397.	7,991.
b	Exhibition	292,423.	292,423.	0.	0.
C	Program Production	282,764.	273,531.	6,458.	2,775.
d	Other	6,172.	4,008.	2,164.	0.
е	All other expenses	1 400 500	2 562 542	0.63 0.35	260 004
25	Total functional expenses. Add lines 1 through 24e	4,100,579.	3,569,540.	261,835.	269,204.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	totoming out to be fitted and they	REV 05/20/19 PRO			Form 990 (2018)

P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	ort X		
_		Check if Schedule O comains a response of note to any line in this i e	(A) Beginning of year	• •	(B) End of year
	1	Cash—non-interest-bearing ,	305,405.	1	526,151.
	2	Savings and temporary cash investments	495,719.	2	658,122.
	3	Pledges and grants receivable, net	7,308,862.	3	6,766,754.
	4	Accounts receivable, net	1,251,122.	4	733,330.
	5	Loans and other receivables from current and former officers, directors,			
	Ů	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	and the graph of the second contract of the second
s.	6	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	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,374.	9	62,934.
	10a	Land, buildings, and equipment: cost or			
	'••	other basis. Complete Part VI of Schedule D 10a 47, 061, 513.			
	b	Less: accumulated depreciation 10b 6,740,677.	41,127,289.	10c	40,320,836.
	11	Investments—publicly traded securities	9,333,313.	11	10,024,840.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	59,859,084.	16	59,092,967.
	17	Accounts payable and accrued expenses	305,919.	17	354,327.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond llabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ŋ	22	Loans and other payables to current and former officers, directors,		N. S. Y.	
ig.	~~	trustees, key employees, highest compensated employees, and		18-63	
Liabilities		disqualified persons. Complete Part II of Schedule L	875,000.	22	750,000.
20.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,180,919.	26	1,104,327.
·γ		Organizations that follow SFAS 117 (ASC 958), check here > X and			
స్ట		complete lines 27 through 29, and lines 33 and 34.	41,875,214.	N7	41,381,493.
äar	27	Unrestricted net assets	1,163,519.	27 28	944,070.
ñ	28	Temporarily restricted net assets	15,639,432.	28	15,663,077.
Ĕ	29	Permanently restricted net assets	13,039,432.	28	13,003,077.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		es es es es	
ţ	30	Capital stock or trust principal, or current funds		30	
97.50	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	58,678,165.	33	57,988,640.
	34	Total liabilities and net assets/fund balances	59,859,084.	34	59,092,967.
					Form 990 (2018)

Page	1	2

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>6,917.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		0,579.
3	Revenue less expenses. Subtract line 2 from line 1		3,662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	58,678	<u>3,165.</u>
5	Net unrealized gains (losses) on investments	224	4,137.
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	57,988	8,640.
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		<u>. , Ц</u>
		Y	res 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," explain in		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
-	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	0.48	
	Schedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	×
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Form !	990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

• Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.govir-orm990 for instructions and the latest information.

Employer Identification number Name of the organization 03-0433949 Asia Society Texas Center Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d 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 II, Type III, 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) (iii) Type of organization (Iv) Is the organization (vi) Amount of (ii) EIN (v) Amount of monetary (i) Name of supported organization listed in your governing support (see other support (see (described on lines 1-10 document? instructions instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I 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 (e) 2018 (f) Total (a) 2014 (d) 2017 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 grants, contributions, membership fees received. (Do not 2,157,020. 2,270,631. 2,065,009. 2,034,861. 2,099,240. 10,626,761. include any "unusual grants.") . . . levied for 2 Tax revenues organization's benefit and either pald to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 2,157,020. 2,270,631. 2,065,009. 2,034,861. 2,099,240, 10,626,761. 4 Total, Add lines 1 through 3. . . . The portion of total contributions by 5 (other person than each publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10,626,761. Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2016 (f) Total (a) 2014 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) (b) 2015 2,034,861. 2,099,240. 10,626,761. 2,157,020. 2,270,631. 2,065,009. 7 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 146,455. 246,967. 281,260. 829,781. 50,831. 104,268. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 17,395,958. Total support. Add lines 7 through 10 11 12 12 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 61.09% Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 60.8 % 15 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 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 10%-facts-and-circumstances test-2017. 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 18

Schedule A (Form 990 or 990-EZ) Part II, Line 10

Other Income Worksheet

2018

Name as Shown on Return Asia Society Texas Center

Employer Identification No. 03-0433949

Do not include gain or (loss) from sale of capital assets.

(f) Total	3,606,897.	5,939,416.
(e) 2018	736,818.	1,341,894. 5,939,416.
(d) 2017	399,447.	1,125,441.
(c) 2016	478,577.	1,155,567.
(b) 2015	461,215.	1,171,649. 1,144,865. 1,155,567. 1,125,441.
(a) 2014	388,204.	1,171,649.
Description	Net Income From Special Events Program Fees & Other Earned Revenue	Totals to Schedule A, Page 2, or Page 3, Part II, Line 10

Page 3 Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 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.) Section A. Public Support (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 levied for the revenues Tax organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5. . . . 6 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support (e) 2018 (f) Total (c) 2016 (d) 2017 (b) 2015 Calendar year (or fiscal year beginning in) (a) 2014 9 Amounts from line 6 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 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) 14 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %

Public support percentage from 2017 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 18 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/8%, check this box and stop here. The organization qualifies as a publicly supported organization . • 🗀 331/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20 REV 10/24/18 PRO Schedule A (Form 990 or 990-EZ) 2018

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B, If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. All	Supporting	Organizations
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- 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 b class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(6) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(1) purposes.
- 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 (l) the names and El 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mol disqualified persons as defined in section 4946 (other than foundation managers and organizations describe In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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Scheau	e A (Form 990 or 990-EZ) 2018			age
Part				
		£ 525,055	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described in (a) above?	dff	·	
	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.	11c		
Casti	on B. Type I Supporting Organizations	1.,0		L
Secu	on B. Type (Supporting Organizations		Yes	No
		620-535(6)	20000	1NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		in the	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1000
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			New York
	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	35375	接接	
2	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,	51.40 51.40		
	supervised, or controlled the supporting organization.	2	MERCHANIST.	3335557
		Z		L
Secti	on C. Type II Supporting Organizations		3.	
		1400000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	斯曼斯	
	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			
	the supported organization(s).	1		•
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ANAM	製板取	1988
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			建建设
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	eyaw.	2885240	उत्दर्भक्ष
	· · · · · · · · · · · · · · · · · · ·	1	020880	2000at
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			S ALW
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10,000	\$45.00	15/5/15
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	********	
3	By reason of the relationship described in (2), dld the organization's supported organizations have a			100000
	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	on E. Type III Functionally Integrated Supporting Organizations	-4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
-	The organization satisfied the Activities Test. Complete line 2 below.			•
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	lena in	etruet	lonel
C		OGG III		No
2	Activities Test. Answer (a) and (b) below.	15555	105	INU ARRAGO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Particular Social	100 V 2-55
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		2012/2018 Windows	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		100 H	
	how the organization was responsive to those supported organizations, and how the organization determined	鐵鎮	WW.	
	that these activities constituted substantially all of its activities.	2a	Ĺ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	要要		EXE
ы	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			1000000 500000
	activities but for the organization's involvement.	2b	SUBSTITUTE	month Visit
		TANKS	\$4550A	X85455
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	100 Miles	305450	TO SERVE
	trustees of each of the supported organizations? Provide details in Part VI.	3a	*p.25556	100 miles No. 20
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	<u> </u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ.	tru	st on Nov. 20, 1970 (explair	ns 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		
Section B-Minimum Asset Amount		(A) Prìor 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):			
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		AAA
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		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts pald to perform activity that directly furthers exe 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)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			The state of the s
10	Line 8 amount divided by line 9 amount		7/1	(1111)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			(3.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4
Ċ	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			\$2000000000000000000000000000000000000
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Manufactoria Statistica de Caracteria de Principal		
4	Distributions for 2018 from			
	Section D, line 7: \$		Street of the st	
a L	Applied to underdistributions of prior years Applied to 2018 distributable amount			100000000000000000000000000000000000000
b c	Remainder. Subtract lines 4a and 4b from 4.	Leave-strammer complete the first first section and com-		
	Remaining underdistributions for years prior to 2018, if		S. S	
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019, Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018	enter and the first of the first state of the second state of the	 A contract of the second /li>	Application and the street was a series of the series of the series of the series of

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Other Addl Info: Capital/Corner Stone Campaign which are not included in Schedule
A because they qualify as usual gifts.
Pt II Ln 10: Other Income Part II, Line 10 Description: Net Income From Special
Events 2014: 783445. 2015: 683650, 2016: 676990. 2017: 725994. 2018: 736818.
Description: Program Fees & Other Earned Revenue 2014: 388204. 2015: 461215.
2016: 478577. 2017: 399447. 2018: 605076.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer Identification number Name of the organization 03-0433949 Asia Society Texas Center Organization type (check one): Filers of: Section: Form 990 or 990-EZ **⊠** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't flle Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Asia Society Texas Center

Employer identification number

Part I	Contributors (see instructions). Use duplicate co	pies of Part I If additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	See attachment See attachment See attachment TX 0000	\$O.	Person 🗵 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B Part I contributor				
(a)	(q)			(p)
No. Name	Address and Zip	Person	Business	Type of contribution
1 Alvin & Lucy Owsley Foundation	3402 Wickersham Ln Houston, TX 77027-4134	×		Person
2 Anne and Albert Chao	3970 Inverness Dr. Houston, TX 77019-1004	×		Person
3 Anthony Petrello	10 Remington Ln Houston, TX 77005-1833	×		Person
4 Bank of America	700 Louisiana St., Fl 14 Houston TX 77002-2700		×	Person
5 Brad Bucher	14415 Twisted Oak Ln. Houston, TX 77079-7427	×		Person
6 Chevron	1400 Smith St., Suite 13-044 Houston, TX 77002		×	Person
7 ConocoPhillips	16930 Park Row Dr. Houston, TX 77084		×	Person
8 David E. Harvey	6512 Vanderbilt St. Houston, TX 77005-3823	×		Person
9 Edward R. Allen	1936 Sunset Blvd. Houston, TX 77005-1649	×		Person
10 ExxonMobil Corporation	22777 Springwoods Village Parkway Spring, TX 77389-1425		×	Person
11 Hemant Goradía	16800 Imperial Valley Dr, Ste 499 Houston, TX 77060-3134	×		Person
12 Houston Arts Alliance	3201 Allen Parkway, Suite 250 Houston, TX 77019-1800		×	Person
13 Hushang Ansary	1000 Louisiana St, Ste 3700 Houston, TX 77002-5014	×		Person
14 Marie & Vijay Goradia	62 W Windward Cove The Woodlands, TX 77381-4267	×		Person
15 Mary C. Blake	3004 Reba Dr. Houston, TX 77019-6204	×		Person
16 Milton D. Rosenau, Jr.	4518 Oleander St. Bellaire, TX 77401-5119	×		Person
17 Nancy Allen	5130 Green Tree Rd. Houston, TX 77056-1406	×		Person
18 The Brown Foundation	PO Box 130646 Houston, TX 77219-0646		×	Person
19 United Airline	233 S Wacker Dr., Suite 430 Chicago, IL 60606-6462		×	Noncash
20 City Kitchen	PO Box 262409 Houston, TX 77207		×	Noncash
21 McKinsey & Company	609 Main St, Suite 2300, Houston TX 77002		×	Noncash

Name of organization
Asia Society Texas Center

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
1			

Name of organization Asia Society Texas Center 03-0433949

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Employer identification number

	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th	ions completing Part III, enter the	tor. Complete columns (a) through (e) and total of <i>exclusively</i> religious, charitable, etc. e. See instructions.) ▶ \$
	Use duplicate copies of Part III if add	itional space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift ad ZIP + 4 Rei	lationship of transferor to transferee
(a) No.	(b) Durnana of gift	(c) Use of gift	(d) Description of how gift is held
from Part l	(b) Purpose of gift	(c) Ose of grit	(a) pescription of now girt is need
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4 Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4 Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4 Re	lationship of transferor to transferee
.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Nama o	f the organization	Į.	Employer (denuncation number
Asia	a Society Texas Center		03-0433949
Par		ilsed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		ld in donor advised
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	1 2 2 5 2 7 4 T 4 T 5 5 4	Yes No
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
-			
3	Number of conservation easements modified, tran		
~	tax year ►		
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inst	pection, handling of
Ü	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
Ü	Land volunteer hours devoted to mornioring, maps	oung, narraing of frontiers, and emerging	,
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing o	conservation easements during the year
•	>\$	ig, nanding of molations, and officing t	Johnson Vallent Gaberniering Garinig Cite year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
U	·		· · · · · · · · · · Yes · No
0	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text	of the feetnete to the examination's fire	and expense statement, and ancial etatemente that describes the
	organization's accounting for conservation easem		afford statements that decombes the
Dod	III Organizations Maintaining Collection		Other Similar Assets
i di i	Complete if the organization answered		Office Ominio Addotor
	If the organization elected, as permitted under SF	AC 116 (ACC 050) not to report in its	revenue etatement and halance cheet
1a	works of art, historical treasures, or other similar	r appets held for nublic avhibition ad	ugation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	describes these items.
	If the organization elected, as permitted under S		
b	works of art, historical treasures, or other similar	report held for public evaluation, and	upotion or respond in furtherance of
	public service, provide the following amounts relat		addition, or research in fulfilleration of
	•	-	. •
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
	(ii) Assets included in Form 990, Part X		to the state of th
2	(II) Assets included in Form 990, Part X If the organization received or held works of art	, nistorical treasures, or other similar	assets for financial gain, provide the
	tollowing amounts required to be reported under a	SPAS TTO (ASC 930) relating to these in	ei 115,
a	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		▶ \$

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	าถ	a	е	_

	a D (cami sao) som				***			
Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Oth	ter Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her recor	ds, checl	k any of th	e follow	ing that are a sig	nificant use of its
а	☐ Public exhibition				or exchang			
b	☐ Scholarly research		e [Other	***********			******
C	☐ Preservation for future generations							
4	Provide a description of the organizati	on's collections	and expla	in how th	ney further	the org	anization's exemp	ot purpose in Part
	XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations lined as p	s of art, l art of the	historical tr e organizati	easures on's co	o, or other similar	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.						
	Complete If the organization	answered "Yes	" on Forr	n 990, F	Part IV, line	9, or i	reported an amo	ount on Form
	990, Part X, line 21.	Standard Alb		a all aura da	w aantribut	lann or	other assets not	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or our	er interm	ediary id	a contribut		Other assets not	☐ Yes ☐ No
1.	If "Yes," explain the arrangement in Pa						, , , , ,	[100 [100
b	if "Yes," explain the arrangement in Fa	It VIII and combi	ete tile loi	nowing te	abie.		Am	ount
_	Beginning balance					10		
C C	Additions during the year					1d		
d	Distributions during the year					10		
e f	Ending balance					1f		
2a	Did the organization include an amoun	ton Form 990 P	art X line	21. for e	scrow or ci			☐ Yes ☐ No
Za h	If "Yes," explain the arrangement in Pa	ert XIII. Check her	e if the ex	nlanation	n has heen	provide	ed on Part XIII .	
	tV Endowment Funds.	11 71117 011001 110	<u> </u>					
, ai	Complete if the organization	answered "Yes	" on Fori	m 990. F	Part IV. line	e 10.		
•	Complete if the enganization	(a) Current year	(b) Pric		(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	15,639,432.	14,423	3.140.	13,021,	086.	3,504,399.	2,363,923.
b	Contributions	20/000/1021		,234.	1,300,		10,035,000.	1,141,784.
C	Net investment earnings, gains, and		2,000		-,,			
•	losses	23,645.	156	5,058.	102,	050.	-518,313.	-1,308.
d	Grants or scholarships							
e	Other expenditures for facilities and						- - · ·	
	programs							
f	Administrative expenses							
g	End of year balance	15,663,077.	15,639	3,432.	14,423,	140.	13,021,086.	3,504,399.
2	Provide the estimated percentage of ti	he current year ei	nd balanc	e (line 1g	,, column (a	i)) held a	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment ► 100							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				•	
За	Are there endowment funds not in the	possession of t	he organi:	zation the	at are held	and ad	ministered for the	· · · · · · · · · · · · · · · · · · ·
	organization by:							Yes No
	(i) unrelated organizations							3a(i) ×
	(ii) related organizations							3a(ii) ×
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	i as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.		<u></u>	
Par	VI Land, Buildings, and Equip	ment.					0	7-47 16440
	Complete if the organization							art X, line 10.
	Description of property	(a) Cost or o (investr		3 7	or other basis other)		Accumulated apreciation	(d) Book value
	Land		0.	6,5	24,943.	10 E		6,524,943.
b	Buildings			39,2	09,610.	6	,142,854.	33,066,756.
c	Leasehold improvements							
d	Equipment				14,704.		453,013.	461,691.
e	Other				12,256.		144,810.	267,446.
Total.	. Add lines 1a through 1e. <i>(Column (d) n</i>	nust equal Form 9	990, Part)	K, columi	n (B), line 10	Oc.)	▶	40,320,836.

Part VII	Investments-Other Securities.				, , , , , , , , , , , , , , , , , , , ,
	Complete if the organization answered "Yes	s" on Form 9		e 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		f of valuation: -year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)	***********				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
F GI L VIII	Complete if the organization answered "Ye	s" on Form 9	990, Part IV. lir	ne 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Metho	d of valuation: -year market value
(1)					
(2)					
(3)					
(4)					
(5)			<u> </u>		
(6)					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.			100-00-00-00-00-00-00-00-00-00-00-00-00-	and the second of the proof of the second of
aresix	Complete if the organization answered "Ye	s" on Form !	990, Part IV, lir	ne 11d, See Form 9	90, Part X, line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	All I SE WOOD Dark V and AD line of	1E\			
	mn (b) must equal Form 990, Part X, col. (B) line 1	15.)	• • • • • • • • • • • • • • • • • • •		
Part X	Other Liabilities. Complete if the organization answered "Ye	se" on Form	il VI tred noo	na 11a ar 11f Seel	Form 990 Part X
		is on rount	990, Fattiv, III	10 110 01 111, 000	orn ood, rank,
1.	line 25. (a) Description of liability (b)	Book value			
	ncome taxes				
(2)	North taxes		\dashv		
(3)					
(4)			\dashv		6
(5)			\exists		
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Hability fo	r uncertain tax positions. In Part XIII, provide the text	of the footnote	to the organization	on's financial statemen	ts that reports the
organization	s liability for uncertain tax positions under FIN 48 (AS	C 740). Check	here if the text of	the footnote has been	provided in Part XIII

Par	5/1	Reconciliation of Revenue per Audited Financial Stateme	nts V	With Revenue per	Return	
فننجي		Complete if the organization answered "Yes" on Form 990, F	art I	/, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		, , , , , , ,	1	5,361,967.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				,
а		inrealized gains (losses) on investments	2a	270,387.		
b	Dona	ited services and use of facilities	2b	1,574,840.		
C	Reco	veries of prior year grants	2c			
d	Othe	r (Describe in Part XIII.)	2d		Marks:	
е	Add	ines 2a through 2d			2ө	1,845,227.
3		ract line 2e from line 1			3	3,516,740.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe In Part XIII.)	4b	-329,823.	1 1	220 022
c	Add	lines 4a and 4b			4c	-329,823.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	With European p	5 Dotu	3,186,917.
Part	XIII	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, I	ents Part IV	With Expenses po Ulino 12a	er netu	111.
	T-4-1	expenses and losses per audited financial statements			1	6,005,242.
1		unts included on line 1 but not on Form 990, Part IX, line 25:	• •			0,000,242.
2		ated services and use of facilities	2a	1,574,840.	200	
a b		year adjustments	2b			
G		r losses	2c			
d		r (Describe in Part XIII.)	2d			
9		lines 2a through 2d		4 2 4 4 4 4	20	1,574,840.
3		ract line 2e from line 1			3	4,430,402.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)	4b	-329,823.		
C	Add	lines 4a and 4b	$\overline{\cdot \cdot \cdot}$		4c	-329,823.
5	Tota	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	4,100,579.
Part	XIII	Supplemental Information.				
Provid	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14; P	art IV, lines 1b and 2b	o; Part V	, line 4; Part X, line
2; Pai	t XI, lii	nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	wide any additional ir	nomati	л.
υ+ T	v r	ine 2b: Endowment assets include assets of don	or-i	restricted peri	iods	
	V / L	THE 2D. HINOWRETT UDGED INCLUDE GOODS OF GO.				
as v	ell	as Board-designated funds for the use of capac	ity	•		
				- ***		
Pt X	I, I	ine 4b: Facility Rental Expenses				
Pt X	III,	Line 4b: Facility Rental Expenses				~*************************************
						2121-01-01-01-00

		***************************************				F7.F

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yos" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number 03-0433949 Asia Society Texas Center Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants ☐ Mall solicitations ☐ Internet and email solicitations f Solicitation of government grants Phone solicitations g

Special fundralsing events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col. (l) (iii) Did fundralser have (vi) Amount paid to (or relained by) (i) Name and address of individual or entity (fundralser) (iv) Gross receipts (ii) Activity custody or control of contributions? from activity organization Yes No 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	•	
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18	
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6	3b, List events with
	gross receipts greater than \$5,000.	

<u>a</u>						
ō			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
<u>a</u>			Annual Gala		NONE	(add col. (a) through
<u>ψ</u>			(event type)	(event type)	(total number)	cof. (c))
~ 1						
Revenue	1	Gross receipts	1,283,014.			1,283,014.
è	•	arous rousipio	1/200/0111			
44	2	Less: Contributions	101 005			191,985.
l			191,985.			191, 365.
	3	Gross income (line 1 minus	1 001 000			1 001 000
_		line 2)	1,091,029.			1,091,029.
- 1						
	4	Cash prizes				
	5	Noncash prizes				
,						
Direct Expenses	6	Rent/facility costs				
ë		, i	A A A A A A A A A A A A A A A A A A A			
8	7	Food and beverages				
ш	•	1 Ood und boyerages 1 1				· ·
8	0	Entartalmmani				
<u>ا</u> م	8	Entertainment				
-	_					254 027
ľ	9	Other direct expenses .	354,211.			354,211.
1						
	10	Direct expense summary. Ad				354,211.
	11	Net income summary. Subtra	ict line 10 from line 3, c	olumn (d)	. , >	736,818.
Pai	t III	Gaming. Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E2	Z, line 6a.			
4)			Z-A fot	(b) Pull tabs/instant	(a) Other pening	(d) Total gaming (add
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue			(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1	1 2	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
Direct Expenses Revenue	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (o))
1	2	Cash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (o))
1	2 3 4	Cash prizes		(b) Pull tabs/instant bingo/progressive bingo	☐ Yes %	(d) Total gaming (add col. (a) through col. (o))
1	2 3 4	Cash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (o))
1	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes %	bingo/progressive bingo Ves %	☐ Yes %	(d) Total gaming (add col. (a) through col. (o))
1	2 3 4 5	Cash prizes	☐ Yes % ☐ No	ingo/progressive bingo ☐ Yes % ☐ No	☐ Yes %	(d) Total gaming (add col. (a) through col. (o))
1	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes % ☐ No	ingo/progressive bingo ☐ Yes % ☐ No	☐ Yes %	(d) Total gaming (add col. (a) through col. (o))
1	2 3 4 5 6 7	Cash prizes	☐ Yes % ☐ No d lines 2 through 5 in c	☐ Yes% ☐ No	☐ Yes % ☐ No	(d) Total gaming (add col. (a) through col. (o))
1	2 3 4 5	Cash prizes	☐ Yes % ☐ No d lines 2 through 5 in c	☐ Yes% ☐ No	☐ Yes % ☐ No	(d) Total gaming (add col. (a) through col. (o))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c	☐ Yes % ☐ No olumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
ω Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in c	☐ Yes % ☐ No olumn (d) ming activities:	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in c Subtract line 7 from li	☐ Yes % ☐ No olumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
ω Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gainduct gaming activities	☐ Yes % ☐ No olumn (d)	☐ Yes %	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from liganization conducts gas	☐ Yes% ☐ No olumn (d)	☐ Yes %	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from liganization conducts gas	☐ Yes% ☐ No olumn (d)	☐ Yes %	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% No No d lines 2 through 5 in co. Subtract line 7 from line ganization conducts gapenduct gaming activities aming licenses revoked	Yes	Yes % No No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% No No d lines 2 through 5 in co. Subtract line 7 from line ganization conducts gapenduct gaming activities aming licenses revoked	Yes	Yes % No No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c y. Subtract line 7 from li ganization conducts ga anduct gaming activities aming licenses revoked	Yes	Yes % No No s?	col. (a) through col. (c))

Schedu	le G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name >
	Address►
16	Gaming manager Information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

REV 10/17/18 PRO

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Schadule G (Form 990 or 990-EZ) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete If the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Asia Society Texas Center

Employer Identification number 03-0433949

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	(1990) With M.	
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	1997		
	<u> </u>			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
_				W. Salah
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		.,	
	1a? ,	2	X	NO NO HON
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		200000 510000	
	·			
	☐ Compensation committee ☑ Written employment contract	1830		
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization;	ANTONIO AGANTA		
a	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	N/W		驗與
				V
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	3000		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		×
þ	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any			
	compensation contingent on the net earnings of:	440	0.43	NEW S
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		W	
	The second listed on Fame 000 Dark VIII Continue & Bon do allel the secondarities recorded and secondarial	large.	dilini	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
V	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		J	
	in Part III	8	[×
				15 E
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			•
	Regulations section 53.4958-6(c)?	9		

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation	5	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	Sur Copposition			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(m) Other reportable compensation	(v) realrement and other deferred compensation	(D) Nontaxable benefits	(E) iotal of columns (B)(()-(D)	in column (B) reported as deferred on prior Form 990
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ВАА			REV 11/05/18 PRO				33	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	S age T
Perform Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.	a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
BAA	Schedule J (Form 990) 201

SCHEDULE L

(9) (10)

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2018

OMB No. 1545-0047

Department of the Treasury

Internal	Hevenue Service	► Go t	to www.irs.gov/F	orm990	0 for Instru	actions and t	ihe late	ist Informa	tion.				ispec	lon	
Name o	of the organization	•							Emplo	yer ide	ntilicat	lon nu	mber		
The second second	Society Texa									-0433					
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 line 25	1(c)(29) o a or 25b,	rganiz or Fo	ations rm 99	only) 0-EZ,	, Part	V, line	40b.	
1 (a) Name of disqualified person			(b) Relationship between disqualified person and				(c) Description of transaction						(d) Corrected?		
	(e) Masio of olaquatineo	poloon		organiz	ation			(0) 20						Yes	No
(1)							<u> </u>								
(2)							ļ								
(3)							ļ								ļ
(4)							<u> </u>								
(5)															
<u>(6)</u> 2	Enter the amount	of toy Incurre	thu the organ	.izotio	n mana	nove or die	dualifi dualifi	ad narea	ne du	rina t	ha vo	ar			
~	under section 4958		TOY THE CITYAL		-	-	-	-		inig t	ile ye	αι > ∮	t		
3	Enter the amount o								• •			▶ §	<u>, </u>		
O	Litter the amount o	i tax, ii any, on	i iirie z, above,	i ¢a i i i	uraed by	r the organ	izanoi		• •			,	·		
Part	I Loans to and	/or From Inter	rested Person	•				······································							
-	Complete if the	ne organization	answered "Ye	s" on	Form 99	0-EZ, Part	V, line	38a or F	orm 9	90, Pa	ırt IV,	line 2	:6; or i	f the	
	organization r	eported an am	ount on Form 9	990, P	art X, lin	e 5, 6, or 2	2.								
(a) M	ama of Interseted norsen	(b) Relationship	(c) Purpose of	tas L	oan to or	(e) Origin	nal	(f) Balanc	enha	(a) la c	telault?	(h) An	nroved	/nw	ritten
(a) Name of Interested person (b) Relationsh with organizati				fre	om the	principal an				(9) 111 (10) (10)		(in) Approved by board or		agreement?	
				orga	nization?							comn	nittee?		
			<u> </u>	То	From					Yes	No	Yes	No	Yes	No
_ ` ′ _	Nancy C Allen	Director	Purchase Land	×		1,000,0	000.	750,	000.	<u> </u>	×	×		×	
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(9) (10)											 	 	 		
Total			L	l			. ▶	\$ 750,	000						
Part	M Grants or Ass	sistance Bene	fiting Interest				••	+ 1501	000.	AC09-918/81		2020	estyratet a tet m	a property	345155546
		e organization				0, Part IV, I	ine 27	•							
(a)	Name of Interested person	h) Pelation	ship between inter	hatza	(c) Amount	of assistance	Ι,	d) Type of a	ssistano		(e	1 Puro	ose of a	ssistan	ce
(4)	Mario of filteractor person		and the organization		(4) 1	,	,	-, .,,, -			,	,			
(1)															
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(8)				- 1			l								

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
	(e) Name of interested person	(b) Relationship between Interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?						
				,	Yes	No					
(1)			<u>_</u>								
(3)		A				 					
(4)						-					
(5)											
(6)											
(7) (8)											
(9)											
(10)											
Part V	Supplemental Information. Provide additional Information for	r responses to questions	on Schedule L (see	Instructions).							
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest Information.

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

Employer Identification number

	a Society Texas Center		numarios versa militario de la constante de la		03-043	3949	3775400
Par	Types of Property	1					
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		(d) of determining ntribution amounts
1	Art—Works of art						
2	Art—Historical treasures						
3	Art → Fractional Interests ,						
4	Books and publications						
5	Clothing and household		76 (U. S. SANGERLEICH BURG, ERST.				
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock ,						
11	Securities—Partnership, LLC,						
	or trust interests				· · · · · · · · · · · · · · · · · · ·	ļ	
12	Securities—Miscellaneous						
13	Qualified conservation						
	contribution—Historic structures		ACCOUNTS OF THE PARTY OF THE PA				
14	Qualified conservation						
14	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial			···	· · · ·	 	
17	Real estate—Other			····			-
18	Collectibles		****				
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						•
22	Historical artifacts ,						
23	Scientific specimens			<u> </u>			
24	Archeological artifacts						*************************************
25	Other ► (Travel Services)				3.950.	Estimate	d FMV
26	Other ► (Professional Fees)					Estimate	
27	Other ► (Goods & Services)					Estimate	
28	Other ► (Food & Beverage)					Estimate	
29	Number of Forms 8283 received	by the org	anization during the tax y			1	
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	lgement		29	
					'	······································	Yes No
30a	During the year, did the organizat						
	28, that it must hold for at least th	ree years f	rom the date of the initial c	contribution, and	which is:	't required	
	to be used for exempt purposes for	or the entire	holding period?				30a X
b	If "Yes," describe the arrangement						
31	Does the organization have a	gift accept	tance policy that require	s the review o	of any no	onstandard	
	contributions?						31 ×
32a	Does the organization hire or use	third parti	es or related organizations	to solicit, proc	ess, or se	II noncash	
	contributions?						32a ×
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which c	olumn (a) i	s checked,	
	describe in Part II.						

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ,

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ervice For to www.irs.gov/Form990 for the latest information.

Employer identification number Asia Society Texas Center 03-0433949 Pt VI, Line 2: RELATED PARTY INFORMATION AMONG OFFICERS: EDWARD R.ALLEN, III, CO-VICE CHAIRMAN AND NANCY C. ALLEN, DIRECTOR; EDWARD R ALLEN, III is the son of NANCY C. ALLEN. Pt VI, Line 11b: ASTC PROCESS TO REVIEW THE FORM 990: ASTC distributes a copy of the Form 990 to Finance Committtee via email for approval. From the Finance Committee, the Committee Chairman provides a copy of the Form 990 to the Board of Directors for review and approval before filing the Form 990 with IRS. Pt VI, Line 12c: ENFORCEMENT OF CONFLICT POLICY: The Conflict of Interest Policy is given to the officers, directors, and key employees annually. Each individual reviews, identifies any potential conflicts, signs the document and returns it to ASTC in a timely manner. All potential conflicts are identified and presented to the Chairman of the Board of Directors. Pt VI, Line 15a: COMPENSATION OF PRESIDENT: The President's performance is reviewed annually by the Chairman of the Board of ASTC under the authority of the Executive Committee and executed by the Committee members. The review process includes: (1) Written review by all voting members of the Board of Directors; and (2) Written self-review by the President. Pt VI, Line 15b: COMPENSATION OF OTHER OFFICERS OF ASTC: The other Officers' performance is reviewed annually by the President of ASTC. The review process includes: (1) Written review by the President, and (2) Written self-review by the Officers. Pt VI, Line 19: ASTC makes its governing documents, the Conflict of Interest Policy, and financial statements available to the public upon request. Pt III, Line 4d: Expenses: \$1,052,623 including grants of: \$0 Revenue: \$227,789