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#### DLN: 93493318003326

# OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public  $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{www\ IRS\ qov/form990}$ 

**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

| A F                                | or the  | e 2015 ca   | lendar year, or tax year beginning  | 3 01-01-2015 , and ending 12-31-201   | 5               | _                     |               |                            |  |
|------------------------------------|---|---|---|---|-----------------|-----------------------|---------------|----------------------------|--|
| B Ch                               | eck if a  | applicable  | C Name of organization Asian American Hotel Owners Associal   | tion  |                 | D Employ              | er ide        | entification number        |  |
|                                    |   | change  |   |   |                 | 58-190                | 695           | 9                          |  |
|                                    | ame cl<br>ıtıal re                              | hange   | Doing business as   |   |                 |                       |               |                            |  |
| F                                  |   | cum   |   |   |                 | E Telephon            | e nun         | nber                       |  |
| return,                            | termıı/   |   | Number and street (or P O box if ma<br>1100 Abernathy Road No 1100  | nil is not delivered to street address) Room/sui  | te              | (404) 8               |               |                            |  |
| Amended return Application pending |   |   | City or town, state or province, count<br>Atlanta, GA 303285644   | ry, and ZIP or foreign postal code  |                 |                       |               |                            |  |
|                                    |   |   | Adanta, da 303203044  |   |                 | <b>G</b> Gross re     | ceipts        | \$ 10,769,030              |  |
|                                    |   |   | F Name and address of principal CHIP ROGERS   | al officer  | H(a) Is th      | ııs a group r         | eturr         |                            |  |
|                                    |   |   | 1100 Abernathy Road No 1100   |   | subo<br>No      | rdinates?             |               | ☐ Yes 🗸                    |  |
|                                    | v 0v0   | mpt status  | Atlanta, GA 303285644   |   | <b>H(b)</b> Are | all subordın          | ates          | □Yes □ No                  |  |
|                                    |   |   | 501(c)(3) <b>✓</b> 501(c)(6) <b>◄</b> (   | insert no ) 4947(a)(1) or 527   |                 | ided?<br>o," attach a | ılıst         | (see instructions)         |  |
| J W                                | ebsit   | e:▶ WW  | /W AAHOA ORG  |   | H(c) Gro        | up exemptio           | n nu          | mber ▶                     |  |
| K For                              | n of o  | rganızatıon   | ✓ Corporation   | on ☐ Other ►  | L Year of fo    | ormation 199          | 0   M         | State of legal domicile GA |  |
| Pa                                 | rt I  | Sum   | mary  |   |                 |                       |               |                            |  |
| Governance                         | T   | HE ÁAH<br>RANSIE  | NT LODGING FACILITY OWNER   | or most significant activities<br>E AND SUPPORT THE GROWTH AND<br>RSHIP AND MANAGEMENT BY INDIV<br>BERS OWNING MORE THAN 20,000 H | IDUALS OF       | ASIAN-AN              | 1ERI          | CAN ANCESTRY THE           |  |
| vem                                | -   |   |   |   |                 |                       |               |                            |  |
| 3                                  | 2   | Check th  | is box ▶ ☐ if the organization dis  | continued its operations or disposed o  | f more than     | 25% of its            | net a         | ssets                      |  |
| Activities &                       | 3   | Number  | of voting members of the governir   | ng body (Part VI, line 1a)  |                 | .                     | 3             | 31                         |  |
| ATT:                               | 4   | Number  | of independent voting members of  | the governing body (Part VI, line 1b)   |                 | [                     | 4             | 31                         |  |
| Ę                                  | 5   | Total nur   | mber of individuals employed in ca  | alendar year 2015 (Part V, line 2a) .   |                 | [                     | 5             | 38                         |  |
| ⋖                                  | 6   | Total nur   | mber of volunteers (estimate if ne  | cessary)  |                 |                       | 6             | 32                         |  |
|                                    | 7a  | 7a Total unrelated business revenue from Part VIII, column (C), line 12 |   |   |                 |                       | 7a            | 297,038                    |  |
|                                    | ЬΝ  | let unrela  | ated business taxable income from   | m Form 990-T, line 34   |                 |                       | 7b            | 171,786                    |  |
|                                    |   |   |   |   | Pric            | or Year               |               | Current Year               |  |
|                                    | 8 Contributions and grants (Part VIII, line 1h) |   | e 1 h)  |   |                 | 0                     | 0             |                            |  |
| anua ve R                          | 9   | Progra  | am service revenue (Part VIII, lir  | ne 2g)  |                 | 6,995,617             |               | 6,608,058                  |  |
| ðΛċ                                | 10  | Invest  | tment income (Part VIII, column   | (A), lines 3, 4, and 7d)  |                 | 104,9                 | -             | 32,692                     |  |
| <u> </u>                           | 11  |   |   | ines 5,6d,8c,9c,10c,and 11e)  |                 | 2,775,460             |               | 3,388,663                  |  |
|                                    | 12  | Total (<br>12)  | revenue—add lines 8 through 11  | (must equal Part VIII, column (A), line   | !               | 9,876,0               | 14            | 10,029,413                 |  |
|                                    | 13  | Grants  | s and similar amounts paid (Part 1  | [X, column (A), lines 1-3)  |                 | 64,3                  | 63            | 124,300                    |  |
|                                    | 14  | Benefi  | ts paid to or for members (Part I)  | (, column (A ), line 4)   |                 |                       | 0             | 0                          |  |
| \$2                                | 15  | Saları<br>5–10  |   | e benefits (Part IX, column (A), lines  |                 | 2,559,2               | 90            | 2,317,128                  |  |
| Expenses                           | 16a   | <i>'</i>  |   | column (A), line 11e)   |                 |                       | 0             | 0                          |  |
| Š                                  | b   | Total fu  | Total fundraising expenses (Part IX, column (D), line 25) ▶0  |   |                 |                       |               |                            |  |
| ш                                  | 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 6          |   |   |                 |                       |               | 6,711,539                  |  |
|                                    | 18  | Total   | expenses Add lines 13–17 (mus   | 9,311,5   | 84              | 9,152,967             |               |                            |  |
|                                    | 19  | Reven   | ue less expenses Subtract line 1  | 8 from line 12  |                 | 564,4                 | 30            | 876,446                    |  |
| Net Assets or<br>Fund Balances     |   |   |   |   | Beginning       | of Current Y          | ear           | End of Year                |  |
| ssel<br>3afa                       | 20  | Total   | assets (Part X, line 16)  |   |                 | 9,747,1               | 24            | 12,776,051                 |  |
| A A                                | 21  | Total   | liabilities (Part X, line 26)   |   |                 | 8,5                   | 72            | 6,897,039                  |  |
|                                    | 22  |   | ssets or fund balances Subtract I   | ine 21 from line 20   |                 | 9,738,5               | 52            | 5,879,012                  |  |
|                                    | rt II   |   | ature Block   |   |                 |                       |               |                            |  |
| my k                               | nowle   |   | belief, it is true, correct, and com  | mined this return, including accompany<br>plete Declaration of preparer (other th   | _               |                       |               | •                          |  |
|                                    |   | ****<br>Signa   | ature of officer  |   |                 | 016-11-10<br>ate      |               |                            |  |
| Sigr<br>Here                       |   |   |   |   |                 |                       |               |                            |  |
|                                    | -   |   | Rogers PRESIDENT & CEO or print name and title  |   |                 |                       |               |                            |  |
|                                    |   |   | rint/Type preparer's name<br>Christine W Pierce   | Preparer's signature Da Christine W Pierce  | ate Che         |                       | PTIN<br>P0043 | 6330                       |  |
| Paid                               | k   | _   |   | Christile W Pierce  | self            | f-employed            |               |                            |  |
| Pre                                | par   | er ⊢  | Firm's name         ► CHERRY BEKAERT LLP         Firm's EIN         ► 56-0574444           Firm's address         ► 1075 Peachtree Street NE Suite 2200         Phone no (404) 209-0954 |   |                 |                       |               |                            |  |
| Use                                | On  | ıly  ˈ  |   | L Suite 2200  | Pho             | ле по (404)           | ∠∪9-0         | <del>334</del>             |  |
|                                    |   |   | Atlanta, GA 30309   |   |                 |                       |               |                            |  |
| May                                | the II  | RS discus   | ss this return with the preparer sh   | own above? (see instructions)   |                 |                       |               | ✓Yes   No                  |  |

| Par | t IV Checklist of Required Schedules  |             |     |    |
|-----|---|-------------|-----|----|
|     | <u> </u>  |             | 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           |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2           |     | No |
| 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           | Yes |    |
| 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           | Yes |    |
| 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           |     | No |
| 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           |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆  | 8           |     | No |
| 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           |     | No |
| 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          |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |             |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a         | Yes |    |
|     | 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         | Yes |    |
|     | 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   | <b>11</b> c |     | No |
|     | 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 2  | <b>11</b> d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         |     | No |
| 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   | <b>11</b> f | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | <b>12</b> a | Yes |    |
|     | 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         |     | No |
|     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |     | No |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |     | No |
| D   | 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         |     | No |
| 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          |     | No |
| 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          |     | No |
| 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          |     | No |
| 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          |     | No |
| 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          |     | No |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <b>20</b> a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b         |     |    |

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

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Yes

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24a

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28a

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28c

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35a

35b

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Yes

Yes

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| 1 0111 | 1990 (2013)   |    |     | Page 4 |
|--------|---|----|-----|--------|
| Pai    | rt IV Checklist of Required Schedules (continued)   |    |     |        |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes |        |
| 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 |     | No     |

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," 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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

| Pai        | rt V                      | Statements Regarding Other IRS Filings and Tax Compliance  |               | N.                       |            |     | _  |
|------------|---------------------------|--|---------------|--------------------------|------------|-----|----|
|            |                           | Check if Schedule O contains a response or note to any line in this  | Part          | v                        |            | Yes | No |
| 1a         | Enter                     | the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   | 1a            | 32                       |            |     |    |
| b          | Enter                     | the number of Forms W-2G included in line 1a Enter -0 - if not applicable  | 1b            | 0                        |            |     |    |
| c          |                           | ne organization comply with backup withholding rules for reportable payments to<br>ng (gambling) winnings to prize winners?  | venc          | dors and reportable      | <b>1</b> c | Yes |    |
| 2a         | Enter<br>Tax S            | the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered                       |               |                          |            |     |    |
| b          | ,<br>If at le             | s return   |               |                          | 2b         | Yes |    |
| За         |                           | ne organization have unrelated business gross income of \$1,000 or more during   | •             | ŕ                        | 3a         | Yes |    |
|            |                           | s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation  |               |                          | 3b         | Yes |    |
| 4a         | over,                     | y time during the calendar year, did the organization have an interest in, or a sign a financial account in a foreign country (such as a bank account, securities account? |               |                          | 4a         |     | No |
| b          | If "Ye<br>See in<br>(FBAF | es," enter the name of the foreign country  Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)  | and I         | Financial Accounts       |            |     |    |
| 5a         | Was t                     | he organization a party to a prohibited tax shelter transaction at any time durin  | g the         | tax year?                | 5a         |     | Νo |
| b          | Did ar                    | ny taxable party notify the organization that it was or is a party to a prohibited t   | ax sh         | elter transaction?       | 5b         |     | Νo |
| c          | If"Ye                     | s," to line 5a or 5b, did the organization file Form 8886-T?   |               |                          |            |     |    |
| <b>6</b> a |                           | the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont          |               |                          | 5c<br>6a   |     | No |
| b          | If"Ye                     | es," did the organization include with every solicitation an express statement the   |               |                          | 6b         |     |    |
| 7          | Organ                     | nizations that may receive deductible contributions under section 170(c).  |               |                          |            |     |    |
| а          |                           | ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?  |               | d partly for goods and   | 7a         |     |    |
| b          | If"Ye                     | s," did the organization notify the donor of the value of the goods or services pi   | rovide        | d?                       | <b>7</b> b |     |    |
|            | file Fo                   | ne organization sell, exchange, or otherwise dispose of tangible personal proper<br>orm 8282?  | ٠.            | which it was required to | <b>7</b> c |     |    |
| d          | If"Ye                     | s," indicate the number of Forms 8282 filed during the year  | 7d            |                          |            |     |    |
| е          | Did th                    | ne organization receive any funds, directly or indirectly, to pay premiums on a p  | erson         | al benefit contract?     | 7e         |     |    |
| f          | Did th                    | ne organization, during the year, pay premiums, directly or indirectly, on a perso   | nal be        | enefit contract?         | <b>7</b> f |     |    |
| g          | If the requir             | organization received a contribution of qualified intellectual property, did the ored?   | rganız<br>• • | ation file Form 8899 as  | <b>7</b> g |     |    |
| h          |                           | organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?  | , dıd 1       | the organization file a  | 7h         |     |    |
| 8          | Did a                     | soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?                             | siness        | s holdings at any time   | 8          |     |    |
| 9a         | Did th                    | ne sponsoring organization make any taxable distributions under section 49667  |               |                          | 9a         |     |    |
| b          | Did th                    | ne sponsoring organization make a distribution to a donor, donor advisor, or rela  | ited p        | erson?                   | 9b         |     |    |
| 10         | Section                   | on 501(c)(7) organizations. Enter  |               |                          |            |     |    |
|            |                           | tion fees and capital contributions included on Part VIII, line 12   | 10a           |                          |            |     |    |
| b          | Gross<br>facılıtı         | receipts, included on Form 990, Part VIII, line 12, for public use of club<br>les  | 10b           |                          |            |     |    |
| 11         | Section                   | on 501(c)(12) organizations. Enter   |               |                          |            |     |    |
| а          | Gross                     | s income from members or shareholders  | 11a           |                          |            |     |    |
| b          |                           | s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )  | 11b           |                          |            |     |    |
| 12a        | Section                   | on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990   | ın lıe        | u of Form 1041?          | 12a        |     |    |
| b          | If "Ye<br>year            | s," enter the amount of tax-exempt interest received or accrued during the   | 12b           |                          |            |     |    |
| 13         | Section                   | on 501(c)(29) qualified nonprofit health insurance issuers.  |               |                          |            |     |    |
| а          |                           | e organization licensed to issue qualified health plans in more than one state? <b>N</b> oonal information the organization must report on Schedule O                      | ote. S        | ee the instructions for  | 13a        |     |    |
|            | ın whi                    | the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans                              | 13b           |                          |            |     |    |
|            |                           | the amount of reserves on hand   | <b>13</b> c   |                          |            |     |    |
|            |                           | ne organization receive any payments for indoor tanning services during the tax  | •             |                          | 14a        |     | No |
| D          | тт "Хе                    | es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>  | tion in       | scriedule O              | 14b        |     |    |

| orm | 990 (2015)   |             |         | Page |
|-----|--|-------------|---------|------|
| Par | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. | or 10       | Ob belo | w,   |
|     | Check if Schedule O contains a response or note to any line in this Part VI  |             |         | 🔽    |
| Se  | ction A. Governing Body and Management   |             | 1       |      |
|     |  |             | Yes     | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  1a 31   |             |         |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O               |             |         |      |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 31   |             |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2           |         | No   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .          | 3           |         | No   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |         | No   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5           |         | No   |
| 6   | Did the organization have members or stockholders?   | 6           | Yes     |      |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a          | Yes     |      |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b          | Yes     |      |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |             |         |      |
| а   | The governing body?  | 8a          | Yes     |      |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b          | Yes     |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                   | 9           |         | No   |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | even        | ue Cod  | e.)  |
|     |  |             | Yes     | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?   | <b>10</b> a |         | Νo   |
|     | If "Vee " did the erganization have written notices and procedures governing the activities of such chapters   |             |         |      |

"Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Did the organization have a written document retention and destruction policy? . . . . Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

### Section C. Disclosure

L7 List the States with which a copy of this Form 990 is required to be filed ► 6

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website 🗸 Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►CHIP ROGERS 1100 Abernathy Road Suite 1100 Atlanta, GA 303285644 (404) 816-5759

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, or 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

| <b>(A)</b><br>Name and Title | (B) A verage hours per week (list any hours            | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                                     | i     |                     | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|------------------------------|--|--|-----------------------|---------|--------------|-------------------------------------|-------|---------------------|--|---|
|                              | for related<br>organizations<br>below<br>dotted line)  | indradual trustee<br>or director   | Institutional Trustee | Officer | key employee | Former Highest compensated employee |       | 2/1099-MISC)        | 2/1099-MISC)   | organization and<br>related<br>organizations        |
| See Additional Data Table    |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              |                                     |       |                     |  |   |
|                              |  |  |                       |         |              | •                                   |       |                     |  |   |
|                              | tion sheets to Part VII, S<br>nd 1c)                   |  |                       | ٠.      | •            | . •                                 |       | 445,827             | 0  | 0   |
| 2 Total number of indiv      | riduals (including but not<br>ble compensation from th | lımıted  | to the                | se I    | ıste         | d abov                              | e) wl | no received more th | nan  |   |

| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                 | 3 |     | No |
|---|--|---|-----|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5 |     | No |

### Section B. Independent Contractors

| 1 Complete this table for your five highest compensated independent cont compensation from the organization. Report compensation for the calend | • •                                    |                     |
|---|--|---------------------|
| (A) Name and business address   | ( <b>B</b> ) Description of services   | (C)<br>Compensation |
| AMERICAN EXPRESS  | CREDIT                                 | 1,054,220           |
| PO BOX 650448<br>DALLAS, TX 75265   |  |                     |
| First National Bank of Omaha  | CREDIT                                 | 788,219             |
| PO Box 2557<br>Omaha, NE 681032557  |  |                     |
| SMG Food and Beverage   | CORPORATE EVENTS                       | 341,000             |
| 300 E Ocean Boulevard<br>Long Beach, CA 90802   |  |                     |
| Classic Production USA  | CORPORATE EVENTS                       | 213,656             |
| 11 Dayton Drive 76C<br>Edison, NJ 08820   |  |                     |
| PRODUCTION RESOURCE GROUP LLC   | CORPORATE EVENTS                       | 185,478             |
| PO BOX 32337<br>HARTFORD, CT 20723  |  |                     |
| 2 Total number of independent contractors (including but not limited to thos  | e listed above) who received more than |                     |

Yes

No

| Form 99  | 0 (20  | 15)   |   |                        |  |  |   | Page <b>9</b>  |
|--|--------|---|---|------------------------|--|--|---|--|
| Part V   | 1111   | Statement o   | f Revenue   |                        |  |  |   |  |
|  |        | Check if Schedu   | ule O contains a respor                             | nse or note to any lir | ne in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 0  | 1a     | Federated camp  | paigns 1a   |                        |  |  |   |  |
| iributions, Gifts, Grants<br>Other Similar Amounts | ь      | Membership du   | es <b>1b</b>  |                        |  |  |   |  |
|  | c      | Fundraising eve   | ents <b>1c</b>                                      |                        |  |  |   |  |
|  | d      | 5   | ations 1d   |                        |  |  |   |  |
| Gif  |        | _   |   |                        |  |  |   |  |
| ns,<br>Sim   | e      | Government grants   |   |                        | ļ                                      |  |   |  |
| Contributions,<br>and Other Sim                    | f      | All other contribution<br>similar amounts no                    | ons, gifts, grants, and <b>1f</b> of included above |                        |  |  |   |  |
|  | g      |   | ons included in lines                               |                        | İ                                      |  |   |  |
|  | h      | 1a-1f \$ <b>Total.</b> Add lines                                | : 1a-1f   |                        |  |  |   |  |
| چ ر  | -"     | Total: Add lines  | , 14 11   | · · · •                |  |  |   |  |
| ΞĘ   | 2a     | Annual Convention   |   | Business Code          | 2 000 262                              | 2,000,262                              |   |  |
| ver  | b      | MEMBERSHIP DUES   |   | 721110<br>721110       | 2,809,262                              | 2,809,262                              |   |  |
| ı<br>α <u>∓</u>                                    | c      | Regional Meetings   |   | 721110                 | 2,793,030<br>599,892                   | 2,793,030<br>599,892                   |   |  |
| r vic  | d      | Lifetime Members  |   | 721110                 | 352,874                                | 352,874                                |   |  |
| 35   | e      | Education Program   |   | 721110                 | 53,000                                 | 53,000                                 |   |  |
| ran  | f      |   | ım service revenue                                  | 721110                 | 33,000                                 | 33,000                                 |   |  |
| Program Service Revenue                            |        |   |   |                        |  |  |   |  |
|  | g<br>3 |   | s 2a-2f ome (including dividen                      |                        | 6,608,058                              |  |   |  |
|  |        |   | ar amounts)   |                        | 110,309                                |  |   | 110,309  |
|  | 4      |   | tment of tax-exempt bond                            | proceeds >             | 2.055.477                              |  |   | 2.055.127  |
|  | 5      | Royalties   | (1) Dool  | (u) Baraanal           | 3,055,177                              |  |   | 3,055,177  |
|  | 6a     | Gross rents   | (ı) Real  | (II) Personal          |  |  |   |  |
|  |        |   |   |                        |  |  |   |  |
|  | Ь      | Less rental<br>expenses   |   |                        |  |  |   |  |
|  | c      | Rental income<br>or (loss)                                      |   |                        |  |  |   |  |
|  | d      | Net rental incor  | me or (loss)  |                        |  |  |   |  |
|  | _      | Crace amount  | (ı) Securities                                      | (II) O ther            |  |  |   |  |
|  | 7a     | Gross amount<br>from sales of<br>assets other<br>than inventory |   | 662,000                |  |  |   |  |
|  | ь      | Less cost or other basis and                                    |   | 739,617                |  |  |   |  |
|  | _      | sales expenses<br>Gain or (loss)                                |   | -77,617                |  |  |   |  |
|  | c<br>d | Net gain or (los  | s)  |                        | -77,617                                |  |   | -77,617  |
| enne   | 8a     | Gross income fi<br>events (not incl                             | rom fundraising                                     |                        | ·                                      |  |   |  |
| Other Revenue                                      | _      | See Part IV, lin  | a   |                        |  |  |   |  |
| ŏ  | b<br>c |   | penses <b>b</b><br>loss) from fundraising           | events                 |  |  |   |  |
|  |        |   | rom gaming activities                               |                        |  |  |   |  |
|  | b<br>c |   | penses <b>b</b><br>loss) from gaming acti           | vities                 |  |  |   |  |
|  | 10a    | Gross sales of returns and allo                                 |   |                        |  |  |   |  |
|  | b      | Less cost of go   | oods sold <b>b</b>                                  |                        |  |  |   |  |
|  | С      | _   | loss) from sales of inv                             | entory ▶               |  |  |   |  |
|  |        | Miscellaneous   | Revenue   | Business Code          |  |  |   |  |
|  | 11a    | Advertising Inc   | ome   | 541800                 | 297,038                                |  | 297,038                                 |  |
|  | b      | Miscellaneous 1   | Income  | 721110                 | 36,448                                 | 36,448                                 |   |  |
|  | С      |   |   |                        |  |  |   |  |
|  | d      | All other revenu  |   |                        |  |  |   |  |
|  | e      | Total. Add lines  |   | •                      | 333,486                                |  |   |  |
|  | 12     | Total revenue.  | See Instructions .                                  | •                      | 10,029,413                             | 6,644,506                              | 297,038                                 | 3,087,869  |

### Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4 | ) organizations must complete all column | s. All other organizations must complete column | (A) |
|--------------------------------|--|---|-----|

| Check if Schedule O contains a response or note to any line in this Part IX   |
|---|
| ection 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) |

|    | t include amounts reported on lines 6b,<br>.9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B</b> ) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|----|---|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 124,300               |                                       |                                     |                                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22  |                       |                                       |                                     |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16   |                       |                                       |                                     |                                       |
| 4  | Benefits paid to or for members   |                       |                                       |                                     |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees  | 284,222               |                                       |                                     |                                       |
| 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  | 1,857,208             |                                       |                                     |                                       |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 8,698                 |                                       |                                     |                                       |
| 9  | Other employee benefits   |                       |                                       |                                     |                                       |
| 10 | Payroll taxes   | 167,000               |                                       |                                     |                                       |
| 11 | Fees for services (non-employees)   | 107,000               |                                       |                                     |                                       |
| a  | Management  |                       |                                       |                                     |                                       |
| b  | Legal   | 112,442               |                                       |                                     |                                       |
| c  | Accounting  | 28,221                |                                       |                                     |                                       |
| d  | Lobbying  | 121,828               |                                       |                                     |                                       |
| e  | Professional fundraising services See Part IV, line 17  | 121,020               |                                       |                                     |                                       |
| f  | Investment management fees  |                       |                                       |                                     |                                       |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A)  |                       |                                       |                                     |                                       |
| 9  | amount, list line 11g expenses on Schedule O)   | 356,434               |                                       |                                     |                                       |
| 12 | Advertising and promotion   | 128,375               |                                       |                                     |                                       |
| 13 | Office expenses   | 187,544               |                                       |                                     |                                       |
| 14 | Information technology  | 155,605               |                                       |                                     |                                       |
| 15 | Royalties   |                       |                                       |                                     |                                       |
| 16 | Occupancy   | 774,939               |                                       |                                     |                                       |
| 17 | Travel  | 419,248               |                                       |                                     |                                       |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                       |                                     |                                       |
| 19 | Conferences, conventions, and meetings  | 3,464,126             |                                       |                                     |                                       |
| 20 | Interest  |                       |                                       |                                     |                                       |
| 21 | Payments to affiliates  |                       |                                       |                                     |                                       |
| 22 | Depreciation, depletion, and amortization   | 215,949               |                                       |                                     |                                       |
| 23 | Insurance   | 190,716               |                                       |                                     |                                       |
| 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  | UBI Tax Expense   | 21,291                |                                       |                                     |                                       |
| b  | educational Programs  | 222,162               |                                       |                                     |                                       |
| c  | COMMUNICATIONS  | 152,052               |                                       |                                     |                                       |
| d  | OTHER EXPENSES  | 140,576               |                                       |                                     |                                       |
| e  | All other expenses  | 20,031                |                                       |                                     |                                       |
| 25 | <b>Total functional expenses.</b> Add lines 1 through 24e   | 9,152,967             |                                       |                                     |                                       |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |                                       |                                     |                                       |

| Par                         | t X | Balance Sheet  |                          |                          |             |                           |
|-----------------------------|-----|--|--------------------------|--------------------------|-------------|---------------------------|
|                             |     | Check if Schedule O contains a response or note to any lin   | e in this Part X         |                          |             | · · · · <u>· · </u>       |
|                             |     |  |                          | (A)<br>Beginning of year |             | <b>(B)</b><br>End of year |
|                             | 1   | Cash-non-interest-bearing  |                          | 758,945                  | 1           | 3,126,156                 |
|                             | 2   | Savings and temporary cash investments   |                          | 5,819,844                | 2           | 6,614,725                 |
|                             | 3   | Pledges and grants receivable, net   |                          |                          | 3           |                           |
|                             | 4   | Accounts receivable, net   |                          |                          | 4           | 219,430                   |
|                             | 5   | Loans and other receivables from current and former offic  |                          |                          |             |                           |
|                             |     | key employees, and highest compensated employees. Co   |                          |                          |             |                           |
|                             |     | Schedule L   |                          |                          | 5           |                           |
|                             | 6   | Loans and other receivables from other disqualified perso  | ons (as defined under    |                          |             |                           |
|                             | •   | section 4958(f)(1)), persons described in section 4958(  | •                        |                          |             |                           |
|                             |     | contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see inst                                  |                          |                          |             |                           |
| Ś                           |     | II of Schedule L   | ructions) Complete Part  |                          |             |                           |
| Assets                      |     |  |                          |                          | 6           |                           |
| SS.                         | 7   | Notes and loans receivable, net  |                          | 424,022                  | 7           | 416,404                   |
|                             | 8   | Inventories for sale or use  |                          |                          | 8           |                           |
|                             | 9   | Prepaid expenses and deferred charges  |                          | 0                        | 9           | 270,311                   |
|                             | 10a | Land, buildings, and equipment cost or other basis   |                          |                          |             |                           |
|                             |     | Complete Part VI of Schedule D   | 10a 1,364,288            | 4                        |             |                           |
|                             | ь   | Less accumulated depreciation  | <b>10b</b> 620,320       | 1,385,028                | <b>10</b> c | 743,968                   |
|                             | 11  | Investments—publicly traded securities   |                          |                          | 11          |                           |
|                             | 12  | Investments—other securities See Part IV, line 11 .  | 1,336,480                | 12                       | 1,346,272   |                           |
|                             | 13  | Investments—program-related See Part IV, line 11 .   |                          |                          | 13          |                           |
|                             | 14  | Intangible assets  |                          |                          | 14          |                           |
|                             | 15  | Other assets See Part IV, line 11  | 22,805                   | 15                       | 38,785      |                           |
|                             | 16  | Total assets.Add lines 1 through 15 (must equal line 34)   | 9,747,124                | 16                       | 12,776,051  |                           |
|                             | 17  | Accounts payable and accrued expenses  |                          | 8,572                    | 17          | 434,395                   |
|                             | 18  | Grants payable   |                          |                          | 18          |                           |
|                             | 19  | Deferred revenue   |                          | 0                        | 19          | 6,462,644                 |
|                             | 20  | Tax-exempt bond liabilities  |                          |                          | 20          |                           |
| c۸                          | 21  | Escrow or custodial account liability Complete Part IV o   |                          |                          | 21          |                           |
| abilities                   | 22  | Loans and other payables to current and former officers, key employees, highest compensated employees, and dis                                     |                          |                          |             |                           |
| ΞŒ                          |     | persons Complete Part II of Schedule L   |                          |                          | 22          |                           |
| <u>:</u>                    | 23  | Secured mortgages and notes payable to unrelated third   | parties                  |                          | 23          |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated third pa  | rties                    |                          | 24          |                           |
|                             | 25  | Other liabilities (including federal income tax, payables t<br>and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D | o related third parties, |                          |             |                           |
|                             |     |  |                          |                          | 25          |                           |
|                             | 26  | Total liabilities.Add lines 17 through 25  |                          | 8,572                    | 26          | 6,897,039                 |
| ses                         |     | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.   | re ▶ 🙀 and complete      |                          |             |                           |
| Net Assets or Fund Balances | 27  | Unrestricted net assets  |                          | 9,738,552                | 27          | 5.879.012                 |
| Bal                         | 28  | Temporarily restricted net assets  |                          | 2,.22,222                | 28          | -,,                       |
| 덛                           | 29  | Permanently restricted net assets  |                          |                          | 29          |                           |
| Ē                           |     | Organizations that do not follow SFAS 117 (ASC 958), ch  | neck here 🕨 🗀 and        |                          |             |                           |
| 0                           |     | complete lines 30 through 34.  | icen liere p allu        |                          |             |                           |
| ts                          | 30  | Capital stock or trust principal, or current funds   |                          |                          | 30          |                           |
| <b>5</b>                    | 31  | Paid-in or capital surplus, or land, building or equipment   | fund                     |                          | 31          |                           |
| Ā                           | 32  | Retained earnings, endowment, accumulated income, or o   | other funds              |                          | 32          |                           |
| Net                         | 33  | Total net assets or fund balances  |                          | 9,738,552                | 33          | 5,879,012                 |
|                             | 34  | Total liabilities and net assets/fund balances   |                          | 9,747,124                | 34          | 12,776,051                |

a separate basis, consolidated basis, or both Separate basis Consolidated basis

1 Accounting method used to prepare the Form 990

**b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis Consolidated basis

Schedule O

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

2c

3a

3b

2b

Yes

Yes

2a

Νo

Nο

Software ID: Software Version:

**EIN:** 58-1906959

Name: Asian American Hotel Owners Association

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Inde                                 | pendent Co   |              |               |            |                             |        | ,               |  | ,   |  |
|---|--|--------------|---------------|------------|-----------------------------|--------|-----------------|--|---|--|
| (A)<br>Name and Title   | (B) A verage hours per week (list any hours for related organizations below dotted line) | more<br>pers | than<br>on is | one<br>bot | not<br>box<br>h an<br>or/tr | office | ess<br>er<br>e) | ( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC) | ( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| Jay R Jımmy Patel CHO<br>Chaırman                               | 1 00   | x            |               |            |                             |        |                 | 0  | 0   | C  |
| Hitesh HP Patel CHACHO Secretary, Director at Large             | 1 00   | ×            |               |            |                             |        |                 | 0  | 0   | C  |
| Pratik R Patel MBAMSISCHACHO<br>Immediate Past Chairman         | 1 00   | x            |               |            |                             |        |                 | 0  | 0   | C  |
| Biran Patel CHO<br>North Texas Regional Director                | 1 00   | x            |               |            |                             |        |                 | 0  | 0   | C  |
| Dilipkumar S Dipak Patel CHO<br>North Central Regional Director | 1 00   | x            |               |            |                             |        |                 | 0  | 0   | (  |
| Girish Gary Patel CHO<br>South Central Texas Regional Director  | 1 00   | ×            |               |            |                             |        |                 | 0  | 0   | C  |
| Heetesh D Patel<br>Mid South Regional Director                  | 1 00   | ×            |               |            |                             |        |                 | 0  | 0   | C  |
| Imesh Vaidya<br>Southwest Regional Director                     | 1 00   | ×            |               |            |                             |        |                 | 0  | 0   | C  |
| Jayesh Jay Patel CHA<br>Florida Regional Director               | 1 00   | ×            |               |            |                             |        |                 | 0  | 0   | C  |
| Jayesh R Patel CHO<br>Northeast Regional Director               | 1 00   | x            |               |            |                             |        |                 | 0  | 0   | d  |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

| (A) Name and Title                                    | (B)<br>A verage                                     |                                   |                                    | <b>(C</b><br>(do |              | chec                         | :k     | (D)<br>Reportable                                       | <b>(E)</b><br>Reportable                                     | <b>(F)</b><br>Estimated  |
|---|---|-----------------------------------|------------------------------------|------------------|--------------|------------------------------|--------|---|--|--|
|   | hours per<br>week (list<br>any hours<br>for related | unle                              | officer and a<br>director/trustee) |                  |              |                              |        | compensation<br>from the<br>organization<br>(W- 2/1099- | compensation<br>from related<br>organizations<br>(W- 2/1099- | amount of<br>other<br>compensation<br>from the<br>organization |
|   | organizations<br>below<br>dotted line)              | Individual trustee<br>or director | Institutional Trustee              | Officer          | Key employee | Highest compensated employee | Former | MISC)   | MISC)  | organization<br>and related<br>organizations                   |
| Kalpesh M Joshi CHO                                   | 1 00  | .,                                |                                    |                  |              |                              |        |   |  |  |
| Upper Midwest Regional Director                       | 1 00  | X                                 |                                    |                  |              |                              |        | 0   | 0  |  |
| Kapıl P Ken Patel                                     | 1 00  | .,                                |                                    |                  |              |                              |        |   |  |  |
| North Georgia Regional Director                       | 1 00  | X                                 |                                    |                  |              |                              |        | 0   | 0  | ٥  |
| Komal Tına Patel CHO                                  | 1 00  | ×                                 |                                    |                  |              |                              |        | 0   | 0  | 0  |
| Northwest Regional Director                           | 1 00  |                                   |                                    |                  |              |                              |        |   |  |  |
| Mahesh Mike Patel<br>South Carolina Regional Director | 1 00  | x                                 |                                    |                  |              |                              |        | 0   | 0  | o  |
| Priyesh P Patel  Central Midwest Regional Director    | 1 00  | ×                                 |                                    |                  |              |                              |        | 0   | 0  | 0  |
| Sanjay Sam Patel<br>Mid Atlantic Regional Director    | 1 00  | ×                                 |                                    |                  |              |                              |        | 0   | 0  | 0  |
| Suresh SP Patel  North Pacific Regional Director      | 1 00  | ×                                 |                                    |                  |              |                              |        | 0   | 0  | 0  |
| Timesh Patel CHO                                      | 1 00  |                                   |                                    |                  |              |                              |        |   |  |  |

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1 00 1 00

1 00

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Vıkas M Desai

South Pacific Regional Director

Southeast Texas Regional Director

Washington District Regional Director

Vinaykumar Vinay Patel

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

| (A)<br>Name and Title                      | (B) Average hours per week (list any hours for related | m<br>unle:                        | ore t<br>ss pe        | han<br>erso<br>cer | not<br>one<br>n is<br>and |                              |        | (D) Reportable compensation from the organization (W- 2/1099- | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099- | (F) Estimated amount of other compensation from the |
|--|--|-----------------------------------|-----------------------|--------------------|---------------------------|------------------------------|--------|---|---|---|
|  | organizations<br>below<br>dotted line)                 | Individual trustee<br>or director | Institutional Trustee | Officer            | Key employee              | Highest compensated employee | Former | MISC)   | MISC)   | organization<br>and related<br>organizations        |
| Vipin Bavaji Patel CHO                     | 1 00   | х                                 |                       |                    |                           |                              |        |   |   |   |
| Gulf Regional Director                     | 1 00   | _ ^                               |                       |                    |                           |                              |        | 0   | 0   | 0   |
| Dına Patel                                 | 1 00   | х                                 |                       |                    |                           |                              |        |   |   |   |
| Female Director at Large, Western Division | 1 00   | *                                 |                       |                    |                           |                              |        | 0   | 0   | U   |
| Jagrutı Panwala                            | 1 00   | х                                 |                       |                    |                           |                              |        | 0   | 0   |   |
| Female Director at Large, Eastern Division | 1 00   | _ ^                               |                       |                    |                           |                              |        | 0   | 0   | 0   |
| Jayesh Jay Lallu CHO                       | 1 00   | .,                                |                       |                    |                           |                              |        |   |   |   |
| Director at Large                          | 1 00   | X                                 |                       |                    |                           |                              |        | 0   | 0   | 0   |
| Sunil B Patel CHO CHA                      | 1 00   |                                   |                       |                    |                           |                              |        |   |   |   |
| Director at Large                          | 1 00   | X                                 |                       |                    |                           |                              |        | 0   | 0   | 0   |
| Vipul Dayal                                | 1 00   |                                   |                       |                    |                           |                              |        |   |   |   |
| Director at Large                          | 1 00   | ×                                 |                       |                    |                           |                              |        | 0   | 0   | 0   |
| Binita A Patel CHAMMH                      | 1 00   |                                   |                       |                    |                           |                              |        |   |   |   |
| Young Professional Director                | 1 00   | Х                                 |                       |                    |                           |                              |        | 0   | 0   | 0   |
|  | 1 00   |                                   |                       | <u> </u>           | <b>└</b>                  |                              | _      |   |   |   |

1 00

1 00 3 00

3 00 3 00

3 00

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Faheem Khan CHO Allied Director At Large

Bhavesh B Patel CHO

Treasurer, Director at Large

Vice Chairman, Director at Large

Bharat Bruce Patel CHO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

| oompondated Improved, and Imag                        |  | i  |                       | _       |              |                     |        | į i   |  | İ   |
|---|--|--|-----------------------|---------|--------------|---------------------|--------|---|--|---|
| <b>(A)</b><br>Name and Title                          | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                     |        | Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|   |  | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated | Former | MISC)   | MISC)  | organization<br>and related<br>organizations        |
| Jay Patel CHO   | 3 00   |  |                       |         |              |                     |        |   |  |   |
| Southeast Regional Director                           | 3 00   | X  |                       | X       |              |                     |        | 0   | 0  | C   |
| Pratik Bhakta CHO<br>North Carolina Regional Director | 3 00   | ×  |                       | ×       |              |                     |        | 0   | 0  | С   |
| Don Bollmer VP of Finance                             | 32 00<br>8 00  |  |                       | ×       |              |                     |        | 99,960  | 0  | C   |
| CHIP ROGERS PRESIDENT, VP OF GOVERNMENT               | 32 00<br><br>8 00                                      | ×  |                       | ×       |              |                     |        | 184,262   | 0  | C   |
| JAMES JENKINS   | 32 00  |  |                       |         |              |                     |        |   |  |   |

8 00

161,605

VP OF SALES

#### DLN: 93493318003326

Employer identification number

58-1906959

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Asian American Hotel Owners Association

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

500

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| 2     | Political expenditures  |   |  | <b>&gt;</b>  | \$500   |
|-------|---|---|--|--|---|
| 3     | Volunteer hours   |   |  |  |   |
| Par   | t I-B Complete if the or                                      | ganization is exempt under  | section 501(                             | c)(3).   |   |
| 1     | Enter the amount of any excise                                | e tax incurred by the organization ur   | ider section 4955                        | 5  | \$  |
| 2     | Enter the amount of any excise                                | e tax incurred by organization manag  | gers under sectio                        | n 4955 <b>&gt;</b>   | \$  |
| 3     | If the organization incurred a s                              | ection 4955 tax, did it file Form 47  | 20 for this year?                        |  | ☐ Yes ☐ No  |
| 4a    | Was a correction made?  |   |  |  | Yes No  |
| b     | If "Yes," describe in Part IV                                 |   |  |  |   |
| Par   | t I-C Complete if the or                                      | ganization is exempt under  | section 501(                             | c), except section 50  | 1(c)(3).  |
| 1     | Enter the amount directly expe                                | ended by the filing organization for s  | ection 527 exem                          | pt function activities 🕨   | \$  |
| 2     | Enter the amount of the filing of exempt function activities  | organization's funds contributed to o   | ther organizations                       | s for section 527  | \$  |
| 3     | Total exempt function expendi                                 | tures Add lines 1 and 2 Enter here  | and on Form 112                          | 0-POL, line 17b ►  | \$  |
| 4     | Did the filing organization file <b>F</b>                     | orm 1120-POL for this year?   |  |  |   |
| 5     | organization made payments I amount of political contribution | nd employer identification number (E<br>For each organization listed, enter th<br>ns received that were promptly and o<br>political action committee (PAC) If | ne amount paid fro<br>directly delivered | om the filing organization's f<br>to a separate political orga             | unds Also enter the nization, such as a   |
|       | (a) Name  | (b) Address   | (c) EIN                                  | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|       |   |   |  |  |   |
| 2     |   |   |  |  |   |
| 3     |   |   |  |  |   |
| 4     |   |   |  |  |   |
| 5     |   |   |  |  |   |
| 6     |   |   |  |  |   |
| For I | Paperwork Reduction Act Notice, se                            | ee the instructions for Form 990 or 99  | 0-EZ. (                                  | Cat No 50084S Schedule C (F  | Form 990 or 990-EZ) 2015  |

Grassroots nontaxable amount (enter 25% of line 1f)

g

| ch | nedule C | (Fo                   | rm 990 or 990-E2) 2015  |      |  | Page <b>2</b>                  |
|----|----------|-----------------------|---|------|--|--------------------------------|
| P  | art II-/ | 4                     | Complete if the organization is exempt under section 501(c)(3) and  | file | ed Form 5768                           | (election                      |
|    |          |                       | under section 501(h)).  |      |  |                                |
| ١. | Check    | •                     | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | gro  | up member's nam                        | e, address, EIN                |
| 3  | Check    | $\blacktriangleright$ | If the filing organization checked box A and "limited control" provisions apply   |      |  |                                |
|    |          |                       | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   |      | (a) Filing<br>organization's<br>totals | (b) Affiliated<br>group totals |
| 1a | Total lo | obb                   | ring expenditures to influence public opinion (grass roots  |      |  |                                |
| La | lobbyır  | ıg)                   |   |      |  |                                |
|    | Total lo | obb                   | ying expenditures to influence a legislative body (direct lobbying)   |      |  |                                |

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Part I-A, Line 1

|                         | filed Form 5768 (election under section 501(h)).  | (             | a)      |            | (b)                        |                                     |
|-------------------------|---|---------------|---------|------------|----------------------------|-------------------------------------|
|                         | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | `             |         | ]          |                            |                                     |
| activ                   | ity   | Yes           | No      |            | 4 moun                     | t                                   |
| 1                       | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  |               |         |            |                            |                                     |
| а                       | Volunteers?   |               |         |            |                            |                                     |
| b                       | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |               |         | 1          |                            |                                     |
| c                       | Media advertisements?   |               |         | 1          |                            |                                     |
| d                       | Mailings to members, legislators, or the public?  |               |         |            |                            |                                     |
| е                       | Publications, or published or broadcast statements?   |               |         |            |                            |                                     |
| f                       | Grants to other organizations for lobbying purposes?  |               |         |            |                            |                                     |
| g                       | Direct contact with legislators, their staffs, government officials, or a legislative body?   |               |         |            |                            |                                     |
| h                       | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |               |         |            |                            |                                     |
| i                       | Other activities?   |               |         |            |                            |                                     |
| j                       | Total Add lines 1c through 1i   |               |         |            |                            |                                     |
| 2a                      | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |               |         |            |                            |                                     |
| b                       | If "Yes," enter the amount of any tax incurred under section 4912   |               |         | 1          |                            |                                     |
| c                       | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |               |         |            |                            |                                     |
| d                       | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |               |         |            |                            |                                     |
| Par                     | t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .  | <b>01</b> (c  | )(5), ( | or se      | ectio                      | n                                   |
|                         |   |               | _       |            | Yes                        | No                                  |
| 1                       | Were substantially all (90% or more) dues received nondeductible by members?  |               | L       | 1          |                            | Νo                                  |
|                         |   |               |         |            |                            | No                                  |
| 2                       | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |               | L       | 2          |                            |                                     |
| 3                       | Did the organization agree to carry over lobbying and political expenditures from the prior year?   |               |         | 3          |                            | Νo                                  |
| 3<br>Par                | Did the organization agree to carry over lobbying and political expenditures from the prior year?  **ETIII-B**  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  | No" C         |         | 3<br>or se | t III-                     | n<br>·A,                            |
| 3<br>Par                | Did the organization agree to carry over lobbying and political expenditures from the prior year?  **EIII-B**  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members   |               |         | 3<br>or se | t III-                     | n<br>·A,                            |
| 3<br>Par                | Did the organization agree to carry over lobbying and political expenditures from the prior year?  **ETIII-B**  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political   | No" C         |         | 3<br>or se | t III-                     | n<br>·A,                            |
| 3<br>Par<br>1<br>2      | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  | No" C         |         | 3<br>or se | <b>2,79</b> 3              | n<br>·A,<br>3,030                   |
| 3<br>Par                | Did the organization agree to carry over lobbying and political expenditures from the prior year?  **ETIII-B**  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political   | No" C         |         | 3<br>or se | <b>2,79</b> 3              | n<br>·A,<br>3,030                   |
| 3<br>Par<br>1<br>2      | Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year | 1<br>2a       |         | 3<br>or se | 2,793                      | n<br>·A,<br>3,030                   |
| Par<br>1<br>2<br>a<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year   | 1<br>2a<br>2b |         | 3<br>or se | 2,793<br>121               | n<br>- <b>A</b> ,<br>3,030<br>1,828 |
| Par<br>1<br>2<br>a<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total   | 1 2a 2b 2c    |         | 3<br>or se | 2,793<br>121<br>121<br>102 | n                                   |

Explanation

THE ORGANIZATION CONTRIBUTES TO MULTIPLE ORGANIZATIONS AND CANDIDATES WHO

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D Supplemental Fir

### **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.

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

2015

DLN: 93493318003326

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

|   | <b>me of the organization</b><br>In American Hotel Owners Association  |                             |                   | Emplo           | yer identification   | number         |
|---|--|-----------------------------|-------------------|-----------------|----------------------|----------------|
| _ |  | Ad 1                        | 011- 61-11-       |                 | 906959               |                |
| e | Organizations Maintaining Dono<br>Complete if the organization answer  |                             |                   |                 | r Accounts.          |                |
|   |  | (a) Donor advised fund      |                   |                 | unds and other ac    | counts         |
|   | Total number at end of year  |                             |                   |                 |                      |                |
|   | Aggregate value of contributions to (during year)  |                             |                   |                 |                      |                |
|   | Aggregate value of grants from (during year)   |                             |                   |                 |                      |                |
|   | Aggregate value at end of year   |                             |                   |                 |                      |                |
|   | Did the organization inform all donors and donor funds are the organization's property, subject to   | _                           |                   |                 |                      | Yes            |
|   | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?            |                             |                   |                 | · · ·                | Yes No         |
| a | rt III Conservation Easements. Compl   | ete if the organization     | answered "Ye      | es" on Form     | ı 990, Part IV, lı   | ne 7.          |
|   | Purpose(s) of conservation easements held by the   | ne organization (check al   | l that apply)     |                 |                      |                |
|   | Preservation of land for public use (e g , recreducation)  | reation or<br>F             | _<br>Preservation | ı of an hıstorı | cally important lai  | nd area        |
|   | Protection of natural habitat  | Γ                           | Preservation      | of a certified  | historic structure   | e              |
|   | Preservation of open space   |                             |                   |                 |                      |                |
|   | Complete lines 2a through 2d if the organization easement on the last day of the tax year  | held a qualified conserva   | ation contributio | n in the form   | of a conservation    |                |
|   |  |                             |                   |                 | Held at the End      | of the Year    |
| 3 | Total number of conservation easements   |                             |                   | 2a              |                      |                |
| ) | Total acreage restricted by conservation easements on a certified  |                             | dodup (a)         | 2b              |                      |                |
| _ | Number of conservation easements and a certified Number of conservation easements included in (  |                             | ` ,               | 2c              |                      |                |
| , | historic structure listed in the National Register   | c) acquired after 0/17/00   | o, and not on a   | 2d              |                      |                |
|   | Number of conservation easements modified, tra   | nsferred, released, extin   | guished, or term  | inated by the   | e organization durii | ng the         |
|   | tax year ▶   |                             |                   |                 |                      |                |
|   | Number of states where property subject to cons  | ervation easement is loc    | ated <b>&gt;</b>  |                 |                      |                |
|   | Does the organization have a written policy regard<br>violations, and enforcement of the conservation of   |                             | rıng, ınspection, | handling of     | ☐ Yes                | ┌ No           |
|   | Staff and volunteer hours devoted to monitoring, year  | inspecting, handling of v   | iolations, and er | nforcing cons   | ervation easemen     | ts during the  |
|   | <b>-</b>   |                             |                   |                 |                      |                |
|   | A mount of expenses incurred in monitoring, insp  \$ \( \)   | ecting, handling of violat  | ions, and enforc  | ing conserva    | tion easements du    | iring the year |
|   | Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$ ?   | ne 2(d) above satisfy the   | e requirements o  | f section 170   | O(h)(4) <b>Yes</b>   | ☐ No           |
|   | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | t of the footnote to the or |                   |                 | se statement, and    | s              |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

| Par        | t III           | Organizations Maintaining (continued)   | Collections of Ar       | t, Hi  | istorical                         | Trea    | sures, or                       | Oth   | er Similar As                | sets               |
|------------|-----------------|---|-------------------------|--------|-----------------------------------|---------|---------------------------------|-------|------------------------------|--------------------|
| 3          |                 | g the organization's acquisition, acco<br>ction items (check all that apply)      | ession, and other reco  | rds, d | check any                         | of the  | following tha                   | t are | a significant use            | e of its           |
| а          |                 | Public exhibition   |                         | d      |                                   | oan or  | exchange pr                     | ograi | ms                           |                    |
| b          | Γ               | Scholarly research  |                         | e      | Го                                | ther    |                                 |       |                              |                    |
| C          |                 | Preservation for future generations   |                         |        |                                   |         |                                 |       |                              |                    |
| 4          | Provi<br>Part : | de a description of the organization?<br>XIII                                     | s collections and expl  | ain ho | ow they fur                       | ther th | ne organizati                   | on's  | exempt purpose               | ın                 |
| 5          |                 | ig the year, did the organization solid<br>ts to be sold to raise funds rather th |                         |        |                                   |         |                                 |       | ımılar<br><b>Yes</b>         | □No                |
| Pa         | rt IV           |   | ngements.               |        |                                   |         |                                 |       | <u>'</u>                     | <u>'</u>           |
| 1a         |                 | e organization an agent, trustee, cus<br>ded on Form 990, Part X?                 | todian or other interm  | nediar | ry for contr                      | ibutioi | ns or other a                   | sset  | s not <b>Yes</b>             | ∏ No               |
| b          | If '            | "Yes," explain the arrangement in Pa  | art XIII and complete   | the fo | ollowing ta                       | ble     |                                 | Γ     | Amo                          | ount               |
| c          |                 | ginning balance   | are All and complete    |        | onoming ta                        | Dic     | 1                               | .c    |                              |                    |
| d          |                 | ditions during the year   |                         |        |                                   |         |                                 | d     |                              |                    |
| e          |                 | stributions during the year   |                         |        |                                   |         | 1                               | .e    |                              |                    |
| f          |                 | ding balance  |                         |        |                                   |         | 1                               | .f    |                              |                    |
| 2a         |                 | he organization include an amount o   | n Form 990, Part X, III | ne 21  | , for escro                       | worcı   | ـــــ<br>ustodial acco          | unt   | liability? <b>Yes</b>        | □ No               |
| b          | If"Ye           | es," explain the arrangement in Part  | XIII Check here if th   | e exr  | olanation h                       | as bee  | en provided i                   | n Par | † XIII                       |                    |
| Pa         | rt V            | Endowment Funds. Comple   |                         |        |                                   |         |                                 |       |                              | <u> </u>           |
|            |                 | ·   | (a)Current year         |        | Pnor year                         | _       | Two years back                  |       | Three years back             | (e)Four years back |
| <b>1</b> a | Begii           | nning of year balance   |                         |        |                                   |         |                                 |       |                              |                    |
| b          | C ont           | ributions   |                         |        |                                   |         |                                 |       |                              |                    |
| С          | Net i           | nvestment earnings, gains, and<br>es  |                         |        |                                   |         |                                 |       |                              |                    |
| d          | Gran            | ts or scholarships  |                         |        |                                   |         |                                 |       |                              |                    |
| е          |                 | r expenditures for facilities<br>programs   |                         |        |                                   |         |                                 |       |                              |                    |
| f          | A dm            | inistrative expenses  |                         |        |                                   |         |                                 |       |                              |                    |
| g          |                 | of year balance   |                         |        |                                   |         |                                 |       |                              |                    |
| 2          |                 | de the estimated percentage of the  | current vear end balar  | nce (l | ıne 1a, col                       | umn (a  | a)) held as                     |       |                              |                    |
| а          |                 | d designated or quasi-endowment <b>&gt;</b>                                       | •                       | `      | ٠,                                | `       | ,,                              |       |                              |                    |
| ь          |                 | anent endowment ▶   |                         |        |                                   |         |                                 |       |                              |                    |
| c          |                 | porarily restricted endowment   |                         |        |                                   |         |                                 |       |                              |                    |
| ·          |                 | percentages on lines 2a, 2b, and 2c   | should equal 100%       |        |                                   |         |                                 |       |                              |                    |
| 3a         | A re t          | here endowment funds not in the pos<br>nization by                                | •                       | zatior | n that are h                      | neld ar | nd administer                   | ed fo | or the                       | Yes No             |
|            | <b>(i)</b> ur   | nrelated organizations  |                         |        |                                   |         | •                               |       | 3a                           |                    |
|            |                 | elated organizations  |                         |        |                                   |         | •                               |       | 3a(                          | <del></del>        |
| b          |                 | es" on 3a(II), are the related organize   |                         |        |                                   |         |                                 | •     | 3                            | b                  |
| 4<br>Da    | rt VI           | ribe in Part XIII the intended uses of<br>Land, Buildings, and Equip              |                         | naowi  | ment tunas                        | i       |                                 |       |                              |                    |
| - (-       | I C VI          | Complete if the organization a  |                         | orm '  | 990, Part                         | IV, lı  | ne 11a.See                      | For   | m 990, Part X                | , line 10.         |
|            |                 | Description of property   |                         |        | (a)<br>Cost or other<br>(investme | r basıs | (b)<br>Cost or other<br>(other) |       | Accumulated (c) depreciation | (d)Book value      |
| 1a         | Land            |   |                         |        |                                   |         |                                 |       |                              |                    |
| b          | Buildir         | ngs   |                         |        |                                   |         |                                 |       |                              |                    |
| c          | Leasel          | hold improvements   |                         | . [    |                                   |         | 143                             | 3,835 | 35,83                        | 107,996            |
| d          | Equipr          | nent  |                         | . [    |                                   |         | 1,220                           | ),453 | 584,48                       | 635,972            |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

| Part VII Investments—Other Securities. C  | omplete if the org                       | anızatıon answered 'Yes               | on Form 990, Part IV, line 11b.                                    |
|---|--|---------------------------------------|--|
| See Form 990, Part X, line 12.  (a) Description of security or catego   | гу                                       | (b)Book value                         | (c)Method of valuation   |
| (including name of security)  (1)Financial derivatives  |  |                                       | Cost or end-of-year market value                                   |
| (2)Closely-held equity interests (3)O ther  |  |                                       |  |
| (A) MUTUAL FUNDS  |  | 744,100                               | F  |
| (B) Exchange traded and closed-ended funds  |  | 602,172                               | F  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.              | •  | 1,346,272                             |  |
| Complete if the organization answere  | ed 'Yes' on Form 9                       | 90, Part IV, line 11c. <sub>See</sub> | e Form 990, Part X, line 13.                                       |
| (a) Description of investment   |  | (b) Book value                        | <b>(c)</b> Method of valuation<br>Cost or end-of-year market value |
|   |  |                                       | ,  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  | •  |                                       |  |
| Part IX Other Assets. Complete if the organization (a) Des  | <u>tion answered 'Yes' o</u><br>cription | n Form 990, Part IV, line 1           | 1d See Form 990, Part X, line 15 (b) Book value                    |
|   | ·  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or            |  | ed 'Yes' on Form 990 P                |  |
| See Form 990, Part X, line 25.  |  |                                       |  |
| 1. (a) Description of liability   | (b) Book valu                            | ie                                    |  |
| Federal income taxes  |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
|   |  |                                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   | <b>•</b>                                 |                                       |  |
| 2. Liability for uncertain tax positions In Part XIII, provorganization's liability for uncertain tax positions under |  |                                       |  |
| XIII 🔽  |  |                                       | p. strada iii i dit  |

Schedule D (Form 990) 2015

| 1            | Total revenue, gains, and othe              | r support per audited financial statements  |                   |   | 1                  | 9,987,664                                      |
|--------------|---|---|-------------------|---|--------------------|--|
| 2            | Amounts included on line 1 bu               | t not on Form 990, Part VIII, line 12   |                   |   |                    |  |
| а            | Net unrealized gains (losses)               | on investments  | 2a                | -41,749   |                    |  |
| b            | Donated services and use of fa              | acılıtıes   | 2b                |   |                    |  |
| c            | Recoveries of prior year grants             | 5   | 2c                |   |                    |  |
| d            | Other (Describe in Part XIII )              |   | . 2d              |   |                    |  |
| e            | Add lines 2a through 2d                     |   |                   |   | 2e                 | -41,749  |
| 3            | Subtract line $\mathbf{2e}$ from line $1$ . |   |                   |   | 3                  | 10,029,413                                     |
| 4            | Amounts included on Form 99                 | 0, Part VIII, line 12, but not on line 1  |                   |   |                    |  |
| а            | Investment expenses not incl                | uded on Form 990, Part VIII, line 7b .  | 4a                |   |                    |  |
| b            | Other (Describe in Part XIII )              |   | 4b                |   |                    |  |
| c            | Add lines <b>4a</b> and <b>4b</b>           |   |                   |   | <b>4</b> c         | 0  |
| 5            |   | <b>4c.</b> (This must equal Form 990, Part I, line  |                   |   | 5                  | 10,029,413                                     |
| Part         |   | xpenses per Audited Financial St  |                   |   | s per              | Return.  |
|              | •   | nization answered 'Yes' on Form 990,  |                   | •   | Ι.                 | 0.452.066                                      |
| 1            | ·   | r audited financial statements  |                   |   | 1                  | 9,152,966                                      |
| 2            |   | t not on Form 990, Part IX, line 25   | 1 _ 1             | 1   |                    |  |
| а            |   | acilities   | 2a                |   | 1                  |  |
| b            |   |   | 2b                |   | -                  |  |
| С            |   |   | 2c                |   | -                  |  |
| d            | ,   |   | . 2d              |   | ┨ .                |  |
| е            | Add lines 2a through 2d                     |   |                   |   | 2e                 | 0  |
| 3            |   |   |                   |   | 3                  | 9,152,966                                      |
| 4            |   | 0, Part IX, line 25, but not on line 1:   |                   | ı   |                    |  |
| а            | ' '   | uded on Form 990, Part VIII, line 7b .  | . 4a              |   | 1                  |  |
| Ь            | , ,   |   | 4b                |   |                    |  |
| c            |   |   |                   |   | 4c                 | 0  |
| 5            | Total expenses Add lines 3 ar               | nd <b>4c.</b> (This must equal Form 990, Part I, li   | ine 18)           |   | 5                  | 9,152,966                                      |
| Dari         | XIII Supplemental Inf                       | ormation  |                   |   |                    |  |
| Prov<br>Part | ide the descriptions required for           | Part II, lines 3, 5, and 9, Part III, lines 1a<br>lines 2d and 4b, and Part XII, lines 2d and   |                   |   |                    | de any additional                              |
|              | Return Reference                            | Explanation   |                   |   |                    |  |
| Part X       | , Line 2                                    | The Association is a tax-exempt organiza of 1986 and relevant state tax regulation that are deemed by the Internal Revenue generates unrelated business income from | s Acco<br>Service | rdingly, income tax exp<br>to be unrelated busine | oense i<br>ess inc | s limited to activities<br>ome The Association |

significant uncertain income tax positions December 31, 2015

effect of the guidance provided by U S GAAP on Accounting for Uncertainty in Income Taxes Management believes that the Association continues to satisfy the requirements of a tax-exempt organization at December 31, 2015 Management has evaluated all other tax positions that could have a significant effect on the financial statements and determined the Organization had no

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| Schedule D (Form 990) 2015         |                | Page <b>5</b> |
|------------------------------------|----------------|---------------|
| Part XIII Supplemental Information | on (continued) |               |
| Return Reference                   | Explanation    |               |
|                                    |                |               |
|                                    |                |               |
|                                    |                |               |
|                                    |                |               |
|                                    |                |               |
|                                    |                |               |
|                                    |                |               |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318003326 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Asian American Hotel Owners Association 58-1906959 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

1

| Part III Grants and Other Assistance to<br>Part III can be duplicated if add |                         | mplete if the organizatio | n answered "Yes" on For           | m 990, Part IV, line 22                              |                                      |
|--|-------------------------|---------------------------|-----------------------------------|--|--------------------------------------|
| (a)Type of grant or assistance   | (b)Number of recipients | (c)A mount of cash grant  | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistanc |
|  |                         |                           |                                   |  |                                      |
|  |                         |                           |                                   |  |                                      |
|  |                         |                           |                                   |  |                                      |
|  |                         |                           |                                   |  |                                      |
|  |                         |                           |                                   |  |                                      |

|         |                       |                       | 1                      |                      |                          |                        |
|---------|-----------------------|-----------------------|------------------------|----------------------|--------------------------|------------------------|
| Part TV | Sunnlemental Informat | tion Provide the info | rmation required in Pa | rt I line 2 Part III | column (h) and any other | additional information |

recognition and mentions

| Part IV Suppleme | ental Informa   | <b>tion.</b> Provide the info | rmation required in P | art I, line 2, Part III, | column (b), and any other | additional information. |  |
|------------------|---|-------------------------------|-----------------------|--------------------------|---------------------------|-------------------------|--|
| Return Reference | Explanat  | ion                           |                       |                          |                           |                         |  |
| Part I, Line 2   | AAHOA shall support and/or sponsor events and activities that promote the strategic interests of AAHOA and/or the AAHOA membership All requests for sponsorship shall be in writing and duly submitted on the approved AAHOA Sponsorship Application Form for consideration All support documentation shall be included with the application All requests shall require the co-signature of an AAHOA Board member indicating support of the submission All requests for events shall be required to be classified by the supporting director as National or Regional event National classifications shall have at least fifty percent (50%) participation from attendees from outside of the Region Approved sponsorships shall have the following restrictions - Approved funds cannot be used for personal costs/expenses - No entity may be approved for more than one (1) sponsorship per fiscal year - No National sponsorship may be approved for more than five percent (5%) of the budget in any fiscal year - No AAHOA region may be approved for a total annual approved sponsorships of more than two and one half percent (2 5%) of the sponsorship budget in any fiscal year Following the |                               |                       |                          |                           |                         |  |

representation and/or attendance of AAHOA at each event - Written report after each event that provides the following a Expected and actual attendance b Demographics of the attendees c Names and titles of AAHOA representatives and their participation or interaction d AAHOA's

#### **Additional Data**

Autism Society of Oregon

Portland, OR 97239

PO Box 69635

93-0771249

Software ID: Software Version:

**EIN:** 58-1906959

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Name: Asian American Hotel Owners Association

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) HINDU CENTER 58-1492185 501(c)(3) 18,680 GENERAL SUPPORT 7400 CITY VIEW DRIVE OF TEMPLE/CHURCH CHARLOTTE, NC 28212 Make-A-Wish Foundation of 82-0385049 501(c)(3) 10,000 Servce Chidren in Oregon and Clark Oregon Inc 2000 SW 1st Ave STE 410 County, Washington Portland, OR 97201

10,000

To increase awareness

problems and solutions related to autism in O regon's local communities

of needs, interests,

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Business Ending Slavery & 45-5046786 501(c)(3) 17,233 To raise awareness. Trafficking created resources, and PO Box 14512 brovide training for

12,800

businesses to prevent & report trafficking

To raise funds for

program services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 14512
Seattle, WA 98114

Golf Club of Ballantyne Resort
LLC
10000 Ballantyne Commons

Charlotte, NC 28277

Pkwv

56-2068020

Schedule J (Form 990)

Department of the

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.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493318003326 OMB No 1545-0047

Open to Public

| nterr | nal Revenue Service  |          |  |                       | Insp       | ecuo | 1         |
|-------|--|----------|--|-----------------------|------------|------|-----------|
|       | me of the organization<br>an American Hotel Owners Association   |          | Er                                       | nployer identificatio | on nun     | nber |           |
| ASIC  | III American noter Owners Association  |          | 58                                       | 3-1906959             |            |      |           |
| Pa    | rt I Questions Regarding Compensation  |          | ·  |                       |            |      |           |
|       |  |          |  |                       |            | Yes  | No        |
| 1a    | Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to   |          |  |                       |            |      |           |
|       | First-class or charter travel  |          | Housing allowance or residence for p     | ersonal use           |            |      |           |
|       | Travel for companions  |          | Payments for business use of person      | al residence          |            |      |           |
|       | Tax idemnification and gross-up payments   |          | Health or social club dues or initiatio  | n fees                |            |      |           |
|       | Discretionary spending account   | Γ        | Personal services (e g , maid, chauffe   | eur, chef)            |            |      | <br> <br> |
| b     | If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr  |          |  |                       | 1b         |      |           |
| 2     | Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi   |          |  |                       | 2          |      |           |
| 3     | Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation | apply    | Do not check any boxes for methods       |                       |            |      |           |
|       | Compensation committee   | <b>~</b> | Written employment contract              |                       |            |      |           |
|       | Independent compensation consultant  | <b>~</b> | Compensation survey or study             |                       |            |      |           |
|       | Form 990 of other organizations  | <b>✓</b> | Approval by the board or compensati      | on committee          |            |      | <br> <br> |
| 4     | During the year, did any person listed on Form 990, Par<br>or a related organization   | t VII    | , Section A, line 1a with respect to the | e filing organization |            |      |           |
| а     | Receive a severance payment or change-of-control pay   | men      | :7                                       |                       | 4a         |      | No        |
| b     | Participate in, or receive payment from, a supplemental  | none     | qualified retirement plan?               |                       | 4b         |      | Νo        |
| c     | Participate in, or receive payment from, an equity-base  | d cor    | npensation arrangement?                  |                       | 4c         |      | Νo        |
|       | If "Yes" to any of lines 4a-c, list the persons and provide  | de th    | e applicable amounts for each item in F  | 'art III              |            |      |           |
| 5     | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of                   |          | -  | у                     |            |      |           |
| а     | The organization?  |          |  |                       | 5a         |      |           |
| b     | Any related organization?  |          |  | ŀ                     | 5b         |      |           |
|       | If "Yes," on line 5a or 5b, describe in Part III   |          |  |                       |            |      |           |
| 6     | For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of  | ne 1a    | , did the organization pay or accrue an  | у                     |            |      |           |
| а     | The organization?  |          |  |                       | <b>6</b> a |      |           |
| b     | Any related organization?  |          |  | ļ                     | 6b         |      |           |
|       | If "Yes," on line 6a or 6b, describe in Part III   |          |  |                       |            |      |           |
| 7     | For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," desc   |          |  | fixed                 | 7          |      |           |
| 8     | Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III  |          | •  |                       | 8          |      |           |
| 9     | If "Yes" on line 8, did the organization also follow the re  | butta    | able presumption procedure described     | ın Regulations        |            |      |           |

section 53 4958-6(c)?

| (A) Name and Title             |      | (B) Breakdown of         | f W-2 and/or 1099-MIS                     | SC compensation                           | (C) Retirement and             | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation in                                    |  |
|--------------------------------|------|--------------------------|---|---|--------------------------------|------------------------|----------------------|--|--|
|                                |      | Base<br>(1) compensation | (iı)<br>Bonus & ıncentive<br>compensation | (III)<br>Other reportable<br>compensation | other deferred<br>compensation | benefits               | (B)(ı)-(D)           | column(B) reported<br>as deferred on prior<br>Form 990 |  |
| 1 CHIP ROGERS PRESIDENT, VP OF | (i)  | 184,262                  | 0   | 0   | 0                              | 0                      | 184,262              | 0  |  |
| GOVERNMENT                     | (ii) | 0                        | 0   | 0   | 0                              | 0                      | 0                    | 0  |  |

2 JAMES JENKINS

VP OF SALES

161.605

0 Schedule J (Form 990) 2015

161.605

| Schedule J (Form 990) 2015               | Page <b>3</b>   |
|--|---|
| Part III Supplemental Inform             | nation  |
| 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 part for any additional information |
| Return Reference                         | Explanation   |

Schedule J (Form 990) 2015

THE AAHOA MEMBERS ELECT THE BOARD OF DIRECTORS AND GOVERNING BODY ANNUALLY

DLN: 93493318003326

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

Form 990, Part VI, Section A, line 7a

990 Schedule O, Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| Form 990, Part VI, Section A, line 7b | THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS OF THE AAHOA  |
| Form 990, Part VI, Section B, line 11 | AFTER THE 990 RETURN IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM, THE FORM IS FIRST R EVIEWED BY THE VP OF FINANCE, DON BOLLMER AND THEN IT IS REVIEWED BY CHIP ROGERS, THE PRES IDENT ONCE THE FORM HAS BEEN EXAMINED, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, A ND IS DEEMED TO THE BEST OF THEIR KNOWLEDGE AND BELIEF TO BE TRUE, CORRECT, AND COMPLETE, MR ROGERS SUBMITS THE FORM TO THE ENTIRE BOARD OF DIRECTORS ELECTRONICALLY FOR THEIR REVI EW PRIOR TO THE NEXT BOARD MEETING EACH BOARD MEMBER HAS AN OPPORTUNITY TO REVIEW THE FOR M AND A REASONABLE PERIOD OF TIME TO BRING FORWARD ANY QUESTIONS OR POTENTIAL REVISIONS U PON BOARD APPROVAL MR ROGERS SIGNS THE ELECTRONIC FILING AUTHORIZATION AND SUBMITS IT TO |
|                                       | CHERRY BEKAERT LLP TO BE ELECTRONICALLY FILED BY THE FIRM  |

990 Schedule O, Supplemental Information Return

IN AN ANNUAL EVALUATION PROCESS.

12c

#### Reference Form 990, Part THE OFFICERS AND DIRECTORS OF THE ORGANIZATION RECEIVE ANNUALLY A CONFLICT OF INTEREST POLICY TO VI. Section B. line REVIEW AND SIGN IN AN EVENT OF A POTENTIAL CONFLICT OF INTEREST OF A BOARD MEMBER SUCH BOARD MEMBER WILL RECUSE HIM/HERSELF FROM ALL DISCUSSIONS AND VOTE ON THE MATTER COPIES OF THE SIGNED POLICY

Explanation

STATEMENTS ARE MAINTAINED AND INTERNALLY REVIEWED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS Form 990. Part ANNUAL COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES IS DETERMINED BY INDEPENDENT MEMBERS. VI. Section B. line OF THE BOARD OF DIRECTORS WITHOUT THE PRESENCE OF THE EMPLOYEES UNDER REVIEW COMPENSATIO 15 N PACKAGES INCLUDING SALARY AND EMPLOYEE BENEFITS IS DETERMINED TO BE INDUSTRY COMPARABLE.

990 Schedule O, Supplemental Information

Return Reference Explanation

| ' '                     | THE ORGANIZATION MAINTAINS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS IN PERMANENT FILES WHICH ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST |
|-------------------------|---|
| Form 990, Part XI, line | Change in Basis of Accounting -4,694,238  |

Return Explanation

Reference

| Form 990, Part | Effective January 1, 2015, the Association changed its basis of accounting from the modified cash basis, which is a basis of   |
|----------------|--|
| XII, Line 1    | accounting other than accounting principles generally accepted in the United States of America, to the accrual basis of        |
|                | accounting. Net assets as of January 1, 2015, have been restated to reflect the recording of all assets and liabilities on the |
|                | accrual basis of accounting  |

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DLN: 93493318003326 OMB No 1545-0047

### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Inspection Employer identification number

| Asian American Hotel Owners Association  |  |   |                             | 58-190695                                   | 3.0   |                           |                   |
|--|--|---|-----------------------------|---|---|---------------------------|-------------------|
| Part I Identification of Disregarded Entities Compl  | ete if the organization a  | answered "Yes" or                                   | n Form 990, Par             | •   |   |                           |                   |
| (a) Name, address, and EIN (if applicable) of disregarded entity   | ( <b>b)</b><br>Pnmary activity                                     | (c)<br>Legal domicile (state<br>or foreign country) | ( <b>d)</b><br>Total income | (e)<br>End-of-year assets                   | <b>(f)</b><br>Direct controlling<br>entity  |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
| Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t        |  | e organization an                                   | swered "Yes" or             | n Form 990, Par                             | t IV, line 34 because it h                  | nad one                   | e                 |
| (a) Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity                                     | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section  | n Public charity sta<br>(if section 501(c)) |   | Section<br>(13) co<br>ent | ontrolle<br>tity? |
| (1)ASIAN AMERICAN HOTEL OWNERS ASSOCIATION SCHOLARSHIP FUND 1100 Abernathy Road Suite 1100 ATLANTA, GA 30328 | PROVIDE SCHOLARSHIPS FOR<br>ASIAN AMERICAN<br>HOSPITALITY STUDENTS | GA  | 501 (C)(3)                  | LINE 11                                     | ASIAN AMERICAN HOTEL<br>OWNER'S ASSOCIATION | Yes                       | No<br>No          |
| 31-1529885 (2)AAHOA CHARITABLE FUND 1100 Abernathy Road Suite 1100   | SUPPORT AAHOA'S<br>CHARITABLE EFFORTS                              | GA  | 501 (C)(3)                  | LINE 11                                     | ASIAN AMERICAN HOTEL<br>OWNER'S ASSOCIATION |                           | No                |
| ATLANTA, GA 30328<br>45-3039286  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |
|  |  |   |                             |   |   |                           |                   |

| Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form | 990, Pa | art IV, I | line 34 |
|----------|--|---------|-----------|---------|
|          | because it had one or more related organizations treated as a partnership during the tax year.                       |         |           |         |

| (a)<br>Name, address, and EIN of<br>related organization  | <b>(b)</b><br>Primary activity |  |  | rtionate | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | managing<br>partner? |    | <b>(k)</b><br>Percentage<br>ownership |     |    |  |
|---|--------------------------------|--|--|----------|--|----------------------|----|---------------------------------------|-----|----|--|
|   |                                |  |  | ""       |  | Yes                  | No |                                       | Yes | No |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
|   |                                |  |  |          |  |                      |    |                                       |     |    |  |
| Part TV Identification of Polated Organizations Taxable a |                                |  |  |          | I  |                      | l  |                                       |     |    |  |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i) Section 512 (b)(13) controlled entity? |    | ge Section 512<br>hip (b)(13)<br>controlled |  |  |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|---|--|--|
|  |                                |   |                                     |   |                                 |   |                                | Yes  | No |   |  |  |
|  |                                |   |                                     |   |                                 |   |                                |  |    |   |  |  |
|  |                                |   |                                     |   |                                 |   |                                |  |    |   |  |  |
|  |                                |   |                                     |   |                                 |   |                                |  |    |   |  |  |
|  |                                |   |                                     |   |                                 |   |                                |  |    |   |  |  |

| chedule k (Form 990) 2015  |                                   |                        |  |            | Рад     | ge <b>3</b> |  |
|--|-----------------------------------|------------------------|--|------------|---------|-------------|--|
| Part V Transactions With Related Organizations Complete if the organization answ                                   | ered "Yes" on Form                | 990, Part IV, line     | 34, 35b, or 36.                        |            |         |             |  |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule                             |                                   |                        |  |            | Yes     | No          |  |
| <b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more r | related organizations li          | sted in Parts II-IV?   |  |            |         |             |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                  |                                   |                        |  | 1a         |         | No          |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |                                   |                        |  | <b>1</b> b |         | No          |  |
| c Gift, grant, or capital contribution from related organization(s)  |                                   |                        |  | <b>1</b> c |         | No          |  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |                                   |                        |  | <b>1</b> d |         | No          |  |
| e Loans or loan guarantees by related organization(s)  |                                   |                        |  | 1e         |         | No          |  |
| f Dividends from related organization(s)   |                                   |                        |  | 1f         |         | No          |  |
| <b>g</b> Sale of assets to related organization(s)   |                                   |                        |  | <b>1</b> g |         | No          |  |
| <b>h</b> Purchase of assets from related organization(s)   |                                   |                        |  | 1h         |         | No          |  |
| i Exchange of assets with related organization(s)  |                                   |                        |  | 1i         |         | No          |  |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s)                                 |                                   |                        |  | 1j         |         | No          |  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                              |                                   |                        |  | 1k         |         | No          |  |
| l Performance of services or membership or fundraising solicitations for related organization(s)                   |                                   |                        |  |            |         |             |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)                    |                                   |                        |  | 1m         |         | No          |  |
| $oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       |                                   |                        |  | 1n         |         | No          |  |
| o Sharing of paid employees with related organization(s)   |                                   |                        |  | 10         |         | No          |  |
| p Reimbursement paid to related organization(s) for expenses   |                                   |                        |  | <b>1</b> p |         | No          |  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |                                   |                        |  | <b>1</b> q |         | No          |  |
| r Other transfer of cash or property to related organization(s)  |                                   |                        |  | 1r         |         | No          |  |
| $oldsymbol{s}$ O ther transfer of cash or property from related organization(s)                                    |                                   |                        |  | <b>1</b> s |         | No          |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete            |                                   |                        |  | S          |         |             |  |
| (a)<br>Name of related organization  | <b>(b)</b> Transaction type (a-s) | (c)<br>Amount involved | ( <b>d)</b><br>Method of determining a | mount II   | nvolved |             |  |
|  |                                   |                        |  |            |         |             |  |
|  |                                   |                        |  |            |         |             |  |
|  |                                   |                        |  |            |         |             |  |
|  |                                   |                        |  |            |         |             |  |
|  |                                   |                        |  |            |         |             |  |

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|--|---------------------------------|---|--|--|----|------------------------------------|-------------|--|----|---|---|-----|---------------------------------------|
| <b>(a)</b><br>Name, address, and EIN of entity   | ( <b>b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total<br>income | end-of-year | (h)<br>Disproprtionate<br>allocations? |    | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |     | <b>(k)</b><br>Percentage<br>ownership |
|  |                                 |   | 314)   | Yes                                    | No |                                    |             | Yes                                    | No |   | Yes                                       | No  |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   | 1 I |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     | <u> </u>                              |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |
|  |                                 |   |  |  |    |                                    |             |  |    |   |   |     |                                       |

