DLN: 93493317023799 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable ASIAN AMERICAN HOTEL OWNERS ☐ Address change ASSOCIATION INC 58-1906959 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 ABERNATHY ROAD SUITE 725 ☐ Amended return □ Application pending (404) 816-5759 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA $\,$ 303285644 $\,$ G Gross receipts \$ 15,347,524 Name and address of principal officer H(a) Is this a group return for RACHEL HUMPHREY □Yes ☑No subordinates? 1100 ABERNATHY ROAD SUITE 725 H(b) Are all subordinates ATLANTA, GA 303285644 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW AAHOA COM L Year of formation 1990 M State of legal domicile GA Summary 1 Briefly describe the organization's mission or most significant activities THE AAHOA'S PURPOSE IS TO PROMOTE AND SUPPORT THE GROWTH AND SUCCESS OF HOTEL OWNERS. THE ASSOCIATION HAS OVER 17,000 MEMBERS OWNING NEARLY HALF THE HOTELS IN THE UNITED STATES Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 33 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 267,165 b Net unrelated business taxable income from Form 990-T, line 34 7b 212,713 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 8,296,411 9,226,357 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 206,906 263,219 3,973,084 4,078,017 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,476,401 13,567,593 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 158,955 219,872 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,103,884 3,601,475 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,013,289 8,911,474 11,276,128 12,732,821 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 1,200,273 834,772 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 19,737,863 22,373,256 13,858,774 21 Total liabilities (Part X, line 26) . 11,737,417 8,000,446 8,514,482 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-12 Signature of officer Sign Here RACHEL HUMPHREY INTERIM PRES & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-13 P01259088 Paid self-employed Firm's name BROOKS MCGINNIS & COMPANY LLC Firm's EIN ▶ 58-2161308 **Preparer** Use Only Firm's address ▶ 5607 GLENRIDGE DR STE 650 Phone no (404) 531-4940 ATLANTA, GA 303424959 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | Page 2 |
|-----------|------------------------|--|--|----------------------------|--------------------|
| Pa | till Statement | of Program Service Ac | complishments | | |
| | Check if Sche | dule O contains a response o | r note to any line in this Part III . | | 🗆 |
| 1 | Briefly describe the o | organization's mission | | | |
| | | TO PROMOTE AND SUPPORT Y HALF THE HOTELS IN THE U | THE GROWTH AND SUCCESS OF HUNITED STATES | HOTEL OWNERS THE ASSOCIATI | ON HAS OVER 17,000 |
| | Did the organization | undertake any significant pro | gram services during the year whi | ch were not listed on | |
| | _ | , - | | | ☐ Yes 🗸 No |
| | • | ese new services on Schedule | | | |
| 3 | • | | gnificant changes in how it conduc | cts, any program | |
| | - | | • | | 🗆 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedule O | | | |
| 4 | Section 501(c)(3) an | | nplishments for each of its three la e required to report the amount of service reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | , |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| 4d | Other program servi | ces (Describe in Schedule O) | | | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses ▶ | | | |
| <u>4e</u> | Total program serv | vice expenses ► | | | Form 990 () |

| | 990 (2018) | | | Page 3 |
|-----|---|-----|----------------|-----------------|
| Par | tiv Checklist of Required Schedules | | 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 | res | 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 $98-19$? | 5 | Yes | |
| 6 | If "Yes," complete Schedule C, Part III | | | No |
| _ | If "Yes," complete Schedule D, Part I 2 | 6 | | 140 |
| 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 |
| | 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 2 | 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 2 | 11c | | 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 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥞 | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 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 |
| 13 | 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 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 (3018) |
| | | F | -orm 99 | 0 (2018) |

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|------|---|-----|-----|---------------|
| Par | tiV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | 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 and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Б- | Statements Regarding Other IRS Filings and Tax Compliance | | | |

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

1c

Form **990** (2018)

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

| orm 9 | 990 (2018) | | | Page 6 |
|------------|--|---------|-----------|---------------|
| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to i | lines 🗸 |
| Sec | tion A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 33 | | Yes | No |
| | 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 33 | | | |
| | 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 |
| | Did the organization delegate control over management duties customarily performed by or under the direct supervisior 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 | |
| | 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 | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| | The governing body? | 8a | Yes | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| | 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | |
| 0- | Did the supplied have lead shouters humahas as officialis? | 10- | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| L3 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| L 4 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| | 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| | 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? | | | ti. |
| | | 16b | | |
| | tion C. Disclosure | | | |
| L7 | List the States with which a copy of this Form 990 is required to be filed▶ GA | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶RACHEL HUMPHREY 1100 ABERNATHY ROAD SUITE 725 ATLANTA, GA 303285644 (404) 816-5759 | | | |

| orm 990 (| 2018) | | | | | | | | | | Page 7 |
|--------------------------------|--|--|-----------------------------------|-----------------------|-----------------------|---------------------------------|---------------------------------|--------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | ıploy | ees | , Highest Comp | ensated Employ | rees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ın t | this | Part VI | ١. | | | 🗆 |
| Section | A. Officers, Directors, Tru | istees, Key E | mploy | ees | , an | id H | lighe | st C | Compensated En | nployees | |
| ear • List all f compens | e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (| ficers, directors, E), and (F) if no | trustee | s (wl nsatı | neth on v | er ir vas į | ndıvıdu Daid | als (| or organizations), re | gardless of amount | - |
| | of the organization's current key | | • | | | | | | | | |
| ho receive | organization's five current high ad reportable compensation (Box n and any related organizations | | | | | | | | | | |
| f reportabl | of the organization's former office e compensation from the organiz | ation and any r | elated o | rganı | zatı | ons | •' | | | · | • |
| rganızatıor | of the organization's former dire n, more than \$10,000 of reportab | le compensation | n from t | he or | gan | ızatı | on and | an | y related organization | ns | 2 |
| ompensate | s in the following order individua ed employees, and former such p | ersons | • | | | | | | | | |
| _ Check | this box if neither the organizatio | n nor any relate | ed organ | nzatio | on c | omp | ensate | d ar | ny current officer, di | rector, or trustee | Γ |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | | ne b | ox, ι n of or/t | t che unles ficer rust | s pers and a ee) | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2,1000 MISC) | MISC) | related organizations |
| See Addition | al Data Table | | | | | | Ŀ | | | | |
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| 1b Sub-Total | | | > | | |
|--------------|--|--|-------------|--|--|

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

Name and business address

ındıvıdual .

CLIFTONLARSONALLEN LLP

220 S 6TH STE 300 MINNEAPOLIS, MN 55402

100 PARK BOULEVARD SAN DIEGO, CA 92101

PADRES LP

Section B. Independent Contractors

compensation from the organization ▶ 2

5

| 1b S | ub-Total | | | | | | > | • | | | | | | | |
|------|---|-------------------------|-----------|---------|-------|--------|-------------|------|---------|----------|---------|-------|---|-----|---------|
| сТ | otal from continuation sheets to Pa | rt VII , Section | Α | | | | ▶□ | | | | | | | | |
| d T | otal (add lines 1b and 1c) | | | | | | ▶ [| | 1 | 1,210,41 | 3 | | | | 119,306 |
| 2 | Total number of individuals (including of reportable compensation from the o | | | e liste | ed ab | ove) | who | rece | eived m | ore tha | ın \$10 | 0,000 | | | |
| | | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former o line 1a? <i>If "Yes," complete Schedule J</i> | | | | • | | | | - | | | | 3 | | No |
| 4 | For any individual listed on line 1a, is t | the sum of repo | ortable : | comp | ensat | tion a | and c | ther | compe | nsation | from | the | | | |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

| 1b 9 | Sub-Total | | | | | | > | | | | | | |
|------|--|------------------|------------|---------|------|-------|-------------|-------|-----------------|---------------|---|-----|--|
| сT | otal from continuation sheets to Pa | art VII, Section | Α. | | | | ▶ | | | | | | |
| d 1 | otal (add lines 1b and 1c) | <u> </u> | <u> </u> | <u></u> | | | > | | 1,210,413 | | | | 119,306 |
| 2 | Total number of individuals (including of reportable compensation from the o | | | se list | ed a | above | :) wh | o rec | eived more than | s \$100,000 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> | | | • | • | | | | - | | 3 | | No |
| | Far any individual listed on line to in | +h | ما ما مطعم | | | | | | | fue un tile e | - | | |

| | | | | | | | . 1 | | | 1 | | | | | |
|------|--|--------------------------|----------|--------|-------|------|-------|-------|----------|----------|--------|-----------|---|-----|---------|
| 1b 9 | Sub-Total | | | | | | - ▶ [| | | | | | | | |
| c T | otal from continuation sheets to Pa | art VII , Section | Α | | | | • | | | | | | | | |
| d 7 | otal (add lines 1b and 1c) | | | | | | ▶ | | 1 | ,210,413 | | | | | 119,306 |
| 2 | Total number of individuals (including of reportable compensation from the o | | | e list | ed al | bove | e) wh | o rec | eived m | ore than | \$100, | 000 | | | |
| | | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | officer, director | or trust | ee, k | ey ei | mplo | yee, | or hi | ghest co | mpensa | ed en | nployee c | n | | |

| 1b Sub-Total | | | | • | | |
|--|--------------------------|---|------|---|-----------|--------|
| c Total from continuation sheets to Pa | art VII , Section | Α | | ▶ | | |
| d Total (add lines 1b and 1c) | | | | • | 1,210,413 | 119,30 |
| | | | | | | |

4

5

(B)

Description of services

ACCOUNTING

EVENT RENTAL

Yes

Nο

187,763

146,043

(C)

Compensation

| Part | | Statement of | Revenue | | | | | | | | | rage 3 |
|---|---|---|----------------|---------------|---------------------------------|------------|---------------------|-----------|-----------------------------------|--------------------------------|----------|---|
| · air | V | | | respo | onse or note to any | line in th | nis Part VIII | | | | | 🗆 |
| | | | | | | (, | A) evenue | Rel e> | (B) ated or kempt nction | (C) Unrelated business revenue | | (D) Revenue excluded from tax under sections |
| | 1 | La Federated campaig | ns . | 1a | <u> </u> | | | re | venue | | | 512 - 514 |
| nts nts | | b Membership dues | L | | <u> </u> | | | | | | | |
| Gifts, Grants illar Amounts | | · | L | 1b | <u> </u> | | | | | | | |
| %. G A . G | | c Fundraising events | L | 1c | l . | | | | | | | |
| ± ± | | d Related organizatio | Ļ | 1d | <u> </u> | | | | | | | |
| s, C | | e Government grants (co | Ļ | 1e | <u> </u> | | | | | | | |
| is is | | f All other contributions and similar amounts n | | 1f | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g Noncash contribution lines 1a - 1f \$ | ons included | | | | | | | | | |
| ರ ಕ | | h Total. Add lines 1a | -1f | • | • | | | | | | | |
| 1. | | | | | Business | Code | | | | | | |
| Service Revenue | 2 | a CONVENTION & REGION | NAL MEETING | | | 721110 | 5,4 | 126,853 | 5,426 | 5,853 | | |
| 4 | ı | b DUES AND SUPPORT | | | | 721110 | 3,1 | .04,113 | 3,104 | 1,113 | | |
| Ce F | | c LIFETIME MEMBERSHIP | REVENUE | | | 721110 | ϵ | 61,623 | 661 | 1,623 | | |
| ervi | | d EDUCATIONAL PROGRA | M REVENUE | | | 721110 | | 33,768 | 33 | 3,768 | | |
| ٦. | | | | | | | | | | | | |
| Program | • | e | ruico rovonilo | - | | | | | | | | |
| Pro | | · - | | | 9,: | 226,357 | | | | | | |
| | | Total. Add lines 2a-2 | | | • | _ | | 1 | | <u> </u> | | |
| | | Investment income (il similar amounts) . | | | ınterest, and other ♦ | | 329,19 | 5 | | | | 329,195 |
| | | Income from investme | | | ond proceeds | • | | | | | | |
| | 5 | Royalties | | | | • | 3,713,66 | 6 | | | | 3,713,666 |
| | | | (ı) Real | | (II) Personal | | | | | | | |
| | 6 | a Gross rents | | | | | | | | | | |
| | | b Less rental expenses | | | | 1 | | | | | | |
| | | | | | | _ | | | | | | |
| | | c Rental income or (loss) | | | | | | | | | | |
| | | d Net rental income o | r (loss) | | | 1 | | | | | | |
| | | | (ı) Securiti | es | (II) Other | | | | | | | |
| | 7 | a Gross amount from sales of assets other than inventory | 1,71 | 1,955 | 2,00 | 0 | | | | | | |
| | | b Less cost or other basis and sales expenses | 1,71 | .3,031 | 66,90 | 0 | | | | | | |
| | | C Gain or (loss) | | 1,076 | -64,90 | 0 | | | | | | |
| | | d Net gain or (loss) . | | | • | | -65,97 | 6 | | | | -65,976 |
| Other Revenue | 8 | a Gross income from f (not including \$ contributions reporte See Part IV, line 18 | ed on line 1c) | nts f a | | | | | | | | |
| 3ev | | b Less direct expense | | ь | | 1 | | | | | | |
| erl | | c Net income or (loss) | from fundraisi | ng ev | rents | _ | | | | | | |
| Oth | 9 | a Gross income from g See Part IV, line 19 | | es a | | | | | | | | |
| | | b Less direct expense c Net income or (loss) | | b | iles | | | | | | | |
| | | aGross sales of invent | tory, less | | | 1 | | | | | | |
| | | returns and allowand | ces | а | | | | | | | | |
| | | b Less cost of goods s | sold | b | | | | | | | | |
| | | Net income or (loss) | | nvent | | | | | | | | |
| | 1 | Miscellaneous | | | Business Code 54180 | | 304,17 | 1 | 37,006 | 267 | ,165 | |
| | _ | 1aTODAY'S HOTELIER | | | | | | | | | ,103 | |
| | | b MISCELLANEOUS IN | ICOME | | 72111 | 0 | 60,18 | 0 | 60,180 | | | |
| | | с | | | | | | | | | | |
| | | d All other revenue . | | | | | | | | | \dashv | |
| | | e Total. Add lines 11a | | | ▶ | 1 | | | | | \dashv | |
| | | 2 Total revenue. See | | _ | | | 364,35 | | | | \dashv | |
| | _ | | | • | • • • • | | 13,567,59 | 3 | 9,323,543 | 267 | ,165 | 3,976,885 Form 990 (2018) |
| | | | | | | | | | | | | TOTAL SECTION |

| orm 990 (2018) | | | | Page 1 |
|---|------------------------|------------------------------|-------------------------------------|----------------------------|
| Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | anızatıons must com | plete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | | 🗹 |
| Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 219,872 | | | |
| 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, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,210,413 | | | |
| 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 | 1,823,496 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 106,693 | | | |
| 9 Other employee benefits | 235,220 | | | |
| LO Payroll taxes | 225,653 | | | |
| L1 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 148,628 | | | |
| c Accounting | 204,743 | | | |
| d Lobbying | 170,157 | | | |
| e Professional fundraising services See Part IV, line 17 | 1,0,10, | | | |
| - · · · · · · · · · · · · · · · · · · · | 13,600 | | | |
| f Investment management fees | 186,001 | | | |
| L2 Advertising and promotion | 115,208 | | | |
| 3 Office expenses | 210,054 | | | |
| 4 Information technology | 89,505 | | | |
| 5 Royalties | 05,305 | | | |
| .6 Occupancy | 385,384 | | | |
| 7 Travel | 1,188,447 | | | |
| .8 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| .9 Conferences, conventions, and meetings | 749,367 | | | |
| 20 Interest | | | | |
| 1 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 294,487 | | | |
| .3 Insurance | 72,181 | | | |
| 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) | | | | |
| a CATERING, FOOD AND BEVERA | 2,169,839 | | | |
| b AUDIO/VISUAL RENTAL | 629,182 | | | |
| c CANCELLATION FEES | 374,151 | | | |
| d ENTERTAINMENT | 264,755 | | | |
| e All other expenses | 1,645,785 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,732,821 | 0 | | |
| 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) | | | | |

Page **11**

397.211

674.370

844,476

3,665,355

9.285.033

266,000

671.067

50.000

22.373.256

12.535.372

602.335

13.858.774

8.514.482

8,514,482

22,373,256

Form **990** (2018)

Form 990 (2018)

Assets

11

12

13

14

15

16

17

18

19

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21

23

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26

27

28

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

| | Beginning of year | | End of year |
|--|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 5,244,929 | 1 | 6,865,620 |
| 2 Savings and temporary cash investments | 743,965 | 2 | 163,083 |
| 3 Pledges and grants receivable, net | | 3 | |
| 4 Accounts receivable, net | 221,903 | 4 | 212,108 |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete | | 5 | |

Part II of Schedule L . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L .

2,344,137

1,499,661

10a

10b

397.612

143,629

526,943

3,030,482

9.367.382

61.018

499.890

75.000

267.972

11.737.417

8.000.446

8.000.446

19,737,863

19.737.863

10.894.555

8

9

10c

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12

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14

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17

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22 23

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27 28

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31

32

33

34

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

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 58-1906959

ASSOCIATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

Name: ASIAN AMERICAN HOTEL OWNERS

AAHOA ORGANIZES ONE OF THE LARGEST AND MOST INFLUENTIAL ANNUAL CONFERENCE AND TRADE SHOWS IN THE COUNTRY TO EDUCATE HOTEL OWNERS IN THE HOTEL INDUSTRY THOUSANDS OF MEMBERS AND NON-MEMBERS ATTENDED THIS YEAR'S CONFERENCE HELD IN NATIONAL HARBOR, MARYLAND

Form 990, Part III, Line 4b: THE AAHOA ORGANIZES AND SUPPORTS REGIONAL AND TOWN HALL MEETINGS TO ADDRESS MEMBER'S EDUCATIONAL AND SUPPORT NEEDS

Form 990, Part III, Line 4c: THE AAHOA HAS AN INNOVATIVE EDUCATIONAL SEMINAR PROGRAM THAT INCLUDES FEATURES SUCH AS E-LEARNING, A CERTIFIED HOTEL OWNER'S PROGRAM CERTIFICATION, AND SUPPORT OF HOSPITALITY SCHOOLS THAT ADDRESS ISSUES FROM FINANCIAL MANAGEMENT TO BEST INDUSTRY PRACTICES

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

| | arry riours | and a director/trastee/ | | | | | <i>'</i> | organization | organizacions | mom the | |
|-------------------------------------|---|-------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| CHIP ROGERS PRESIDENT & | 32 00 8 00 | × | | × | | | | 298,106 | 0 | 14,375 | |
| RACHEL HUMPHREY COO | 40 00 | х | | х | | | | 188,544 | 0 | 29,753 | |
| BHAVESH B PATEL CHO IMM PAST CHA | 1 00 | x | | х | | | | 0 | 0 | 0 | |
| HITESH HP PATEL CHA CHO | 1 00 | × | | x | | | | 0 | 0 | 0 | |

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CHAIRMAN JAGRUTI PANWALA

.....

VICE CHAIRWO

TREASURER

SECRETARY

BIRAN PATEL CHO

NITIN NICK PATEL

PRIYESH P PATEL CHO

ALABAMA PANH

CENTRAL MIDW

FLORIDA REGI

BHARAT PATEL CHO

VINAYKUMAR VINAY PATEL

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

| | any hours | and | | | or/tr | ustee) | | organization | organizations | from the |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| KAPIL P KEN PATEL GEORGIA REGI | 1 00 | × | | | | | | 0 | 0 | 0 |
| GIRISH GARY PATEL CHO CHA CHIA GULF REGIONA | 1 00 | х | | | | | | 0 | 0 | 0 |
| SANJAY SAM PATEL CHO MID ATLANTIC | 1 00 | х | | | | | | 0 | 0 | 0 |
| SUNIL B PATEL CHO CHA CHIA MID-SOUTH RE | 1 00 | × | | | | | | 0 | 0 | 0 |
| DASHMIKANT HAJI DATEL CHO | 1 00 | | | | | | | | | |

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| MID ATLANTIC |
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| SUNIL B PATEL CHO CHA CHIA |
| MID-SOUTH RE |
| RASHMIKANT HAJI PATEL CHO |
| NORTH CAROLI |

NARESH NICK PATEL CHO

.....

MAYUR MIKE PATEL CHO CHIA

NORTH CENTRA

NORTH PACIFI

NORTH TEXAS

NORTHEAST RE

HITEN PATEL CHO

NORTHWEST RE

KAMALESH KP PATEL

JAYESH R PATEL CHO

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee)

| | any hours | and a director/trustee) | | | | | | organization | organizations | from the | |
|--|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| CHETAN CHET PATEL CHO SOUTH CAROLI | 1 00 | х | | | | | | 0 | 0 | 0 | |
| MIKE PATEL SOUTH CENTRA | 1 00 | х | | | | | | 0 | 0 | 0 | |
| MIKE RIVERSIDE CHO CHA SOUTH PACIFI | 1 00 | х | | | | | | 0 | 0 | 0 | |
| SAWAN PATEL CHO SOUTHEAST TE | 1 00 | X | | | | | | 0 | 0 | 0 | |
| IMESH VAIDYA CHO SOUTHWEST RE | 1 00 | х | | | | | | 0 | 0 | 0 | |

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| IMESH VAIDYA CHO |
|---------------------|
| SOUTHWEST RE |
| KALPESH M JOSHI CHO |

UPPER MIDWES

PURVI PANWALA

NISHANT NEAL PATEL

NIMISHA PATEL CHO

DIRECTOR AT

DIRECTOR AT

DIRECTOR AT

DIRECTOR AT

LINA PATEL CHO

......

(A) (D) (E) (B) (C) (F) Position (do not check more Name and Title Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

| | any nours | and a director, trastee, | | | ′ | (M 3/1000 (M 3/1000 | | and and | | |
|-------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| FAHEEM KHAN CHO DIRECTOR AT | 1 00 | х | | | | | | 0 | 0 | 0 |
| JAYESH JAY PATEL CHA DIRECTOR AT | 1 00 | х | | | | | | 0 | 0 | 0 |
| NAVNIT NICK PATEL DIRECTOR AT | 1 00 | x | | | | | | 0 | 0 | 0 |
| PIYUSH PATEL DIRECTOR AT | 1 00 | × | | | | | | 0 | 0 | 0 |
| DONALD BOLLMER VP OF FINANC | 32 00 8 00 | | | x | | | | 35,228 | 0 | 2,982 |
| 1AMES TENKINS | 40 00 | | | | | | | | | |

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32 00

8 00 40 00

40 00

40 00

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196,713

159,590

123,086

105,887

103,259

25,112

7,980

11,426

4,832

22,846

0

0

0

0

JAMES JENKINS

SVP OF SALES

CHIRAG K SHAH

VP OF GOVERN

KATHRYN STONE

ALICIA MADDOX

BUSINESS DEV

VP OF MEMBER

GEETIKA TANGRA

CHIEF OF STA

SCHEDULE C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

58-1906959

DLN: 93493317023799

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

ASSOCIATION INC

Part I-A

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, 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 Section 527 organizations Complete Part I-A only 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 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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ASIAN AMERICAN HOTEL OWNERS

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Grassroots ceiling amount

activity

Volunteers?

Media advertisements?

1

2

3

2

b

5

Part IV

Part III-B

Current year

expenditure next year?

Return Reference

SCHEDULE C, PART I-A, LINE 1

(b)

Amount

(a)

No

2

1

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2018

Yes

Nο

5,203,368

550,993

261,447

812,440

260,168

552,272

Yes

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

CAUSES AND LEGISLATIVE PRIORITIES OF THE AAHOA

Explanation THE ORGANIZATION CONTRIBUTES TO MULTIPLE ORGANIZATIONS AND CANDIDATES WHO SUPPORT

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

Mailings to members, legislators, or the public?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Carryover from last year

expenses for which the section 527(f) tax was paid).

С Total 3

Supplemental Information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions)

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

SCHEDULE D

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

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.

Cat No 52283D

Schedule D (Form 990) 2018

DLN: 93493317023799 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

| nterr | al Revenue Service Go to www.irs. | gov/Form990 for the latest information. | _ | Inspection |
|-------|--|--|-----------------------|-------------------------|
| ASI | me of the organization AN AMERICAN HOTEL OWNERS OCIATION INC | | Employer ident | ification number |
| Pa | Organizations Maintaining Donor Adv Complete if the organization answered "Y | | | |
| | | (a) Donor advised funds | (b)Funds ar | nd other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advis organization's property, subject to the organization's e | | vised funds are the | Yes No |
| 6 | Did the organization inform all grantees, donors, and o charitable purposes and not for the benefit of the dono private benefit? | | | |
| Pa | rt II Conservation Easements. Complete if t | he organization answered "Yes" on Forr | n 990, Part IV, lı | ne 7. |
| 1 | Purpose(s) of conservation easements held by the orga | anızatıon (check all that apply) | | |
| | \square Preservation of land for public use (e g , recreation | on or education) \qed Preservation of an | historically importa | ant land area |
| | Protection of natural habitat | Preservation of a d | ertified historic str | ucture |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | a qualified conservation contribution in the for | | n he End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified history | ric structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | uired after 7/25/06, and not on a historic | 2d | |
| 3 | Number of conservation easements modified, transferr tax year ▶ | red, released, extinguished, or terminated by | the organization du | ring the |
| 4 | Number of states where property subject to conservation | on easement is located ► | | |
| 5 | Does the organization have a written policy regarding and enforcement of the conservation easements it hold | | |] Yes □ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspection. | ecting, handling of violations, and enforcing co | onservation easeme | ents during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting \$ \begin{align*} \ | , handling of violations, and enforcing conser | vation easements d | uring the year |
| 8 | Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(\parallel)? |) above satisfy the requirements of section 1 | 70(h)(4)(B)(ı) |]Yes □ No |
| 9 | In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme | e footnote to the organization's financial state | • | |
| Pai | Organizations Maintaining Collections Complete if the organization answered "Y | | er Similar Asse | ts. |
| 1a | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | r public exhibition, education, or research in f | | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | |
| (| i)Assets included in Form 990, Part X | | > \$ | |
| 2 | If the organization received or held works of art, historical following amounts required to be reported under SFAS | | ncial gain, provide | the |
| а | Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | |
| Ь | Assets included in Form 990, Part X | | ▶ \$ | |

| Par | 3111 | Organizations Maintaining Col | lections of Art, F | listori | cal T | reası | ires, or | Other | Similar A | ssets (| <i>contir</i> | nued) | |
|------------|-----------------|--|------------------------------|--------------|----------|---------|-------------|------------|----------------------------|--------------|---------------|-------------|---------|
| 3 | | the organization's acquisition, accession (check all that apply) | n, and other records, | check | any of | the fo | llowing th | nat are a | significant | use of it | s colle | ection | |
| а | | Public exhibition | | d | | Loan | or excha | nge prog | ırams | | | | |
| b | | Scholarly research | | e | | Othe | r | | | | | | |
| С | | Preservation for future generations | | | | | | | | | | | |
| 4 | Provi Part : | de a description of the organization's col XIII | lections and explain | how the | ey furtl | her th | e organiza | ation's ex | kempt purp | ose in | | | |
| 5 | | ng the year, did the organization solicit o is to be sold to raise funds rather than to | | | | | | | ular | □ Y • | es | □ N | 0 |
| Pai | t IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | ments. vered "Yes" on For | m 990 | , Part | IV, li | ne 9, or | reporte | ed an amo | unt on | Form | 990, | Part |
| 1a | | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | iary for | contri | bution | s or othe | r assets | not | ☐ Y | es | □ N | o |
| b | If "Y€ | es," explain the arrangement in Part XIII | and complete the fo | llowing | table | | Γ | | - | Amount | | | - |
| С | Begir | nning balance | | | | | | 1c | | | | | _ |
| d | Addıt | ions during the year | | | | | | 1d | | | | | |
| е | Dıstrı | butions during the year | | | | | | 1e | | | | | |
| f | Endır | ng balance | | | | | | 1f | | | | | _ |
| 2a | Dıd tl | he organization include an amount on Fo | orm 990, Part X, line | 21, for | escrov | v or cu | istodial ad | count lia | ability? | □ Ye | es | \square N | 0 |
| b | | es," explain the arrangement in Part XIII | | | | | | | | _ | | | |
| Pa | rt V | Endowment Funds. Complete if | | | | | | | | | | | |
| | | · | (a)Current year | (b) P | rıor yea | r | (c)Two ye | ars back | (d)Three ye | ars back | (e) Fo | ur year | s back |
| 1 a | Beginn | ing of year balance | | | | | | | | | | | |
| b | Contrib | outions | | | | | | | | | | | |
| С | Net inv | estment earnings, gains, and losses | | | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | | | |
| | | expenditures for facilities ograms | | | | | | | | | | | |
| f | Admını | strative expenses | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the curre | ent year end balance | (line 1 | g, colu | mn (a |)) held as | 5 | | | | | |
| а | Board | d designated or quasi-endowment 🕨 | | | | | | | | | | | |
| b | Perm | anent endowment 🟲 | | | | | | | | | | | |
| С | Temp | orarily restricted endowment > | | | | | | | | | | | |
| | The p | percentages on lines 2a, 2b, and 2c shou | ıld equal 100% | | | | | | | | | | |
| 3a | | here endowment funds not in the posses nization by | ssion of the organizat | ion that | t are h | eld an | id adminis | stered fo | r the | | Г | Yes | No |
| | - | nrelated organizations | | | | | | | | 3 | a(i) | 165 | 110 |
| | | elated organizations | | | | | | | | <u> </u> | a(ii) | | |
| b | | es" on 3a(II), are the related organization | ns listed as required (| on Sche | dule R | . ? | | | | | 3b | | |
| 4 | Desci | ribe in Part XIII the intended uses of the | organization's endo | wment f | funds | | | | | | | | |
| Pai | t VI | Land, Buildings, and Equipme | | | | | | | | | | | |
| | D | Complete if the organization answ | | | | | | | rm 990, Pa depreciation | | | ok valu | |
| | Descri | ption of property (a) Cost or oth (investme | | or other | Dasis (| otner) | (e) Acci | imulated t | iepreciation | | (а) во | ok valu | e |
| 1a | Land | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | |
| c | Leaseh | nold improvements | | | 2 | 76,248 | | | 43,593 | | | | 232,655 |
| d | Equipn | nent | | | 2,00 | 67,889 | | | 1,456,068 | | | | 611,821 |
| | Other | | | | | | | | | | | | |
| Tota | I. Add | lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, colur | nn (B) | , line | 10(c)) . | • | > | | | | 844,476 |

| Part VII Investments—Other Securities. Complete if the | e organization answei | red "Yes" on Form 9 | 990, Part IV, line 11b. |
|---|-------------------------------------|--------------------------|--|
| See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | (b) Book value | | nod of valuation of-year market value |
| (1) Financial derivatives | | | |
| (3) Other(A) FIXED INCOME GOVERNMENT SECURITIES | 4,670,282 | | F |
| (B) FIXED INCOME SECURITIES | 3,911,784 | | F |
| (C) STRUCTURED PRODUCTS | 662,774 | | F |
| (D) ACCRUED INTEREST | 40,193 | | F |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fo | 9,285,033 orm 990, Part IV, line | 11c. See Form 990 |), Part X, line 13. |
| (a) Description of investment | (b) Book value | | nod of valuation of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. Complete if the organization answered (a) Description | | IV, line 11d See Form | 1 990, Part X, line 15 (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | . • |
| Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. | nswered 'Yes' on Form | n 990, Part IV, line | 11e or 11f. |
| 1. (a) Description of liability (1) Federal income taxes | (b) Boo | k value | |
| DEFFERED LEASE PAYABLE | | 602,335 | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | • | 602,335 | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7- | | nızatıon's fınancıal sta | |
| organization a nability for uncertain tax positions under FIN 46 (ASC 74 | -o) check here if the te | At or the roothote has | been provided in Part AIII |

Part XI

Part XII

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

2

Schedule D (Form 990) 2018

Page 4

-320,736

13,600

13,567,593

12,719,221

12,719,221

13,600

12.732.821

Schedule D (Form 990) 2018

13,553,993

Add lines 2a through 2d . .

Return Reference

| С | Recoveries of prior year grants |
|---|---|
| d | Other (Describe in Part XIII) |
| е | Add lines 2a through 2d |
| 3 | Subtract line 2e from line 1 |
| 4 | Amounts included on Form 990, Part VIII, li |
| | |

| ut not o |
|----------|
| |

on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities

Other (Describe in Part XIII)

Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b 2c 2d

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

13,600

-320.736

4c 5

2e

3

4c

5

13,600

2e

3

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: **Software Version:**

EIN: 58-1906959

Name: ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC.

| Supplemental Information | |
|--------------------------|-------------|
| Return Reference | Explanation |
| | |

AMINATION FOR THE LAST THREE (3) YEARS

SCHEDULE D. PAGE 3. PART X

TION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORI TIES, AND AS OF DECEMBER 31, 2018, THE ASSOCIATION'S FEDERAL TAX RETURNS REMAIN OPEN TO EX

THE ASSOCIATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(6), AS AMENDED, AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS BUSINESS LEAGUE THE ASSOCIATION IS SUBJECT TO INCOME TAXES ON INCOME FROM UNRELATED BUSINESS ACTIVITIES F OR ADVERTISING INCOME AS WELL AS PROXY TAXES RELATED TO ITS LOBBYING ACTIVITIES ACCRUED T AX EXPENSE OF 40,000 HAS BEEN RECORDED IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION AND STATEMENT OF ACTIVITIES RELATING TO THE YEAR ENDING DECEMBER 31, 2018 THE ASSOCIATIO N BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT H AVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIA

DLN: 93493317023799 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number ASIAN AMERICAN HOTEL OWNERS 58-1906959 ASSOCIATION INC 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 1 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 that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

| chedule I (Form 990) 2018 Part III Grants and Other Assistance to Part III can be duplicated if addition | | | anızatıon answered "Yes" | on Form 990, Part IV, line 22 | Page 2 |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

| κeτ | urn | Kei | еге | nce |
|-----|-----|-----|-----|-----|
| | | | | |

(7)

Explanation

SCHEDULE I, PAGE 1, PART I, LINE SPONSORSHIPS POLICY EVENTS MAY BE SPONSORED WHICH PROMOTE THE STRATEGIC INTERESTS OF AAHOA 1 EACH REGIONAL DIRECTOR MAY ALLOCATE UP TO 4,000, DURING EACH CALENDAR YEAR, FOR SPONSORING INDUSTRY, ADVOCACY, OR COMMUNITY EVENTS WHICH SUPPORT AAHOA'S STRATEGIC PLAN NO MORE THAN 3,000 OF SPONSORSHIP DOLLARS REQUESTED BY EACH REGION SHALL BE ALLOCATED TO CIVIC OR COMMUNITY EVENTS 2 REGIONAL DIRECTORS MAY COMBINE FUNDS TO SPONSOR INDIVIDUAL EVENTS, HOWEVER, ANNUAL FUNDING LIMITS PER REGIONAL DIRECTOR SHALL APPLY 3 SPONSORSHIP REQUESTS BY REGIONAL DIRECTORS SHALL BE SUBMITTED IN FULL ON THE APPROVED AAHOA SPONSORSHIP APPLICATION FORM NO LESS THAN TWENTY-ONE (21) DAYS PRIOR TO THE EVENT FOR WHICH THE SPONSORSHIP IS REQUESTED. REQUESTS MADE LESS THAN TWENTY-ONE (21) DAYS PRIOR TO THE EVENT FOR WHICH THE SPONSORSHIP IS REQUESTED MAY ONLY BE CONSIDERED FOR APPROVAL BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS 4 SPONSORSHIP REQUESTS SHALL BE APPROVED BY THE PRESIDENT AND/OR HIS/HER DESIGNEE UPON CONFIRMATION OF THE EVENT AND RECEIPT OF THE RECIPIENT ORGANIZATION'S W-9 FORM UPON APPROVAL AAHOA SHALL ISSUE FUNDING WITHIN FIVE (5) BUSINESS DAYS 5 APPROVED FUNDS SHALL NOT BE USED FOR PERSONAL COSTS OR EXPENSES 6 NATIONAL INDUSTRY-RELATED EVENTS, AS DETERMINED BY THE OFFICERS, MAY BE SPONSORED, HOWEVER, THE TOTAL ANNUAL SPONSORSHIP AMOUNT OF SUCH EVENTS SHALL NOT EXCEED ONE (1%) PERCENT OF THE ASSOCIATION'S ANNUAL BUDGET CHARITABLE FUNDRAISING POLICY AAHOA MAY CONDUCT CHARITABLE FUNDRAISING, UPON APPROVAL BY THE PRESIDENT AND A MAJORITY VOTE OF THE BOARD OF DIRECTORS, PERIODICALLY TO RAISE FUNDS FOR AAHOA APPROVED CHARITIES THIS SECTION SHALL ONLY APPLY TO CHARITABLE EVENTS AND SHALL NOT APPLY TO FUNDRAISING ACTIVITIES FOR POLITICAL ACTION COMMITTEES PROTOCOL 1 THE AAHOA BOARD MEMBER PLANNING THE FUNDRAISING EVENT SHALL SET THE AGENDA, WHICH MUST INCLUDE, BUT NOT BE LIMITED TO A INDUSTRY RELATED ISSUES OR PARTICIPATION B MEASURABLE FUNDRAISING FOR THE APPROVED DESIGNATION C MEASURABLE AAHOA MEMBERSHIP DRIVE INITIATIVES 2 UPON APPROVAL OF A MAJORITY OF THE OFFICERS, THE BOARD MEMBER SHALL WORK WITH THE PRESIDENT AND/OR HIS/HER DESIGNEE TO DEVELOP A BUDGET FOR THE EVENT. THE BUDGET SHALL REFLECT A MINIMUM TWENTY PERCENT (20%) SURPLUS OF REVENUES OVER EXPENSES FOR FUND RAISING TOURNAMENTS BUDGETS FOR FUND RAISING TOURNAMENTS SHALL ALSO IDENTIFY THE NAME OF A CHARITY OR CHARITIES PROPOSED TO RECEIVE ANY FUNDS RAISED THE BUDGET FOR THE EVENT MUST BE APPROVED BY A MAJORITY OF THE AAHOA OFFICERS THE BOARD MEMBER SHALL ENSURE THAT THE EVENT IS CONDUCTED WITHIN THE APPROVED BUDGET THE FOLLOWING PROTOCOLS MUST BE OBSERVED A FOOD AND BEVERAGE I THE BOARD MEMBER OR AN ASSIGNED REGIONAL AMBASSADOR SHALL SELECT THE CATERER FOR THE EVENT AND SUBMIT THE RELEVANT INFORMATION TO THE AAHOA PRESIDENT AND/OR HIS/HER DESIGNEE, WHO IS RESPONSIBLE FOR SECURING A CONTRACT WITH THE CATERER II NO ALCOHOL SHALL BE PAID FOR BY AAHOA AT THE EVENT III NO EVENT SHALL TAKE PLACE WITHOUT A VALID SIGNED CONTRACT B VENUE I THE BOARD MEMBER OR AN ASSIGNED REGIONAL AMBASSADOR SHALL RECOMMEND TO THE DIRECTOR OF MEETINGS & CONVENTIONS THE VENUE FOR THE EVENT, THE VENUE MUST INCLUDE APPROPRIATE FACILITIES FOR ANY AGENDA FUNCTIONS AND THE EVENT II NO EVENT SHALL TAKE PLACE WITHOUT A VALID SIGNED CONTRACT C FUNDRAISING I AAHOA SHALL FUNDRAISE ONLY FOR TAX-EXEMPT CHARITIES TO BE ELIGIBLE TO RECEIVE ANY FUNDS RAISED, A COPY OF EACH CHARITY'S FORM 990 FROM THE PREVIOUS CALENDAR YEAR SHALL BE SUBMITTED WITH THE PROPOSED EVENT BUDGET FOR OFFICER APPROVAL II THE EVENT BUDGET SHALL SPECIFY THE ALLOCATION OF ANY EVENT PROCEEDS III IF AN EVENT IS NOT PROFITABLE, NO CHARITABLE CONTRIBUTIONS WILL BE MADE TO ANY OF THE CHARITIES NAMED IN THE EVENT BUDGET GOLF TOURNAMENTS 1 NOT WITHSTANDING THE ABOVE, EFFECTIVE JANUARY 1, 2019, AAHOA SHALL NOT HOST MORE THAN FIVE (5) GOLF TOURNAMENTS ANNUALLY THE LIMIT OF 5 GOLF TOURNAMENTS MAY BE WAIVED BY A UNANIMOUS VOTE OF THE OFFICERS 2 PURSUANT TO THE PROTOCOL ABOVE, REGIONAL DIRECTORS MAY APPLY TO HOST GOLF TOURNAMENTS APPLICATIONS ARE DUE DECEMBER 31 IN THE YEAR PRECEDING THE PROPOSED EVENT IF THE OFFICERS HAVE NOT APPROVED FIVE (5) GOLF TOURNAMENT APPLICATIONS BY THE LAST DAY OF THE ANNUAL CONVENTION, ANY NEWLY ELECTED REGIONAL DIRECTORS MAY SUBMIT AN APPLICATION APPLICATIONS SUBMITTED TO THE OFFICERS FOR CONSIDERATION FEWER THAN 120 DAYS FROM THE PROPOSED EVENT DATE SHALL NOT BE CONSIDERED 3 ANY REGION THAT HAS HOSTED AN AAHOA GOLF TOURNAMENT IN THE THREE (3) CALENDAR YEARS IMMEDIATELY PRECEDING THE PROPOSED EVENT AND WHOSE REGIONAL DIRECTOR SUBMITS AN APPLICATION IN ACCORDANCE WITH THIS POLICY SHALL BECOME ONE OF THE MAXIMUM FIVE (5) GOLF TOURNAMENTS IF MORE THAN FIVE (5) APPLICATIONS SATISFYING THIS POLICY ARE SUBMITTED BY THE DEADLINE, THE OFFICERS SHALL SELECT THE REMAINING POSSIBLE GOLF TOURNAMENTS BY A RANDOM DRAWING 4 ANY REGIONAL DIRECTOR WHO FILED AN APPLICATION THAT WAS NOT SELECTED IN THE RANDOM DRAWING SHALL HAVE THE RIGHT OF FIRST REFUSAL TO HOST A GOLF TOURNAMENT THE FOLLOWING YEAR IF THE NUMBER OF APPLICANTS THAT LOSE THE RANDOM DRAWING EXCEED THE MAXIMUM NUMBER OF GOLF TOURNAMENTS PERMITTED BY POLICY, NO REGIONAL DIRECTOR SHALL BE EXTENDED THE RIGHT OF FIRST REFUSAL TO HOST A TOURNAMENT THE FOLLOWING YEAR

Additional Data

MAKE-A-WISH FOUNDATION

2000 SW 1ST AVE SUITE 410 PORTLAND, OR 97201 BUSINESSES ENDING

SLAVERY AND TRAFF 800 31ST AVE SOUTH SEATTLE, WA 98144

OF OREGON

Software ID: **Software Version:** Forr or government

EIN: 58-1906959 Name: ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC

| niza | tions | and | Domesti | c | Governments. |
|------|-------|-----|---------|---|--------------|
| | | | | | |

| ı | ic doverninents. | |
|---|--|--|
| | (f) Method of valuation (book, FMV, appraisal, | |
| | other) | |

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

SPONSORSHIP

SPONSORSHIP

| rm 990,Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza |
|--------------------------------------|----------------|-------------------------------|-------------------------------------|
| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant |

82-0358049

45-5046786

501C3

501C3

(e) Amount of non-

cash assistance

21,000

21,524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PEDIATRIC CANCER RESEARCH 95-3772528 501C3 17 216 SPONSORSHIP

| FOUNDATIO | 50 0,,2020 | | 17,210 | | |
|---|------------|-------|--------|--|-------------|
| 179932 SKY PARK CIR SUITE E IRVINE, CA 92614 | | | | | |
| ROADRUNNER FOOD BANK INC | 85-0278525 | 501C3 | 17.216 | | SPONSORSHIP |

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

5840 OFFICE BLVD NE ALBUOUEROUE, NM 87109

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 93-0579589 501C3 21.524 SPONSORSHIP DOERNBECHER CHILDREN'S HOSPITAL 3181 S W SAM JACKSON PARK 501C3 16,530 73-1176743 SPONSORSHIP

ROAD PORTLAND, OR 97239 MAKE-A-WISH FOUNDATION OF OKLAHOMA INC

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

1900 NW EXPRESSWAY OKLAHOMA CITY, OK 73118

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-3510055 501C3 9.000 SPONSHORSHIP WILDFIRE RELIEF FUND 221 S FIGUEROA ST STE 400 01-0973168 501C3 6.000 SPONSORSHIP

LOS ANGELES, CA 90012 VOLUNTEER FLORIDA FOUNDATION 3800 ESPLANADE WAY STE 180

TALLAHASSEE, FL 32311

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 19331 | 7023 | 799 |
|-------------------------------------|--|---|---------------------|--|-------------------------|------------|--------|------|
| Sch | nedule J | Co | ompensati | ion Information | 00 | 1B No | 1545-0 | 0047 |
| (Form 990) | | For certain Office | | rustees, Key Employees, and Hig | hest | • | | |
| ► Complete if the organization answ | | | | ited Employees ered "Yes" on Form 990, Part IV | , line 23. | 20 | 118 | 3 |
| Dengr | tment of the Treasury | ▶ Go to www.irs.ao | | to Form 990. instructions and the latest inform | |)pen i | | |
| Interna | al Revenue Service | | | | | Insp | ectio | n |
| | ne of the organiza AN AMERICAN HOTE | | | | Employer identificat | ion nu | ımber | |
| | OCIATION INC | | | | 58-1906959 | | | |
| Pa | rt I Questi | ons Regarding Compensa | tion | | | | | |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | Yes | No_ |
| | ☐ First-class | s or charter travel | | Housing allowance or residence for | personal use | | | |
| | _ | companions | | Payments for business use of perso | nal residence | | | |
| | | nification and gross-up payment | s 📙 | Health or social club dues or initiati | | | | |
| | ☐ Discretion | nary spending account | Ц | Personal services (e g , maid, chau | ffeur, chef) | | | |
| b | | xes in line 1a are checked, did th all of the expenses described abo | | ollow a written policy regarding payn plete Part III to explain | nent or reimbursement | 1b | | |
| 2 | | | | or allowing expenses incurred by all | - 1-2 | 2 | | |
| | directors, truste | es, officers, including the CEO/E | executive Director | r, regarding the items checked in line | e la ^r | | | |
| 3 | | | | d to establish the compensation of t not check any boxes for methods | he | | | |
| | used by a relate | ed organization to establish com | pensation of the (| CEO/Executive Director, but explain | ın Part III | | | |
| | Compensa | ation committee | \checkmark | Written employment contract | | | | |
| | ☐ Independe | ent compensation consultant | \checkmark | Compensation survey or study | | | | |
| | ☐ Form 990 | of other organizations | \checkmark | Approval by the board or compensa | ition committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-con | trol payment? | | | 4a | | No |
| b | Participate in, o | r receive payment from, a suppl | emental nonqual | ified retirement plan? | | 4b | | No |
| c | • | r receive payment from, an equi | | - | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and | d provide the app | licable amounts for each item in Par | t III | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) | organizations | must complete lines 5-9. | | | | |
| 5 | For persons liste | | n A, line 1a, did t | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 5a | | |
| b | Any related orga | | | | | 5b | | |
| | • | 5a or 5b, describe in Part III | | | | | | |
| 6 | | ed on Form 990, Part VII, Sectio ontingent on the net earnings of | | the organization pay or accrue any | | | | |
| а | The organization | | | | | 6 a | | |
| b | Any related orga | | | | | 6b | | |
| _ | • | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes | | the organization provide any nonfixe rt III | d | 7 | | |
| 8 | | | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d | escribe | 8 | | |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 9 | | |
| For F | Panerwork Redu | iction Act Notice, see the Ins | tructions for Fo | orm 990. Cat No. ! | 50053T Schedule J | (Form | 1990) | 2018 |

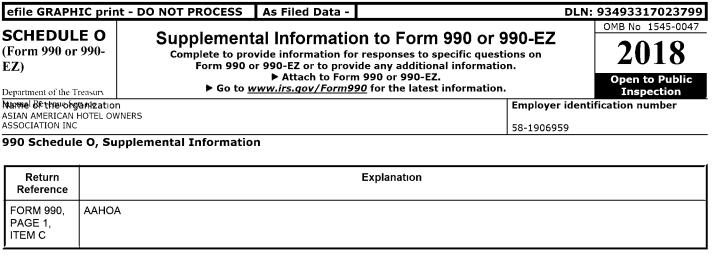
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| (A) Name and Title | | 1 | ndividual must equal the to n of W-2 and/or 1099-MISO | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | | |
|---|------|-----------------------|--|---------------------------------------|-----------------------------|----------------|----------------------|--|--|
| | | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
| 1 CHIP ROGERS PRESIDENT & CEO | (i) | 298,106 | | | 14,375 | | 312,481 | 1 | |
| | (ii) | 1 | , | | | | | 1 | |
| 2 RACHEL HUMPHREY COO | (i) | | ' | · · · · · · · · · · · · · · · · · · · | 13,961 | 15,792 | 218,297 | 1 | |
| | (ii) | 1' | | | | | | 1 | |
| 3 JAMES JENKINS SVP OF SALES | (i) | | | 1 | 8,974 | 16,138 | 221,825 | 1 | |
| ı | (ii) | 1 | | | | | | 1 | |
| 4 CHIRAG K SHAH VP OF GOVERNMENT AFF | (i) | 1 | ' | [| 7,980 | | 167,570 | 1 | |
| I | (ii) | <u></u> | | | | | | | |
| I | ' | 1 | ' | 1 | | 1 | ! | 1 | |
| [| + | | 1 | <u>'</u> | | | | 1 | |
| | + | | | | | | † | | |
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| | + | <u> </u> | | 1 | | - | - | | |
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| | + | | + | | + | | + | (| |

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

LINE 6

| FORM 990, | AAHOA IS A 501(C)(6) TRADE AND MEMBERSHIP ORGANIZATION |
|-----------|--|
| PAGE 6, | |
| PART VI. | |

Return
Reference

Explanation

Explanation

FORM 990
THE AAHOA MEMBERS ELECT THE BOARD OF DIRECTORS AND GOVERNING BODY ANNUALLY

FORM 990, THE AAHOA MEMBERS ELECT THE BOARD OF DIRECTORS AND GOVERNING BODY ANNUALLY
PAGE 6,
PART VI,
LINE 7A

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 11B
LINE 11B
LINE 17B
LINE 18B
LIN

990 Schedule O, Supplemental Information

Return Explanation

Reference

MEMBERS OF THE BOARD OF DIRECTORS

| 11010101100 | |
|-------------|--|
| FORM 990, | THE OFFICERS AND DIRECTORS OF THE ORGANIZATION RECEIVE ANNUALLY A CONFLICT OF INTEREST POL |
| PAGE 6, | ICY TO REVIEW AND SIGN IN AN EVENT OF A POTENTIAL CONFLICT OF INTEREST OF A BOARD MEMBER |
| PART VI, | SUCH BOARD MEMBER WILL RECUSE HIM/HERSELF FROM ALL DISCUSSIONS AND VOTE ON THE MATTER COP |
| LINE 12C | IES OF THE SIGNED POLICY STATEMENTS ARE MAINTAINED AND INTERNALLY REVIEWED BY INDEPENDENT |

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 15A

ANNUAL COMPENSATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF THE CEO IS DETERMINED BY THE OFFICER

Return Explanation

LINE 15B

FORM 990, ANNUAL COMPENSATION OF ALL OTHER EMPLOYEES IS SET BY THE PRESIDENT COMPENSATION PACKAGES
PAGE 6, INCLUDING SALARY AND EMPLOYEE BENEFITS IS DETERMINED TO BE INDUSTRY COMPARABLE IN AN ANNUA
PART VI, L EVALUATION PROCESS

Return Explanation
Reference

| FORM 990, | THE ORGANIZATION MAINTAINS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FIN |
|-----------|--|
| PAGE 6, | ANCIAL STATEMENTS IN PERMANENT FILES WHICH ARE READILY AVAILABLE TO THE PUBLIC UPON REQUES |
| PART VI, | T |
| LINE 19 | |

Return

| Reference | |
|-----------|---|
| FORM 990, | CREDIT CARD FEES 263,505 0 0 PROMOTIONAL GIVEAWAYS 237,422 0 0 CONTRACT LABOR 218,356 0 0 |
| PART IX, | PHOTOGRAPHY AND VIDEO 189,873 0 0 DUES AND SUBSCRIPTIONS 152,005 0 0 SPEAKER FEES 125,329 |
| LINE 24E | 0 0 OTHER EXPENSE 90,372 0 0 SOFTWARE LICENSES 81,880 0 0 TRAINING AND DEVELOPMENT 81,254 |
| | 0 0 ADVERTISING COSTS 49,061 0 0 READERSHIP COSTS 41,397 0 0 DECORATING 40,373 0 0 INCOME |

TAXES 40,017 0 0 BAD DEBT EXPENSE 34,941 0 0 TOTAL 1,645,785 0 0

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

DLN: 93493317023799 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

| ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC | | | | | | | 58-1 | .906959 | | | | |
|---|----------------|--------------------------------|----------|---|-----------|---------------------|--|----------------------------|-------------------------------------|-------------------------|---------------------------|-------------------|
| Part I Identification of Disregarded Entities Complete | ıf the organız | ation answei | red "Yes | on Form ! | 990, Part | IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Total Income | | (e) ne End-of-year asse | | r assets Direct c er | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year | | e if the orgar | nization | answered ' | Yes" on F | orm 990, | Part I | V, line 34 be | ecause | it had one or | more | |
| (a) Name, address, and EIN of related organization | | (b) rımary actıvıty | | (c) Legal domicile (state or foreign country) | |) de section | (e) Public charity status (if section 501(c)(3)) | | (f) Direct controlling entity | | Section (13) co ent | ntrolled tity? |
| (1)AAHOA SCHOLARSHIP FUND 1100 ABERNATHY ROAD SUITE 725 | SCHOLARSHI | Ţ | | GA | 501C3 | | 12C | | AAHOA | | Yes | No |
| ATLANTA, GA 30328 31-1529885 | | | | | | | | | | | | |
| (2)AAHOA CHARITABLE FUND 1100 ABERNATHY ROAD SUITE 725 | CHARITY SU | SU | | GA | | | 12C | | ААНОА | | | No |
| ATLANTA, GA 30328 45-3039286 | | | | | | | | | | | | |
| (3)ASIAN AMERICAN HOTEL OWNERS PAC 228 S WASHINGTON STREET SUITE 115 | LOBBYING | | | VA | 527 | | | | AAHOA | | | No |
| ALEXANDRIA, VA 22314 54-1913382 | | | | | | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Forn | ո 990. | | Ca | t No 50135 | Y | | | | Scho | edule R (Form | 990) 2 | 018 |

| (a) address, and EIN of ted organization | | (state or foreign country) | controlling entity | income(rela unrelated excluded fr tax unde sections 51 514) | d, rom r | ne end-of-year assets | alloca | rtionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | parti | ner? | Percent owners | | |
|--|---|--|---|--|--|--|---|--|--|--|---|--|-----|-----------------------------------|
| | | | | | | | Yes | No | | Yes | No | | | |
| | | | | | | | | | | | | | | |
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| ations Taxable as a C rganizations treated as | Corporation a corporation | or Trus on or tru | it Complete st during th | l if the organe tax year | anızatıon an | swered "Yes | on Fo | l orm 99 | l 90, Part IV, | line | 34 | | | |
| (b) Primary activity | (c) Legal domicile (state or foreign country) | | Legal domıcıle (state or foreign | | | | (e) Type of entity C corp, S corp, or trust) | (f) Share of total income | | year | of- Perce | ntage | (13 | (i) ction ! 3) con entit |
| | | | | | | | | | | | | res | | |
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| | rganizations treated as | (b) Primary activity Compared to the composition of the composition | (b) (c) Primary activity Legal domicile (state or foreign | (b) Primary activity (c) Legal domicile (state or foreign | (b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (d) Direct controlling entity | (b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) | (b) (c) (d) (e) (f) Share of total domicile (state or foreign | (b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (f) Share of total income | (b) (c) (d) (e) (f) (g) (Primary activity Legal domicile (state or foreign (state or for | (b) (c) (d) Type of entity C corp, S corp, or trust) (state or foreign (state or foreign (c) (dd) (e) (f) (f | (b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign (state or foreign (state or foreign)) (d) (e) (f) (f) (g) (h) Share of end-of-gentity (f) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (h) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | |

| Part V Transactions With Related Organizations Complete if the organization answered "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 | Ye | s No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | \top |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1 i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k 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) | 11 | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| 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 | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q Ye | s |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

| k 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) \ldots | | | | 11 | No |
| f m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \dots \dots | | | | 1n | No |
| o Sharing of paid employees with related organization(s) | | | | 10 | No |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | No |
| ${f s}$ Other transfer of cash or property from related organization(s) | | | | 1s | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | e, including covered r | elationships and tra | nsaction thresholds | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount involve | ∍d |
| (1)ASIAN AMERICAN HOTEL OWNERS PAC | Q | 52,866 | FMV | | |
| | | | | | |
| | | | | | |

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

| was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|---------------|-----|---|---|--|----------------------------------|----|---|---|------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | sections 512- | | (e) e all partners section 501(c)(3) ganizations? | Share of total income (g) Share of end-of-year assets | | (h) Disproprtionate allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | <u> </u> | | Yes | No | | Yes | No | \ |
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