DLN: 93493174015120 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 01-01-2019 , and ending 12-31-2019 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 \$ 17,470,525 Name and address of principal officer H(a) Is this a group return for CECIL P STATON □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) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) (6) ◀ (insert no) **H(c)** Group exemption number ▶ Website: ► WWW AAHOA COM L Year of formation 1990 M State of legal domicile GA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities AAHOA'S MISSION IS TO ADVANCE AND PROTECT THE BUSINESS INTERESTS OF HOTEL OWNERS THROUGH ADVOCACY, INDUSTRY LEADERSHIP, PROFESSIONAL DEVELOPMENT, MEMBER BENEFIT, AND COMMUNITY ENGAGEMENT 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 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 413 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 276,680 b Net unrelated business taxable income from Form 990-T, line 39 7b 173,412 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 9,226,357 10,407,408 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 263,219 335,353 4,078,017 4,137,264 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,567,593 14,880,025 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). 219,872 333,366 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) 3,601,475 3,986,097 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) . 8,911,474 10,850,505 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 12,732,821 15,169,968 19 Revenue less expenses Subtract line 18 from line 12 . 834,772 -289,943 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 22,373,256 22,929,784 13,936,286 21 Total liabilities (Part X, line 26) . 13,858,774 22 Net assets or fund balances Subtract line 21 from line 20 . 8,993,498 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 2020-06-17 Signature of officer Sign Here CECIL P STATON PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-06-22 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 (2019) Cat No 11282Y

Form	990 (2019)				Page 2
Pa	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	·		
		DVANCE AND PROTECT THE ENT, MEMBER BENEFIT, AND	BUSINESS INTERESTS OF HOTEL COMMUNITY ENGAGEMENT	OWNERS THROUGH ADVOCACY, 1	INDUSTRY LEADERSHIP,
2	Did the organization	undertake any significant pro	gram services during the year wh	ich were not listed on	
	the prior Form 990 o	r 990-EZ?			☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0		
3	Did the organization	cease conducting, or make si	gnificant changes in how it condu	cts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) an		nplishments for each of its three le 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 \$	ıncludıng 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 ►			
					Form 990 (2019)

12a

12b

15

16

17

18

Yes

Nο

No

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

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Pa	t IV 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
_	Data and the second of the sec			

Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 .

No Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8

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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

Nο No Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes 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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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 14b

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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 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 . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	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		
	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

Yes

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101

0

1c

1a 1b

No

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
				No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	·			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	_	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page
Par	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	lines 🗹
Se	ction A. Governing Body and Management			
1.5	Enter the number of voting members of the governing body at the end of the tax year 1a 33		Yes	No
14	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
Ь	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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)			
L6a	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L 7	List the states with which a copy of this Form 990 is required to be filed ► GA			
L8	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

19

20

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

Form 990 (2019)

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	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	ıd H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						,		
of compens	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensatio	n from t								e
	ions for the order in which to list	·									
☐ Check t	this box if neither the organization		d orgar	nızatı			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	Average hours per than one box, unless person week (list any hours director/trustee) Average hours position (do not check more hours per than one box, unless person compensation compensation organization		(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	MISC)	MISC)	related organizations
See Addition	al Data Table										
								_			
								_			
					1			l			

ORLANDO, FL 32819

UNIVERSAL CITY DEVELOPMENT PARTNERS,

compensation from the organization ▶ 5

1000 UNIVERSAL STUDIOS PLAZA

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (**F**) Estimated

Page 8

Section A. Officers, Direct	Ura, musicus	, icey	p.	o, c	,	anu	ı ııyı	icst con	препзик	d Employees (COTIET	nueu)		
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che inles ficer	s pers	son	Repo compe fror orgar	D) ortable ensation in the nization	(E) Reportable compensatior from related organizations) ated of other sation the		
	for related organizations below dotted line)	individi or dire	Institu	Officer	key employee	Highes	Former		/1099- (SC)	(W-2/1099- MISC)		organizat relat organiza	ed	
	inic)	Individual trustee or director	Institutional Trustee		apio) ee	Highest compensated employee								
		<u>រូ</u>	ustee.			ensated								
See Addıtıonal Data Table	tional Data Table													
1b Sub-Total						<u> </u>					\perp			
c Total from continuation sheets to Pa	art VII, Section	Α				•								
d Total (add lines 1b and 1c)						• duu (202,511	00.000			118,442	
of reportable compensation from the			e liste	eu ai	DOVE	=) WIIO	riec	erveu moi	ie tilali \$1	00,000				
												Yes	No	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J										employee on	3		No	
4 For any individual listed on line 1a, is										n the				
organization and related organizations individual	greater than \$	• •	•	res.	,	ompiet • •	:e Sc	neaule J	ror sucn		4	Yes		
5 Did any person listed on line 1a receiv									ion or indi	vidual for				
services rendered to the organization?		ete Scn	eauie) TO	rsu	cn per	rson	• •			5		No	
Section B. Independent Contractor Complete this table for your five higher from the organization Report compensation.	est compensate										npens	ation		
Name a	(A) and business addre								Desc	(B) ription of services		(C Comper		
PADRES LP									EVENT RENT	ΓAL		·	400,398	
100 PARK BOULEVARD SAN DIEGO, CA 92101														
CLIFTONLARSONALLEN LLP									ACCOUNTIN	G			312,616	
220 S 6TH STE 300 MINNEAPOLIS, MN 55402									CORRORATE	EVENT			107.764	
SHRI BALAJI ENTERTAINMENT, 7664 COMMROW STREET UNIT 105 KISSIMMEE, FL 34747									CORPORATE				187,764	
											132,818			

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

129,664

EVENT RENTAL

		(2019)	of D) avanua						Page 9
Part	VII				a respo	onse or note to anv	line in this Part VIII			🗆
		5.151.1.151.161		<u> </u>	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1	a Federated campa	aigns		1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s .		1 b					
ري س		c Fundraising even	its .	•	1c					
ifts, ar A		d Related organiza	tions	5	1d					
s, G mi≓		e Government grants			1e					
ion r Si		f All other contribution and similar amounts	ns, g s not	ıfts, grants, ıncluded	1f					
ibut		above g Noncash contributio	ns in	cluded in						
Contra		lines 1a - 1f \$			1 g					
ة ت		h Total. Add lines :	1a-1	f	•	>				
	٦.	CONVENTION & REGI	I ON A I	MEETING		Business Code	6,550,114	6,550,114		
<u> </u>		-	CITAL	LIMELTING		721110				
ven	Ŀ	DUES AND SUPPORT				721110	3,125,150	3,125,150		
ր 5		LIFETIME MEMBERSH	IIP RE	VENUE		721110	687,010	687,010		
Program Service Revenue	_	EDUCATIONAL PROG	DAM I	DEVENUE		-	45,134	45,134		
8		EDUCATIONAL PROGR	NAPLI	REVENOL		721110	,	·		
grar	6	•				1				
Ĕ	۔ ا									
		All other program Total. Add lines 2				10,407,408				
		Investment income					T			
	!	sımılar amounts) . Income from ınvest	•			•	-			319,485
							2 706 511	L		3,796,511
				(ı) Re	al	(II) Personal				
	62	a Gross rents	6a							
	b	Less rental expenses	6b				1			
	С	Rental income					-			
		or (loss)	6c	(1)			_			
	'	d Net rental income	or ((ı) Secur		(II) Other	1			
	7a Gross amount from sales of 7a 2,606,368						1			
		assets other than inventory	74	2,	606,368	3				
	ь	Less cost or	7b	2	F00 F00		1			
		other basis and sales expenses		۷,	590,500					
	С	Gain or (loss)	7c		15,868	3				
	,	d Net gain or (loss)	•				15,868	3		15,868
a e	88	Gross income from fu (not including \$	ındraı	ısıng events of						
en		contributions reported See Part IV, line 18			8a					
Re	ı	b Less direct expen	ses		8b		-			
Other Revenue	,	c Net income or (los	s) fr	om fundrais	sing ev	ents				
	9a	Gross income from								
		See Part IV, line 19			9a					
	l	Less direct expen			9b	TAC .	J			
	ľ	a receme or (103	, 3) II	om gaming		nes ▶	1			
	10	aGross sales of invertering and allowards	entor ances	y, less	10a					
	ı	b Less cost of good	s sol	d	10b		1			
	٠	Net income or (los			invent		_			
	11	Miscellaneo La _{TODAY'} S HOTELII		evenue		Business Code 54180	0 309,934	33,254	276,680	
		IODAL 3 HOTELL	∟ I\			1		33,23	,	
	ı	MISCELLANEOUS	INCO	DME		72111	0 30,819	30,819		
	، ا									
		A All and								
	'	d All other revenue e Total. Add lines 1				▶				
		2 Total revenue. S					340,753	3		
		- rotal reveilue, 5	ce III	.5G aCCIONS	• •	· · · · •	14,880,025	10,471,481	276,680	4,131,864 Form 990 (2019)

For	m 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		· · · · —
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	333,366			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	389,582			
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	2,912,225			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	124,315			
9	Other employee benefits	334,916			
10	Payroll taxes	225,059			
11	Fees for services (non-employees)				
	a Management				
ı	Legal	73,631			
	a Accounting	318,065			
(il Lobbying	242,150			
	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	14,252			
9	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	338,277			
12	Advertising and promotion	4,597			
13	Office expenses	110,826			
14	Information technology	53,367			
15	Royalties				
16	Occupancy	362,051			
17	Travel	1,035,130			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,592,528			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	279,591			
23	Insurance	52,033			
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	3,299,881			

Form **990** (2019)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Accounts receivable, net

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Cash-non-interest-bearing

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities See Part IV, line 11 .

Investments—program-related 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

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Capital stock or trust principal, or current funds . .

Total liabilities and net assets/fund balances .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > 🔲 and

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

Retained earnings, endowment, accumulated income, or other funds

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Inventories for sale or use . .

Savings and temporary cash investments . .

Check if Schedule O contains a response or note to any line in this Part IX

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

2,647,540

1,779,252

(B) End of year 7,042,147 451,739

Beginning of year

6,865,620

163,083

212.108

397.211

674,370

844,476

3,665,355

9.285.033

266,000

671,067

50.000

602,335

13.858.774

8.514.482

8,514,482

22,373,256

22,373,256

12.535.372

1

2

3

4

5

6

7

8

9

10c

11

12 13

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22 23

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Page **11**

139.303

637,650

868,288

5,153,464

8.576.174

61,019

746,237

25.000

22,929,784

12.604.018

561.031

13.936.286

8,993,498

8,993,498

22.929.784

Form 990 (2019)

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 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 58-1906959

Form 990 (2019)

Form 990, Part III, Line 4a:

HOTEL INDUSTRY THOUSANDS OF MEMBERS AND NON-MEMBERS ATTENDED THIS YEAR'S CONFERENCE IN SAN DIEGO, CA

AAHOA ORGANIZES ONE OF THE LARGEST AND MOST INFLUENTIAL ANNUAL CONFERENCES AND TRADE SHOWS IN THE COUNTRY TO EDUCATE HOTEL OWNERS IN THE

Name: ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC.

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

AAHOA HAS AN INNOVATIVE EDUCATIONAL SEMINAR PROGRAM THAT INCLUDES FEATURES SUCH AS E-LEARNING, A CERTIFICATE IN HOTEL OWNERSHIP READ NOT A CERTIFICATION PROGRAM, AND SUPPORTS HOSPITALITY SCHOOLS THAT ADDRESS ISSUES FROM FINANCIAL MANAGEMENT TO BEST INDUSTRY PRACTICES.

Form 990, Part III, Line 4c:

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

and Independent Contractors

VP OF MEMBER

ALICIA MADDOX

BUSINESS DEV

CECIL P STATON

PRESIDENT &

CHIP ROGERS

PRESIDENT &

IMM PAST CH

DIRECTOR AT

LINA PATEL CHO

HITESH HP PATEL CHA CHO

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

	,	. /						(1)	(11)	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RACHEL HUMPHREY COO	40 00	×		×				308,722	0	34,261
JAMES JENKINS SVP OF SALES	40 00					х		205,707	0	30,344
CHIRAG K SHAH VP OF GOVERN	40 00					х		194,533	0	8,538
KATHRYN STONE CHIEF OF STA	40 00					x		135,122	0	12,683
GEETIKA TANGRA	40 00					х		119,974	0	25,767

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120,282

55,493

25,367

3,310

1,322

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5,984

865

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32 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation 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

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

	formulated		u un			uscec,	<i>'</i>	(14/ 2/1000	(14/ 2/1000	arannization 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	
NIMISHA PATEL CHO DIRECTOR AT	1 00	×						1,322	0	0	
JAGRUTI PANWALA CHAIRWOMAN	1 00	x		x				1,322	0	0	
PURVI PANWALA DIRECTOR AT	1 00	х						1,322	0	0	
JAYESH JAY PATEL CHA DIRECTOR AT	1 00	×						1,310	0	0	
				-	-						

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JAYESH JAY PATEL CHA
DIRECTOR AT
MIKE RIVERSIDE CHO CHA
SOUTH PACIFI

GIRISH GARY PATEL CHO CHA CHIA

.......

MAYUR MIKE PATEL CHO CHIA

SUNIL B PATEL CHO CHA CHIA

ARKANSAS REG

NORTH TEXAS

MID-SOUTH RE

FLORIDA REGI

VICE CHAIRMA

BHARAT PATEL CHO

BIRAN PATEL CHO

and Independent Contractors

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

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

	1 (11)	1		 ,,, c.	ascec,	, ,	(14, 2,4,000	(144 - 2/4 000	1 110111 (110
	for related organizations below dotted line)		Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHETAN CHET PATEL CHO SOUTH CAROLI	1 00	×					1,310	0	0
HITEN PATEL CHO NORTHWEST RE	1 00	×					1,310	0	0
IMESH VAIDYA CHO SOUTHWEST RE	1 00	1 1					1,310	0	0
JAYESH R PATEL CHO NORTHEAST RE	1 00	1 1					1,310	0	0
KALPESH M JOSHI CHO	1 00	1 1					1,310	0	0

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SOUTHWEST RE
JAYESH R PATEL CHO
NORTHEAST RE
KALPESH M JOSHI CHO
UPPER MIDWES

SANJAY SAM PATEL CHO

MID ATLANTIC

SOUTHEAST TE

FAHEEM KHAN

IMM PAST CHA

NORTH PACIFI

GEORGIA REGI

KAMALESH KP PATEL

KAPIL P KEN PATEL

SAWAN PATEL CHO

and Independent Contractors

(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

BHAVESH N PATEL

CENTRAL REGI

AKSHAT PATEL

NORTH CAROLI

HITESH PATEL

CENTRAL MIDW

MIRAJ S PATEL

DIRECTOR AT

DIRECTOR AT

SANDIP PATEL

WASHINGTON D

PRASHANT PATEL

	ally flours	l allu	a un	ecto	ון עו	ustee	,	Organization	Organizations	organization and related organizations	
	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)		
MIKE PATEL SOUTH CENTRA	1 00	×						1,310	0	0	
NISHANT NEAL PATEL SECRETARY	1 00	×		х				1,310	0	0	
PIYLISH PATEI	1 00										

SECRETARY	••••••	X	Х		1,310	0	
PIYUSH PATEL	1 00	l			1,310	0	l
DIRECTOR AT							
VINAYKUMAR VINAY PATEL	1 00	🗸	x		1.310	0	n
TREASURER				1,310			

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1,203

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1 00

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...............

and Independent Contractors (A) Name and Title

SANJAY M PATEL

ALABAMA REGI

NICK ZAVER

GULF REGION

hours per week (list any hours for related organizations below dotted line)	
 1 00	
1 00	ŀ

.

(B)

Average

person is both an officer and a director/trustee) Institutiona

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Х

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

(C)

Position (do not check more

than one box, unless employee

compensation from the organization (W-2/1099-MISC)

(D)

Reportable

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493174015120

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

Complete if the organization is described below. Attach to Form 990 or Form 990-F7

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Go to <u>www.irs.qov/Form990</u> 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

Inspection

	Section 501(c) (other than section t Section 527 organizations. Comple	b01(c)(3)) organizations. Complete Parts	s I-A and C below	Do not complete Part I-B	
		n Form 990, Part IV, Line 4, or Form 9	90-EZ. Part VI. Iır	ie 47 (Lobbying Activitie	es), then
		t have filed Form 5768 (election under s			
		t have NOT filed Form 5768 (election ur			
	e organization answered "Yes" o xy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy Tax	() (see separate ii	nstructions) or Form 99	0-EZ, Part V, line 35c
•	Section 501(c)(4), (5), or (6) organi				
Na	me of the organization IAN AMERICAN HOTEL OWNERS			Employer ide	entification number
	SOCIATION INC			58-1906959	
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		>	\$ 27,000
3	Volunteer hours for political camp	•			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	5).
1	Enter the amount directly expend	ded by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	ganization's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file Fo i	rm 1120-POL for this year?			☐ Yes 🗹 No
5	organization made payments. For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) /	ASIAN AMERICAN HOTEL OWNERS PAC	228 S WASHINGTON STREET SUITE 115 ALEXANDRIA, VA 22314	54-1913382		122,039
2					
3					
1					
-					
					_
; 	151222				
or F	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2019

1

2a

1 2

3

1

2

b

C Total

3

5

Part IV

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

SCHEDULE C, PART I-A, LINE 1

Volunteers?

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

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

Taxable amount of lobbying and political expenditures (see instructions)

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

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

b If "Yes," enter the amount of any tax incurred under section 4912

Form 5768 (election under section 501(h)). (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes | No

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

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

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

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

Explanation THE ORGANIZATION CONTRIBUTES TO MULTIPLE ORGANIZATIONS AND CANDIDATES WHO SUPPORT

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

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

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 by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Were substantially all (90% or more) dues received nondeductible by members?

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

(b)

Amount

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

_			7

Yes

Yes

1

2

1

2a

2b

2c 3

4

5

Schedule C (Form 990 or 990EZ) 2019

No

Nο

Nο

4,698,621

554,029

552,272

1,106,301

1,174,655

-68,354

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

As Filed Data -

DLN: 93493174015120

OMB No 1545-0047

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Schedule D (Form 990) 2019

Cat No 52283D

	me of the organization		Employer identification number
	AN AMERICAN HOTEL OWNERS SOCIATION INC		58-1906959
Pa	Organizations Maintaining Donor Advi Complete of the organization answered "Ye		r Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate value of contributions to (during year)		
1	Aggregate value of grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex	ors in writing that the assets held in donor adv clusive legal control?	vised funds are the
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	F	2b
С	Number of conservation easements on a certified histori	ıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
Ļ	Number of states where property subject to conservation	on easement is located 🕨	
;	Does the organization have a written policy regarding the		of violations,
	and enforcement of the conservation easements it hold	s?	☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(H)^2$	above satisfy the requirements of section 17	70(h)(4)(B)(ι)
)	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the		se statement, and
ar	the organization's accounting for conservation easement III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Ye	·	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	ii)Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	,	▶ \$
	Assets included in Form 990, Part X		·

d Equipment .

Sche	edule D (Fori	m 990) 2019										Page 2
Par	t IIII Or	rganizations M	aintaining Col	lections of	Art, Histor	ical Tre	asures	, or Other	Similar As	sets (c	ontinued)	
3		organızatıon's acq eck all that apply)	uisition, accessioi	n, and other re	ecords, check	any of th	e follow	ing that are a	significant u	se of its	collection	
а	☐ Pub	lic exhibition			d		oan or e	exchange prog	grams			
b	☐ Sch	olarly research			е		Other					
c	☐ Pres	servation for future	e generations									
4	Provide a Part XIII	description of the	organization's col	lections and e	xplain how th	ney furthe	r the or	ganization's e	xempt purpo	se in		
5	_	e year, did the org be sold to raise fur			,				nılar	☐ Yes	s 🗆 N	0
Pa	Co	or and Cust omplete if the ordine 21.			on Form 99	0, Part I	V, line	9, or reporte	ed an amou	nt on F	orm 990,	Part
1a		anization an agent on Form 990, Part		an or other int	ermediary fo	r contribu	itions or	other assets	not	☐ Yes	s 🗆 N	0
ь	If "Yes " e	explain the arrange	ement in Part VIII	and complete	the following	a table			Δ	mount		-
c	Beginning		emene m rare xiii	and complete	the following	g table		1c		- Inounit		_
d		during the year						1d				-
e		ons during the year	r					1e				_
f	Ending ba	lance						1f				_
2a	Did the or	ganization include	an amount on Fo	rm 990, Part)	X, line 21, foi	r escrow o	r custoc	dial account li	ability?	☐ Yes	s 🗆 No	_ D
b		explain the arrange							·	_		_
		ndowment Fun										
	Co	mplete if the or	ganızatıon ansv									
4_	D	-6 balanca		(a) Current y	year (b)	Prior year	(c) 1	Two years back	(d) Three yea	ırs back ı	(e) Four year	s back
	Contribution	of year balance .					+					
		nent earnings, gair	as and losses									
		cholarships	·							-+		
	Other expe	nditures for faciliti										
f		tive expenses .										
g	End of year	balance										
2	Provide th	ne estimated perce	ntage of the curre	ent vear end b	alance (line :	1a. colum	n (a)) he	eld as	1			
а		ignated or quasi-e	-	,	`	3,	(
ь	Permanen	nt endowment ►										
С	Temporari	rly restricted endo	wment ►									
-	The perce	ntages on lines 2a	, 2b, and 2c shou	ld equal 100%)							
3а	Are there organizati	endowment funds on by	not in the posses	sion of the org	ganization tha	at are hel	d and ac	lmınıstered fo	r the		Yes	No
	. ,	ted organizations						•			n(i)	
ı.	` '	ed organizations .			uurad ar Cit	odula DO		•			(ii)	
ь 4		n 3a(II), are the re In Part XIII the Inte	=		•					3	Ь	
		ınd, Buildings,			- chaowillellt	Tullus						
		mplete if the or			on Form 99	0, Part I	V, line	11a. See Fo	rm 990, Pa	rt X, lın	e 10.	
		n of property	(a) Cost or oth (investme	ner basis (b) Cost or othe) Accumulated (d) Book value	9
1a	Land											
b	Buildings											
С	Leasehold ı	mprovements				276	,248		71,775			204,473

2,371,292

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

663,815

868,288

1,707,477

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	orm 990. Part IV. lir	ne 11b.Se	e Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho	d of valuation -year market value
	ıl derivatives				
(3) Other _	NCOME GOVERNMENT SECURITIES	5,421,627			F
	Y TRADED CD'S	3,030,411			F
(C) FOREIGI (D)	N BONDS	124,136			F
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	8,576,174			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, lır	ne 11c. Se	ee Form 990,	Part X, line 13.
	(a) Description of investment		(1) Book value	(c) Method of valuation Cost or end-of-year market
(1)					value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets.	ours 000 Pout IV lus	- 11 - 0		
	Complete if the organization answered 'Yes' on Fo		e 110. Se	e Form 990, Par	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	imn (b) must equal Form 990, Part X, col (B) line 15)				
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fo			11f.See Form	
1.	(a) Description of lia		32001		(b) Book value
(1) Federal (2)	income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)			•	561,031
	or uncertain tax positions. In Part XIII, provide the text of		=		

Part XI

2

5

1

2

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

768,959

14,252

14,880,025

15,155,716

15,155,716

14,252

15.169.968

Schedule D (Form 990) 2019

14,865,773

Add lines 4a and 4b .

Add lines 2a through 2d . .

Return Reference

Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, but not 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 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

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

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

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

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

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

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

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

2e 3 14,252

768.959

4c

5

2e

3

4c

5

14,252

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

Page 5		chedule D (Form 990) 2019	Schedule D (F
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 58-1906959

Name: ASIAN AMERICAN HOTEL OWNERS
ASSOCIATION INC

ASSOCIATION INC

Supplemental Information Return Reference

ence Explanation

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 FOR ADVERTISING INCOME AS WELL AS PROXY TAXES RELATED TO ITS LOBBYING ACTIVITIES THERE IS NO ACCRUED TAX EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2019 THE ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTA IN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ASSOCIATIONS INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES, AND AS OF DECEMBER 31, 2019, THE ASSOCIATIONS FEDERAL TAX RETURNS REMAIN OPEN TO EXAMINATION FOR THE LAST THREE (3) YEARS

DLN: 93493174015120 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 (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(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
Part IV Supplemental Inform	nation. Provide the inform	nation required in Part I,	line 2; Part III, colum	nn (b); and any other additiona	al information.

4,000, DURING EACH CALENDAR YEAR, FOR SPONSORING INDUSTRY, ADVOCACY, OR COMMUNITY EVENTS WHICH SUPPORT AAHOA'S STRATEGIC PLAN IND 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

(a) Name and address of

BUSINESSES ENDING

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

Software ID:

(b) EIN

45-5046786

Software Version: **EIN:** 58-1906959

> Name: ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC

(d) Amount of cash (e) Amount of non- (f) Method of valuation

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance
AMERICAN HOTEL & LODGING	13-0432130	501C6	15,000			

21,287

ASSOC 1250 I ST NW STE1100 WASHINGTON, DC 20005

(c) IRC section

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

501C3

(g) Description of

(h) Purpose of grant

or assistance

SPONSORSHIP

SPONSORSHIP

(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 (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 93-0579589 501C3 21.287 SPONSORSHIP DOERNBECHER CHILDREN'S HOSPITAL 3181 S W SAM JACKSON PARK

SPONSORSHIP

29.021

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

501C3

58-1442185

ROAD

PORTLAND, OR 97239

7400 CITY VIEW DRIVE CHARLOTTE, NC 28212

HINDU CENTER

(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 20-5846705 501C3 5.001 SPONSORSHIP LPS OF USA INC 9005 OVERLOOK BLVD BRENTWOOD, TN 37027

MAKE-A-WISH FOUNDATION 82-0358049 501C3 28,000 SPONSORSHIP OF OREGON

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

2000 SW 1ST AVE SUITE 410 PORTLAND, OR 97201

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-5562308 501C3 20.000 SPONSORSHIP NEW YORK UNIVERSITY C/O MELISSA MALEBRANCHE

NEW YORK, NY 10012

PEDIATRIC CANCER RESEARCH 95-3772528 501C3 16,267

FOUNDATIO SPONSORSHIP 179932 SKY PARK CIR SUITE E

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

IRVINE, CA 92614

(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 (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLPSS 22-2899860 501C3 6.001 SPONSORSHIP 39 LYMON LOOKOUT DR

NEWARK, DE 19702

KENNESAW STATE 23-7034345 501C3 25,000

UNIVERSITY 1000 CHASTAIN ROAD MD 9101

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

KENNESAW, GA 30144

(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 (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5187068 501C3 16.267 SPONSORSHIP EAST VALLEY FIREFIGHTER CHARITIES PO BOX 5954

SPONSORSHIP

12.349

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

501C3

MESA, AZ 85211

110

JAMIE KIMBLE FOUNDATION

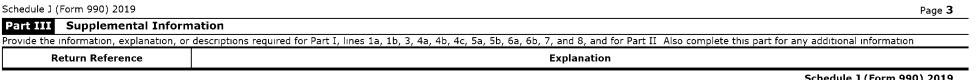
1850 E THIRD STREET SUITE

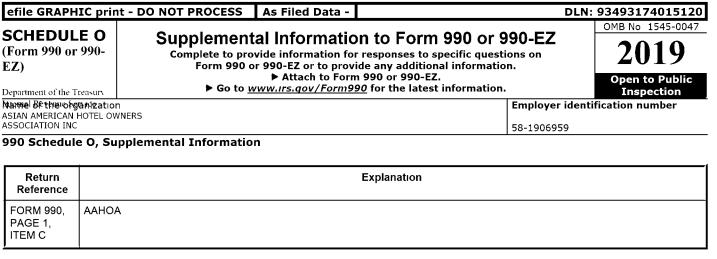
CHARLOTTE, NC 28204

47-4875177

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49317	74015	120				
Schedule J		Co	mpensati	ion Information	0	MB No	1545-0	0047				
(For	n 990)	For certain Officer										
		Complete if the orga	Compensa nization answ	ited Employees ered "Yes" on Form 990, Part IV	. line 23.	2019						
			▶ Attach	to Form 990.								
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.qov</u>	<u>/ Form990</u> tor	instructions and the latest inform	nation.	Open i Insp	ectio					
	me of the organiza				Employer identifica	tion nu	ımber					
	AN AMERICAN HOTE OCIATION INC	LOWNERS			58-1906959							
Pa	rt I Questi	ons Regarding Compensat	ion									
							Yes	No				
1a				the following to or for a person liste y relevant information regarding the								
		s or charter travel		Housing allowance or residence for	•							
	_	companions	님	Payments for business use of perso								
		nification and gross-up payments	님	Health or social club dues or initiation								
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	rreur, cner)							
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b						
2				or allowing expenses incurred by all	1-3	2						
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Lir	ne Ia?							
3				d to establish the compensation of the	he							
		EO/Executive Director Check all d organization to establish compe		OCT CHECK any boxes for methods CEO/Executive Director, but explain i	ın Part III							
	Compens	ation committee	✓	Written employment contract								
		ent compensation consultant	Z	Compensation survey or study								
		of other organizations	\checkmark	Approval by the board or compensa	ition committee							
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a							
а	_	ance payment or change-of-contr	rol navment?			4a		No				
b		r receive payment from, a supple		ified retirement plan?		4b		No				
С	•	r receive payment from, an equity	•	·		4c		No				
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Par	t III							
	Only E01/a\/3), 501(c)(4), and 501(c)(29)		must samplete lines F 0								
5			-	the organization pay or accrue any								
-		ontingent on the revenues of		o. gaza pa, o. a a. a,								
а	The organization	٦?				5a						
b	Any related orga					5b						
	-	5a or 5b, describe in Part III										
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any								
а	The organization	٦٦				6a						
b	Any related orga					6b						
_	•	6a or 6b, describe in Part III										
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixe rt III	a	7						
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8						
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9						
For F	Danerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule	(Forn	990)	2019				

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 instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (A) Name and Title (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 RACHEL HUMPHREY 308,722 (i) 14,406 19,855 342,983 C00 (ii) 2 JAMES JENKINS 205,707 (i) 10,094 20,250 236,051 SVP OF SALES (ii) 3 CHIRAG K SHAH 194,533 (i) 8,538 203,071 VP OF GOVERNMENT AFF (ii)





Return Explanation

FORM 990, PAGE 6, GES ARE AS FOLLOWS -CREATION OF A PAC FUNDRAISING CHAIR, ADDED TO AAHOA CHAIR'S JOB DESCR
PART VI, IPTION (PROPOSED IN NOVEMBER, ADOPTED IN FEBRUARY 2020) -CREATION OF A 22ND REGION GREATE
LINE 4 R LOS ANGELES AREA -A PROPOSAL TO MODIFY THE VOLUNTEERS TRAVEL REIMBURSEMENT POLICY TO MAT CH THE JOB DUTIES OF DIVISION DIRECTORS -NATIONAL COMMUNITY EVENTS SPONSORSHIPS -INCREASE ANNUAL MEMBERSHIP DUES TO 199

Return Explanation Reference

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

PART VI. LINE 6

990 Schedule O, Supplemental Information

Return Explanation
Reference

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

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	AFTER THE 990 RETURN IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM, THE FORM IS REVIEWE
PAGE 6,	D BY DR CECIL STATON, THE PRESIDENT & CEO ONCE THE FORM HAS BEEN EXAMINED, INCLUDING ACC
PART VI,	OMPANYING SCHEDULES AND STATEMENTS, AND IS DEEMED TO BE TO THE BEST OF THIER KNOWLEDGE AND
LINE 11B	BELIEF TO BE TRUE, CORRECT, AND COMPLETE, DR CECIL STATON SIGNS THE ELECTRONIC FILING AU
	THORIZATION AND SUBMITS IT TO BROOKS, MCGINNIS & COMPANY TO BE ELECTRONICALLY FILED BY THE
	FIRM

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

Return Explanation
Reference

FORM 990, ANNUAL COMPENSATION OF THE CEO IS DETERMINED BY THE OFFICERS SUBJECT TO CONFIRMATION OF TH PAGE 6, E BOARD OF DIRECTORS COMPENSATION PACKAGES INCLUDING SALARY AND EMPLOYEE BENEFITS IS DETE RMINED TO BE INDUSTRY COMPARABLE IN AN ANNUAL EVALUATION PROCESS

Return Explanation
Reference

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

990 Schedule O, Supplemental Information Return Explanation

Reference

5,094 0 0 TOTAL 1,613,882 0 0

FORM 990,	SOFTWARE LICENSES 272,502 0 0 SPEAKER FEES 238,492 0 0 CREDIT CARD FEES 219,133 0 0 ENTERT
PART IX,	AINMENT 210,892 0 0 PROMOTIONAL GIVEAWAYS 198,836 0 0 PHOTOGRAPHY AND VIDEO 118,151 0 0 AD
LINE 24E	VERTISING COSTS 102,268 0 0 INCOME TAXES 74,269 0 0 BAD DEBT EXPENSE 61,513 0 0 OTHER EXPE
	NSE 57,668 0 0 TRAINING AND DEVELOPMENT 40,028 0 0 DECORATING 15,036 0 0 READERSHIP COSTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493174015120 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ASIAN AMERICAN HOTEL OWNERS ASSOCIATION INC 58-1906959 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.											
(a)	(b)	(c) (d)	(e)	(f) (g)						

Part II Identification of Related Tax-Exempt Organizarelated tax-exempt organizations during the tax year	tions. Complete if the order.	ganization answered	"Yes" on Form 990), Part IV, line 34 b	ecause it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) col	512(b) ntrolled ity?
(1)ASIAN AMERICAN HOTEL OWNERS PAC 228 S WASHINGTON STREET SUITE 115	LOBBYING	VA	527		ААНОА	Yes	No No
ALEXANDRIA, VA 22314 54-1913382							
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Cat No 5013	1 5Y		Schedule R (Forn	n 990) 20)19

(a)		(b)	(c)	(d)	(e)	(f)	(g)	1 4	h)	(i)	1	(j)	(
(a) Name, address, and EIN of related organization	f	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income	Share of	Disprop	rtionate tions?	Code V-UB amount in b 20 of Schedule K- (Form 1065	[Gen ox mai pai	ieral or naging rtner?	Perce
					514)			Yes	No	1	Yes	s No	1
												+	
												+	
							-				+		
		1	1				1	1	1				
Identification of Related Organ because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part I	V, lın	e 34	
		a corporati		st during th	(d) t controlling Ty entity (C o	(e)	(f) Share of total	Share	(g) of end- year assets	-of- Perc	V, lin (h) entage		(ı Section (13) coi
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((I Section 13) cor enti Yes
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal omicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti

Schedule R (Form 990) 2019		Pa	ge 3
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		Yes	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?			
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)	1 b		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)	1 e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		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

f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		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	\neg	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
		$\neg \uparrow$	

y	Sale of assets to related organization(s).	-9	l	'''
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		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
- 1	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
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
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, including covered relationships and transaction thresholds			
	(4)			

р	Reimbursement paid to related organization(s) for expenses				1 p	No
q	Reimbursement paid by related organization(s) for expenses				1q Yes	
r	Other transfer of cash or property to related organization(s)				1r Yes	
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	, 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 involved	<u> </u>
(1)AS	SIAN AMERICAN HOTEL OWNERS PAC	Q	56,855	FMV		_
(2)AS	SIAN AMERICAN HOTEL OWNERS PAC	R	122,039	FMV		
		i				

Schedule R (Form 990) 2019

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	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) Trganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2019

