TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared for	PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP 201 CALIFORNIA ST NO. 1700 SAN FRANCISCO, CA 94111
Prepared by	RSM US LLP 1555 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH, FL 33401
Form must be filed on or before	RETURN FORM 114A TO US AS SOON AS POSSIBLE.
Special Instructions	FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING



44 Montgomery Street, Suite 3900, San Francisco, CA 94104 O 415.848.5300 F 415.848.5353

WE HAVE PREPARED AND ENCLOSED YOUR 2018 FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS.

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN. RETURN FORM 114A TO US AS SOON AS POSSIBLE.

A COPY OF THE FORM IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING



44 Montgomery Street, Suite 3900, San Francisco, CA 94104 O 415.848.5300 F 415.848.5353

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP 201 CALIFORNIA ST NO. 1700 SAN FRANCISCO, CA 94111

PAIROJ:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

2018 CALIFORNIA FORM 199

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CHRISTOPHER CECIL MANAGER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP 201 CALIFORNIA ST NO. 1700 SAN FRANCISCO, CA 94111
Prepared by	RSM US LLP 1555 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH, FL 33401
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.
·	

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2015

Record of Authorization to **Electronically File FBARs**

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The forms 1114e was the distally signed

The form 114a may be digitally signed FACTITICA												
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)												
1. Owner last name or entity's legal name PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	r	2. Owner first name	3. Owner M.I.									
4. Spouse last name (if jointly filing FBAR - see instructions b	elow) 5	5. Spouse first name		6. Spouse M.I.								
I/we declare that I/we have provided information concerning2 (enter number of accounts) foreign bank and financial account(s) for the												
filing year ending December 31, 2018 to the preparer lis												
and complete; that I/we authorize the preparer listed in Part I												
Report of Foreign Bank and Financial Accounts (FBAR) based												
listed in Part II to receive information from FinCEN, answer in notwithstanding this declaration, it is my/our legal responsibil	•	=		• =								
to do so.	ity, not mat of the	preparer listed in Fatt II, to	uinely luc an inc	SAN II required by law								
10 40 55.												
7. Owner signature (Authorized representative if entity)	8. Date	9. Owner or entity T	N 10. T	IN a X EIN								
			l ty	ype b 🔲 SSN/ITIN								
	MM DD YYY	γ 941244384		c Foreign								
11. Spouse signature	12. Date	13. Spouse TIN	14. T									
			t	ype b SSN/ITIN								
Part II Individual or Entity Authorized to File FBAR on	MM DD YY		ett.	c L Foreign								
Part II Individual or Entity Authorized to File FBAR on 15. Preparer last name	i		17. Preparer	M.I. 18. Preparer PTIN								
15. Preparer last name	16. Preparer first	Iname	17. Fiepalei	IV.I. 10. Freparer Filin								
CECIL -	CHRISTOPH	IER		₽01877773								
19. Address	20. City		21. State	22. ZIP/postal code								
1555 PALM BEACH LAKES BLVD. SUI	 WEST PALM	BEACH	FL	33401								
23. Country 24. Preparer's (item 15) employer's (En	itity) name	25. Employer EIN	26. Preparer	's signature								
code												
US RSM US LLP		42-0714325										
· ·	-	ignature Authorization Re										
This record may be completed by the individual or entity gran	-	· · · · —	· -	•								
services. The completed record must be signed by the individual	duai(s)/entity drant	ling the authorization (Part I)	and the individ	Juai/entity that will file the								

FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

Rev. 10.7 May 21, 2015

09271108 146426 7783688

IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879EO for the latest information Internal Revenue Service Employer identification number Name of exempt organization PACIFIC ASIA TRAVEL ASSOCIATION 94-1244384 C/O COOPER, WHITE & COOPER, LLP Name and title of officer PAIROJ KIATTHUNSAMAI CFO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b 1a Form 990 check here 🕨 🛣 b Total revenue, if any (Form 990-EZ, line 9) ______2b 2a Form 990-F7 check here b Total tax (Form 1120-POL, line 22) _____ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here Form 8868 check here **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize RSM US LLP 06101 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗌 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return hat a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIM on the return's disclosure consent screen. kiathunsamai) Date > Officer's signature Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94539810513 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature 🕨 _

Date >

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

PACIFIC20180001

	Filing Name	PACIFIC	ASIA TRAVI	EL ASSOC	IATIO	ON		
S	ubmission Type	NEW					•	
				PIN	NOT	REQUIRED		
report. The E	-file system will	auto complete i	em 46,			the 3rd party preparer , 2019. An automatic ex		
This report file	ed late for the follo	wing reason (Ch	eck only one):					
ь. 🗆	Did not know	that I had to file						
с. 🗆	Thought accor	unt balance was	below reporting thr	eshold				
d. 🗀	Did not know	hat my account	qualified as foreign					
е. 🗀	Account state	ment not receive	d in time			•		
f. \Box	Account state	ment lost (Repla	cement requested)			•		
g. 🗆	Late receiving	missing required	account information	on				
h. 🗆	Unable to obta	ain joint speuse s	ignature in time					
i.	Unable to acc	ess BSA E-filing	system					
z	Other (please	provide explanat	ion below)					

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2018 Amended

Parti F	ier intormation		PAC.	TLTC	SOTS	υυυτ							
2 Type of filer													
a Individ	lual b Partnersh	ip c 🔲 Corp	oration (d 🗀	Consolic	lated e	X Fidu	ıciary or ot	ther - Ente	er type TAX	EXE	MPT ORG	
3 U.S. Taxpay	er Identification Numbe	3a TIN type	4 Fore	ign ider	ntification	(Compl	lete only if it	em 3 is not	applicable		5 Individual's date of birth		
9412443	84	√ a Type	e: 🔲	Passpor	t 🗀	Foreign TI	N 🔲 01	ther	_	MM/DD/YYYY			
	U.S. Identification omplete item 4	X EIN	b Num	ber									
	ASSOCI					ntry of Issuirst name			8 Middle	initial	8a Suffix		
	PER, WHITE &										•		
9 Mailing addr	ess (number, street, and	d apt. or suite r	10.)										
201 CAL	IFORNIA ST									<u> </u>			
10 City			11 State	12 ZII	P/Postal	Code	13 Count	try					
SAN FRA	NCISCO		CA	941	11		USA						
Yes No X b) Does the Yes No X Part II In	e filer have signature au Enter number of acc	ounts thority over but ounts ncial accou	t no financ	Do not ial inter Comp. I	complet est in 25 Part IV, ite	or more ems 34 ti	e financial hrough 43 f	accounts? or each pers	? son on who	ds of the infor	er has si	ign. authority.	
	71,899.		unknow	/n									
17 Name of fina BANGKOK	ancial institution in whice BANK	h account is he	eld										
18 Account nur 1524097	mber or other designation 3 2 4		g address 3 SIL	•		apt. or	suite no.)	of financia	l institutio	on in which acc	count is	held	
20 City BANGKOK		21 State,	if known	2		n posta 500	ıl code, if k	nown 23	Country HAIL	AND			
Signature	44a Check here	if this report	is complet	ted by a	a third pa	arty prej	parer and	complete t	he third p	arty preparer	section	1.	
44 Filer signatu The report w signed	re 45 Fil ill be electronically when filed	er title, if not re	porting a p	ersona	l accoun	t				46 Date (MM This date FBAR is	/DD/YY will auto-relectronic	fill when the sally signed	
Third Party	47 Preparer's last nam CECTL	e 48 First i		R	49 MI	50 Che self		51 TIN P0187	7773	51a TIN t	´' -	X PTIN Foreign	
Preparer Use Only	52 Contact phone no (561)697–178		3 Firm's r SM US)	,		54 Firm's TIN 42-0714325		54a TIN t	ype [X EIN Foreign	
-	55 Mailing address (n 1555 PALM BE				PALM		57 State				59 Country		

P	art II Continued - Infor	mation (on Financial Acc	our	nt(s) Owned Separately		FORM 114
Co	omplete a Separate Block	for Eac	h Account Own	ed S	Separately		
1	Filing for calendar 3-4 Check year	appropriate	Identification Number	6	Last Name or Organization Name		
	·	ver Identif	ication Number				
		•	ation Number		ACIFIC ASIA TRAVE		
			on number here:	C	O COOPER, WHITE	& COOPER, :	LLP
	94124	4384	•				
15	Maximum value of account during ca 3.9	ilendar year , 226 •	15a Amount Unknown	16	Type of account a X Bank b L	Securities c	Other - Enter type below
17	Name of Financial Institution in which CHINA MINGSHENG				*****		
18	Account number or other designatio 0104014210002561	1	9 Mailing Address (Num 21 JIANGU	ition in which account i	s held		
20	City BEIJING	2	1 State, if known		22 ZIP/Postal Code, if known 23	3 Country CHINA	
15	Maximum value of account during co	ılendar yeai	15a Amount Unknown	16	Type of account a Bank b _	Securities c	Other - Enter type below
17	Name of Financial Institution in whic	n account is	s held				
18	Account number or other designatio	n 1 :	9 Mailing Address (Num	ber,	Street, Suite Number) of financial institu	ition in which account i	s held
20	City	2	1 State, if known		22 ZIP/Postal Code, if known 23	3 Country	
15	Maximum value of account during co	ilendar yeai	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in whic	n account is	s held	J			
18	Account number or other designation	n 1:	9 Mailing Address (Num	ber,	Street, Suite Number) of financial institu	ution in which account i	s held
20	City	2	1 State, if known		22 ZIP/Postal Code, if known	3 Country	
15	Maximum value of account during c	ilendar yeai	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in whic	h account is	s held	.—			· -
18	Account number or other designation	n 1	9 Mailing Address (Num	ıber,	Street, Suite Number) of financial institu	ution in which account	is held
20	City	2	1 State, if known		22 ZIP/Postal Code, if known 23	3 Country	
15	Maximum value of account during c	alendar yea	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in whic	h account is	s held				
18	Account number or other designation	n 1	9 Mailing Address (Num	ber,	Street, Suite Number) of financial institu	ution in which account	is held
20	City	2	1 State, if known		22 ZIP/Postal Code, if known 2	3 Country	·· <u>····</u>
15	Maximum value of account during c	alendar yea	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in whic	h account is	s held				
18	Account number or other designation	n 1	9 Mailing Address (Num	iber,	Street, Suite Number) of financial institu	ution in which account	is held
20	City	2	1 State, if known		22 ZIP/Postal Code, if known 2	3 Country	· - · - ·
900	MO15 04-01-19				<u> </u>		-

EXTENDED TO NOVEMBER 15, 2019

Form **990**

832001 12-31-18

Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Form 990 (2018)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if PACIFIC ASIA TRAVEL ASSOCIATION Address |change C/O COOPER, WHITE & COOPER, LLP Name change 94-1244384 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final / (415)291-0330 201 CALIFORNIA ST 1700 2,681,881. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SAN FRANCISCO, CA 94111 H(a) Is this a group return Applica-F Name and address of principal officer: CHRIS BOTTRILL __Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? __JYes └__ No Tax-exempt status: ____.501(c)(3) X 501(c) 4947(a)(1) or 527) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: WWW.PATA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1952 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF PACIFIC ASIA Governance TRAVEL ASSOCIATION IS TO ENHANCE, ENCOURAGE AND ASSIST IN THE 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & n Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** o. Contributions and grants (Part VIII, line 1h) Revenue 2,799,073. Program service revenue (Part VIII, line 2g) 2,604,471. 4,195 22,175. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,252. 55,235. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,872,520 2,681,881. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 1,930,854 1,645,666. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,132,018. 1,031,255. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,062,872. 2,676,921. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960. -190,352. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,827,940. 1,664,484. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 995,285. 826,869 21 E E 832,655. 837,615 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this geturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other true, correct, and complete. Declaration of which preparer has any knowledge, Nov 2019 Signature of officer Date Sign PAIROJ KIATTHUNSAMAI, CFO Here Type or print name and title Date Print/Type preparer's name Preparer's signature ₽01877773 Paid CHRISTOPHER CECIL Firm's name RSM US LLP Preparer 42-0714325 Firm's EIN Firm's address 1555 PALM BEACH LAKES BLVD. SUITE 700 Use Only WEST PALM BEACH, FL 33401 Phone no. (561)697-1785 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2019)

Department of the Treasury

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or PACIFIC ASIA TRAVEL ASSOCIATION print C/O COOPER, WHITE & COOPER, LLP 94-1244384 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your return See 201 CALIFORNIA ST. NO. 1700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94111 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 1 0 Application Return Application Return is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 PAIROJ KIATTHUNSAMAI The books are in the care of ► 201 CALIFORNIA ST, STE 1700 - SAN FRANCISCO, CA 94111 Telephone No. \triangleright (415)291-0330 Fax No. If the organization does not have an office or place of business in the United States, check this box ______ > _ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this

box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and	EINs of all memb	ers the extens	ion is for.									
1	I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for												
	the organization named above. The extension is for the organization's return for: X calendar year 2018 or												
	tax year beginning, and ending		<u>.</u> .										
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period	Final return	ń										
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		<u> </u>										
	any nonrefundable credits. See instructions.	3a	\$	0.									
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and												
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	0.									
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by												
	using EFTPS (Electronic Federal Tax Payment System), See instructions.	3c	s	0.									
Caut	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see	Form 8453-EO ar	nd Form 8879.	EO for payment									

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF PACIFIC ASIA TRAVEL ASSOCIATION IS TO ENHANCE,
	ENCOURAGE AND ASSIST IN THE DEVELOPMENT OF THE TRAVEL AND TOURISM
	INDUSTRY THROUGHOUT THE PACIFIC ASIA AREA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 967,800 . including grants of \$) (Revenue \$ 1,872,384 .)
	COMMUNICATIONS: THROUGH THIS PROGRAM, THE ASSOCIATION PROVIDES
	EFFECTIVE, CUTTING-EDGE COMMUNICATIONS VEHICLES AND PUBLICITY
	OPPORTUNITIES.
	DEVELOPMENT. MILLS TO MILL MATH DISCUSINGS INTO MILDOUGY WILLS
	DEVELOPMENT: THIS IS THE MAIN BUSINESS UNIT THROUGH WHICH THE
	ASSOCIATION PROVIDES STRATEGIC LINKS BETWEEN AND AMONG THE PATA MEMBERS
	AND ASIA PACIFIC TRAVEL AND TOURISM PROFESSIONALS. THESE ACTIVITIES ARE
	CARRIED OUT MAINLY THROUGH MEMBERSHIP DEPARTMENT IN BANGKOK, REGIONAL
	OFFICES IN EUROPE, PACIFIC AND CHINA, AND REPRESENTATIONS IN NORTH AMERICA, ASIA AND THE GULF REGIONS. REGIONAL OFFICES ALSO ORGANIZE SOME
	REGIONAL EVENTS SUCH AS ITB, WORLD TRAVEL MARKET AND PARTICIPATE IN
	OTHER LOCAL TRADE SHOWS.
4b	400 000
40	(Code:) (Expenses \$ 402,277. including grants of \$) (Revenue \$ 715,253.) PATA TRAVEL MART, ADVENTURE TRAVEL AND RESPONSIBLE TOURISM CONFERENCE
	ARE TRAVEL TRADE SHOWS AND CONFERENCES THAT BRING TOGETHER PEOPLE
	INVOLVED IN ADVENTURE TRAVEL AND RESPONSIBLE TOURISM TO DISCUSS AND
	CREATE NEW OPPORTUNITIES FOR PROMOTING ENVIRONMENTAL PROTECTIONS AND
	SOCIAL SUSTAINABILITY WITHIN THE INDUSTRY.
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ 120,281. including grants of \$) (Revenue \$ 16,834.)
	RESEARCH AND INTELLIGENCE: PACIFIC ASIA TRAVEL ASSOCIATION HAS
	STRATEGIC INTELLIGENCE CENTER WHICH PRODUCES A SERIES OF RESEARCH
	PUBLICATIONS AND NEWSLETTERS ABOUT THE ASIA PACIFIC TRAVEL INDUSTRY.
	THESE VARY AND MAY INCLUDE COMPREHENSIVE REPORTS AND UPDATES FOCUSING
	ON KEY MARKETS FROM AROUND THE WORLD, STATISTICAL REPORTS, FORECASTS,
	ISSUES AND TRENDS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,490,358.
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PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP

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Part IV | Checklist of Required Schedules

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 $\overline{\mathbf{x}}$ 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 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, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX .11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 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 valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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 government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

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PACIFIC ASIA TRAVEL ASSOCIATION

C/O COOPER, WHITE & COOPER, LLP 94-1244384 Form 990 (2018) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ______ 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No O 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a

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

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

(gambling) winnings to prize winners?

Form 990 (2018)

Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
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 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		:							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		•							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X							
b	If "Yes," enter the name of the foreign country: ► THAILAND, CHINA	·								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
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								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>						
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>						
h										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?	_8_								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b								
- b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
ь 11	Section 501(c)(12) organizations. Enter:	.								
٠٠,	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against			`						
U	amounts due or received from them.)									
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
_	Note, See the instructions for additional information the organization must report on Schedule O.									
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1								
-	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand	1	1	·						
14a		14a		Х						
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									
15										
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
		_	~~~	(0010)						

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 7.	L									
	If there are material differences in voting rights among members of the governing body, or if the governing	7									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ									
b	Enter the number of voting members included in line 1a, above, who are independent	ıl 💮									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		;							
	officer, director, trustee, or key employee?	2		Х							
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5											
6											
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	x								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b	x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.									
	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b	х								
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		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1									
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х	<u> </u>							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a	A	X							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.		-								
	X Own website Another's website Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	PAIROJ KIATTHUNSAMAI - (415)291-0330										
	201 CALIFORNIA ST, STE 1700, SAN FRANCISCO, CA 94111			· ·							
		C	. 000	(2010)							

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

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

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

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

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

Check this box if heither the organization if	or arry related	urga	(I IIZ¢	ILIQIT	COL	iihei	ısaı	ed any current officer, o	illector, or trustee.	
(A)	(B)			_ ((?) `			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unie:	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	26, 211	420	1 0010)/irus	100)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	sard	ea l			sated		organization (W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	ruste	麗.		曼	mpeu		(17-27 1035 111100)		and related
	below	Individual trustee or director	institutional trustee	_	Key employee	stco	تقا			organizations
•	line)	Indivi	lgg B	Officer	Keye	Highest compensated employee	Former			_
(1) CHRIS BOTTRILL	0.50									
CHAIRMAN		X		X				0.	0.	0.
(2) AZIZAN NOODRIN	0.50									
VICE CHAIRMAN		Х	<u> </u>	X				0.	0.	0.
(3) MARIA HELENA DE SENNA FERNANDES	0.50									
SECRETARY/TREASURER		X		X	<u> </u>			0.	0.	0.
(4) SARAH MATHEWS	0.50					[
PAST CHAIRMAN		X	L	X				0.	0.	0.
(5) MARIO HARDY	0.50									
EX-OFFICIO		X		X				0.	0.	0.
(6) SULTAN AL MUTAWA AL DHAHERI	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) BERMANCE ALDIS	0.50						ļ			
BOARD MEMBER		Х						0.	0.	0.
(8) ROBERT BROWN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) BILL CALDERWOOD	0.50		l]		
BOARD MEMBER		X						0.	0.	0.
(10) STEPHEN CHANG	0.50]								
BOARD MEMBER		Х						0.•	0.	0.
(11) KORAKOT CHATASINGHA	0.50							_	_	
BOARD MEMBER		Х						0.	0.	0.
(12) KAYE CHON	0.50							_	_	_
BOARD MEMBER		Х			L			0.	0.	0.
(13) JOE Y. CHOU	0.50						1		_	_
BOARD MEMBER		Х						0.	0.	0.
(14) JENNIFER CHUN	0.50				ļ			_	_	_
BOARD MEMBER		X						0.	0.	0.
(15) AUDREY COOPER	0.50							_	_	_
BOARD MEMBER		Х		<u> </u>				0.	0.	0.
(16) JON NATHAN DENIGHT	0.50]		1				_	_	_
BOARD MEMBER		X	oxdot	$oxed{oxed}$	oxdot	\perp	<u> </u>	0.	0.	0.
(17) AJITH N. DIAS	0.50	1			1					
BOARD MEMBER		Х	<u>L</u> .	<u> </u>	<u></u>			0.	0.	0 ·
										E 000 (0040)

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	· · · · · · · · · · · · · · · · · · ·					
, ,	(A) (B)			•	C) :itior			(D)	(E)			(F)	
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable	.		imate	
	week	offic	, unie cer ar	ss pe id a d	erson Hrecto	r/trus	n an tee)	compensation from	compensation from related	1		ount c other	т
	(list any	tor			Ĭ			the	organizations	.		ensat	tion
	hours for	Individual trustee or director				R		organization	(W-2/1099-MIS			m the	
·	related	lee or	stee			usak		(W-2/1099-MISC)	•	´	orga	nizatio	on
	organizations	l trus	眶		ay e	9шо					and	relate	∌d
	below	vidua	Institutional trustee	늙	Key employee	Highest compensated employee	됟				orga	nizatio	ıns
-	line)	Indi	발	ОЩсег	Key	물등	Битег						
(18) CHOKI DORJI	0.50						l.			ا ۱			_
BOARD MEMBER		X	L		<u> </u>	_	_	0.		0.			0.
(19) FAEEZ FADHILILLAH	0.50									_			_
BOARD MEMBER		X			L			0.		0.			0.
(20) VINOOP GOEL	0.50			1				_		_ 1			
BOARD MEMBER		X			L			0.		0.			0.
(21) MICHAEL GOLDSMITH	0.50		٠.										
BOARD MEMBER		Х						0.		0.			0.
(22) ARNOLD T. GONZALES	0.50		1										
BOARD MEMBER		Х						0.		0.			0.
(23) SHAHID HAMID	0.50												
BOARD MEMBER		Х						0.		0.			0.
(24) RICK HAMILTON	0.50										-		
BOARD MEMBER		X				ļ		0.		0.			0.
(25) HAI VIET HO	0.50				T								
BOARD MEMBER	···	X						0.		0.			0.
(26) MATATAMALII SONJA HUNTER	0.50		 	 	1		1			\neg			
BOARD MEMBER		X						0.		0.			0.
1b Sub-total			-	·				0.		0.			0.
c Total from continuation sheets to Part V								0.		0.	0.		
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n							ho r	eceived more than \$100	000 of reportable				
compensation from the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ψ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			0
												Yes	No
3 Did the organization list any former officer,	director, or tra	ıste	e. ke	ev ei	mnlo	vee	. or	highest compensated e	molovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$15								•	-		4		X
5 Did any person listed on line 1a receive or a										•••••	1		
rendered to the organization? If "Yes," com							Ciai		iddal for 301 vioc3		5		X
Section B. Independent Contractors	picta Garicaar		<i></i>	30.1	DOI	3077		·····		••••			
Complete this table for your five highest co	mnonested in	don	ande	ant c	cont	racte	are i	that received more than	\$100,000 of com		ation f	om	
the organization. Report compensation for	•									perio	audiii	OIII	
(A)	are calcindar y	cai	CI ICI		*****	01 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B)	ycar.	-	(C	`	
Name and business	address	N	CMC	R				Description of s	ervices	Ċ	omper	, Isatior	1
				_			\dashv	· ·			•		
												•	
	,												

2 Total number of independent contractors (including but r	ot li	mito		the	امع	ster	d shove) who received a	ore than				
\$100,000 of compensation from the organi			. I II L	ru LL	≥ FI 1€	0	JIC	a above, who received th	,o.o man				
						•							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

832008 12-31-18

Part VII Section A. Officers, Directors, To	ustees, Key E			s, a			_	Compensated Employ	ees (continued)	
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and title	Average hours	(cl		Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ELLY HUTABARAT BOARD MEMBER	0.50	х						0.	0.	0.
	0 50	^	_	\vdash		_		0.	0.	<u> </u>
(28) TUNKU ISKANDAR BOARD MEMBER	0.50	х						0.	0.	0.
(29) DEEPAK RAJ JOSHI	0.50							-		
BOARD MEMBER	0.50	Х						0.	0.	0.
(30) MANJIN KIM	0.50									
BOARD MEMBER		Х						0.	0.	0.
(31) ANTHONY LAU	0.50	x						0.	0.	0
BOARD MEMBER	0 50	Λ	⊢	Н			i—	0.	0.	
(32) BENJAMIN LIAO BOARD MEMBER	0.50	x						0.	0.	0.
(33) JASON LIN	0.50		\vdash	\vdash						
BOARD MEMBER	0.50	X						0.	0.	0.
(34) JETRO NICOLAS F. LOZADA	0.50								· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER		X						0.	0.	0.
(35) VIKRAM MADHOK	0.50									
BOARD MEMBER		Х						0.	0.	0
(36) LUZI MATZIG BOARD MEMBER	0.50	x						0.	0.	0 .
(37) RICHARD MILLER	0.50	^		\vdash	\vdash	⊢		0.	0.	<u> </u>
BOARD MEMBER	0.50	X						0.	0.	0 .
(38) BASANT MISHRA	0.50	 	┢		H	1		-		
BOARD MEMBER	0.50	x						0.	0.	0.
(39) STEWART MOORE	0.50			Π						
BOARD MEMBER	0. 50	X	L			L		0.	0.	0
(40) DILEEP MUDADENIYA BOARD MEMBER	0.50	x						0.	0.	0.
(41) DARREN NG	0.50	122	┢			Н			0.	-
BOARD MEMBER	0.50	x						0.	0.	0.
(42) WILLEM NIEMEIJER	0.50		H		\vdash	T				-
BOARD MEMBER		x						0.	0.	O .
(43) HENRY OH, JR.	0.50									
BOARD MEMBER		Х			L	_		0.	0.	0
(44) SUMAN PANDEY	0.50	1					İ		_	_
BOARD MEMBER	0 50	X	\vdash	L	_	_	_	0.	0.	0
(45) GERAL PEREZ	0.50	١.,								_
BOARD MEMBER	 	X	₩	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(46) DUANGMALA PHOMMAVONG	0.50	\v_						_		0.
Total to Part VII, Section A, line 1c	.] X	<u> </u>					0.	0.	

Part VII Section A. Officers, Directors, T (A) Name and title	rustees, Key Er (B) Average hours per week (list any hours for related organizations below line)	stee or director	neck)) Pos	ind F C) sition that			Compensated Employ (D) Reportable compensation	ees (continued) (E) Reportable compensation	(F) Estimated amount of
	Average hours per week (list any hours for related organizations below		neck	Pos	ition		ly)	Reportable	Reportable	Estimated
	per week (list any hours for related organizations below						•,,,	00p00ao		announce of
	1 '	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) BERNADETTE ROMULO-PUYAT	0.50	.,						0	0	
BOARD MEMBER	2 50	X	<u> </u>		 		<u> </u>	0.	0.	0 .
(48) MOHAMED SALLAUDDIN H.J. MAT SA BOARD MEMBER	н 0.50	x						0.	0.	0 .
(49) KAREM SARP	0.50		┝	-	\vdash	\vdash		0.11		
BOARD MEMBER	0.30	Х						0.	0.	0 .
(50) JOHN SCHUBERT	0.50				\vdash					
BOARD MEMBER		Х	L					0.	0.	0
(51) DARRYL SCOTT	0.50									
BOARD MEMBER	0 50	X	_		<u> </u>	ļ		0.	0.	0
(52) LOUISE SCOTT	0.50	l								
BOARD MEMBER		Х	<u> </u>	<u> </u>	ļ		_	0.	0.	0
(53) AKBAR SHAREEF	0.50						ŀ			
BOARD MEMBER		X			╙	_		0.	0.	0
(54) LEA SIMPANEN	0.50							_	•	
BOARD MEMBER	1 2 50	Х	_		╄		┡	0.	0.	0
(55) PAUL SLOAN	0.50	X	İ					0.	0.	0
BOARD MEMBER (56) YUTHASAK SUPASORN	0.50	Λ			╁		\vdash	0.1	0.	U
BOARD MEMBER	- 0.50	x						0.	0.	. 0
(57) SCOTT SUPERNAW	0.50	Ë	\vdash		\vdash	\vdash	\vdash	•		
BOARD MEMBER	0.30	x			ĺ			0.	o.	0
(58) DATUK SERI MIRZA MOHAMMAD TAIY	A 0.50				十					
BOARD MEMBER .		х						0.	0.	0
(59) SUPAWAN TEERARAT	0.50				Т	Г				
BOARD MEMBER		Х						0.	0.	0
(60) SOKHOM THOK	0.50				П					_
BOARD MEMBER		X	<u> </u>		上	<u> </u>		0.	0.	0
(61) JENS THRAENHART	0.50	l							•	
BOARD MEMBER		Х	╙		上			0.	0.	0
(62) NGIRAIBELAS TMETUCHL	0.50	<u>۔۔</u> ا								_
BOARD MEMBER	2 50	X	┡		╄	_		0.	0.	0
(63) PHU CUONG TRAN	0.50	x						١ ,	^	,
BOARD MEMBER	0.50	1	⊢	┝	₩	-		0.	0.	0
(64) JOSEFA TUAMOTO BOARD MEMBER	0.50	x						0.	0.	. 0
(65) FANNY VONG	0.50	1	\vdash	\vdash	+	\vdash	\vdash	0.	· · · · ·	, · <u> </u>
BOARD MEMBER	0.50	x						0.	0.	0
(66) WAN MAHSURI WAN AHMAD KAMAL	0.50	+	\vdash	H	十	\vdash	\vdash			
BOARD MEMBER	""	$ \mathbf{x} $						0.	0.	0
		х						0.	0.	

Form 990 C/O COOP	ER, WHI	l.E	δć	CC	OF	<u>'L'</u>	ζ,	LLP	94-124	4384
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)	
(A)	(D)	(E)	(F)							
Name and title	(B) Average			(C Posi	ition			Reportable	Reportable	Estimated
	hours	(cl				арр	I۷ì	compensation	compensation	amount of
	per					-1-1-	-,,	from	from related	other
	wook					99.		the	organizations	compensation
	(list any	횽				oldu		organization	(W-2/1099-MISC)	from the
	hours for	ij				na pe		(W-2/1099-MISC)	. ,	organization
	related	10 99	뫓			usat				and related
	organizations	fust	Institutional trustee		yee	Highest compensated employee				organizations
	below	ignal	뵬	5 5	lg l	estor	Je.			_
	(list any hours for related organizations below line)	휼	linsti.	Officer	Key employee	High	Former			
(67) JIE WANG	0.50	 	_	_						
BOARD MEMBER		х						0.	0.	0
(68) CLEMENT WONG	0.50									-
BOARD MEMBER		Х	Ì					0.	0.	0
(69) HISAO YOSHIMURA	0.50	=	┢					3.		
BOARD MEMBER	J.J.	Х			i			0.	0.	0
(70) JERRY AGUS	0.50		\vdash					 		<u> </u>
BOARD MEMBER	— 3.30	x						0.	0.	0
(71) SATOSHI AKIHO	0.50	+-	\vdash	\vdash	\vdash	\vdash		 	J.	<u> </u>
BOARD MEMBER	0.50	Х		i				٥.	0.	0
BOARD MEMBER		Λ	┡		H			0.	V •	
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Form 990 (2018)

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP 94-1244384 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f Business Code 900099 **MEMBERSHIP** 602,729. 602,729 Program Service Revenue **EVENT REVENUE** 900099 715,253. 715,253. HUMAN CAPITAL DEVELOPM 135,549. 135,549. 900099 134,106. OTHER PROGRAMS 900099 134,106. STATEGIC INTELLIGENCE 16,834. 16,834. 900099 f All other program service revenue ,604,471 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,175. 22,175 other similar amounts) Income from investment of tax-exempt bond proceeds 5 (ii) Personal 6 a Gross rents

	contributions reported on line 1c). See											
	Part IV, line 18	а									1.7	
b		b										
С	Net income or (loss) from fundraising events								<u></u>			
9 a	Gross income from gaming activities. See									· · · ·		,
	Part IV, line 19	а										
b		b							l			
С	Net income or (loss) from gaming activities											
10 a	Gross sales of inventory, less returns				•							
	and allowances	а										
b	· · · · · · · · · · · · · · · · · · ·	b					*		, .			
c	Net income or (loss) from sales of inventory					l						
	Miscellaneous Revenue		Business Code									
44 5	OTHER INCOME		90009	55	235		55	235	1			

(ii) Other

(i) Securities

Other Revenue

55,235 681,881.2

b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of

assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)

including \$

d Net gain or (loss) 8 a Gross income from fundraising events (not

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2018) C/O COOPER, WHITE & COOPER, LLP 94

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		<u> </u>
	ot include amounts reported on lines 6b, Bb, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				1
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	1,624,070.	787,366.	836,704.	
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
•	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	٠			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)		•		
9	Other employee benefits	21,596.		21,596.	<u> </u>
10	Payroll taxes		-	· · · · · · · · · · · · · · · · · · ·	-
11	Fees for services (non-employees):				
	Management				
b	Legal				
С			·		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				ı
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	196,194.	120,862.	75,332.	
17	Travel	169,527.	77,703.	91,824.	
18	Payments of travel or entertainment expenses			•	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	05.050	14 002	12.060	
22 23	Depreciation, depletion, and amortization	27,952.	14,883.	13,069.	
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 0.)				:
а	DIRECT EXPENSES	310,640.	286,501.	24,139.	
b	PROFESSIONAL FEES	152,624.	95,612.	57,012.	
C	GENERAL & ADMIN. EXP.	104,819.	66,392.	38,427.	
d	EDP COST	61,938.	35,924.	26,014.	
е	All other expenses	7,561.	5,115.	2,446.	
25	Total functional expenses. Add lines 1 through 24e	2,676,921.	1,490,358.	1,186,563.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2018)

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<u>Par</u>	IX.	Balance Sheet					
		Check if Schedule O contains a response or note	to any line in this Part X	·			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,554,951.	1	1,411,529
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			89,029.	4	70,041
	5	Loans and other receivables from current and for			•		
- 1	•	trustees, key employees, and highest compensat		e			•
l		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifie					
	•	section 4958(f)(1)), persons described in section 4	•	1	•		
		employers and sponsoring organizations of section		butting			
ا م		employees' beneficiary organizations (see instr).		-		6	
Slasse	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·			7	
Š	7						
	8	Inventories for sale or use			75,697.	9	80,024
	9	Prepaid expenses and deferred charges	I		13,031.	9_	00,024
	าบล	Land, buildings, and equipment: cost or other	001	661			
			10a 881, 10b 778,	774	102,313.		102 000
		Less: accumulated depreciation			102,313.	10c	102,890
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	· · ·
-	13	Investments - program-related, See Part IV, line 1				13	
- 1	14	Intangible assets			F 050	14	
- 1	15	Other assets. See Part IV, line 11			5,950.	15	0
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal			1,827,940.	16	1,664,484
	17	Accounts payable and accrued expenses			102,400.	17	63,820
	18	Grants payable			18	46 500	
	19	Deferred revenue			77,398.	19	46,528
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D			21	
2	22	Loans and other payables to current and former					
		key employees, highest compensated employees	s, and disqualified perso	ns.	The second section of the second		* 1 LP3 PARKET ALC L MAY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelat	ed third parties		·	23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to related third		•		
		parties, and other liabilities not included on lines	17-24). Complete Part X	of			
		Schedule D			815,487.	25	716,521
	26	Total liabilities. Add lines 17 through 25			995,285.	26	826,869
		Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 🐰	and			
es		complete lines 27 through 29, and lines 33 and	i 34.		مستداد دار وولدائا والاستادات		
2	27	Unrestricted net assets			832,655.	27	837,615
3315	28	Temporarily restricted net assets		L		28	
Net Assets of Fund Balances	29	Permanently restricted net assets		. <u></u>		29	
Ē		Organizations that do not follow SFAS 117 (AS					
5		and complete lines 30 through 34.					V
ets	30	Capital stock or trust principal, or current funds	********************************	ľ		30	
2	31	Paid in or capital surplus, or land, building, or equ				31	
#	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			832,655.	33	837,615
	34	Total liabilities and net assets/fund balances			1,827,940.	34	1,664,484

Pai	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI				<u> [</u>	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	81	. 88	1.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6			
3	Revenue less expenses. Subtract line 2 from line 1	3		4	, 96	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	32		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				_
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	37	,61	.5.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> L</u>	<u>x</u>
	<u> </u>		_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	!a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				. <u></u>	
b	Were the organization's financial statements audited by an independent accountant?		_2	b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		1		
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					;
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		١		
	review, or compilation of its financial statements and selection of an independent accountant?		2	<u>.</u>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_	t		ŀ	
	Act and OMB Circular A-133?			Ba	_	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			⊢c	ırm 9	5U 12	ᄱᄞᅅ

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

 Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name of organization	on PACIFIC	ASIA TRAVEL ASSO	CIATION		Employer identification number
	<u> </u>	PER, WHITE & COOP	ER, LLP		94-1244384
Part I-A Co	mplete if the org	anization is exempt unde	r section 501(c) (or is a section 5	27 organization.
2 Political camp	aign activity expendit	ation's direct and indirect political ures gn activities			
Part I-B Co	mplete if the org	janization is exempt unde	r section 501(c)(3).	
1 Enter the amo	unt of any excise tax	incurred by the organization unde	r section 4955		. ▶ \$
2 Enter the amo	unt of any excise tax	incurred by organization manager	s under section 4955		▶ \$
		n 4955 tax, did it file Form 4720 fo			
h if "Yes " desci	rihe in Part IV				
Part I-C Co	mplete if the org	janization is exempt unde	r section 501(c),	except section	501(c)(3).
1 Enter the amo	unt directly expended	d by the filing organization for sect	ion 527 exempt funct	ion activities	.▶\$
2 Enter the amo	unt of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	
					.▶\$
		. Add lines 1 and 2. Enter here and			

		1120-POL for this year?			
made paymen contributions	its. For each organiza received that were pr	nployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provice	from the filing organiz separate political orga	ation's funds. Also e anization, such as a	nter the amount of pólitical
(a)	Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's contributions received and
	•				
		·			·

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

PACIFIC ASIA TRAVEL ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2018 (Part II-A Complete if the org						244384 Page 2
Part II-A Complete if the org section 501(h)).	anizatio	n is exer	npt under sectio	n suricital and the	ea Form 5766 (e)	lection under
	lan balan	as to on offil	inted group (and list in	n Part IV each affiliated	aroun momboric nam	o address FIN
expenses, and shan		-		r Part IV each annateu	group members nam	ie, address, cilv,
. — ' '			experiatures). Id "limited control" pro	ovisions anniv		
Limit	s on Lobi	bying Exper	ıditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	ieans amou	nts paid or incurred.	, ,	totals	
1a Total lobbying expenditures to influ	ience pub	lic opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	ience a lei	gislative boo	ly (direct lobbying)			_
c Total lobbying expenditures (add lin	nes 1a an	d 1b)				
d Other exempt purpose expenditure	es	4.414	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_
e Total exempt purpose expenditure:						
f Lobbying nontaxable amount. Ente	r the amo	unt from the	following table in bot	th columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e	,		
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.	•	
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		<u> </u>
Over \$17,000,000		\$1,000,0	000.			
		•				
g Grassroots nontaxable amount (en						· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						<u> </u>
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720	r	
reporting section 4911 tax for this	year?			***************************************	<u>l</u>	Yes No
/S	4		raging Period Under		of the five columns h	volovi
(Some organizations the			o i(ii) election do not ate instructions for li		or the live columns r	Jeiow.
		•	iditures During 4-Ye	<u> </u>		
		57.1.9 Expo.	idital oo Dariing 1. 10			
Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount					:	
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 C/O COOPER, WHITE & COOPER, LLP 94-1244384 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Networks:		MY what of the man and the second		
a Volunteers?			-	
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 5016	c)(5), or se	ction	
501(c)(6).		-,,(-,, -, -,		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3 Did the organization agree to carry over lobbying and political campaign activity expenditures			<u> </u>	Х
Part III-B Complete if the organization is exempt under section 501(c)(4),			ction	1
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ				ne 3, is
answered "Yes."	•	• •	•	·
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o				•
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of	dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin				
expenditure next year?	G 2	4	[
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	***************************************			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d group list); Par	t II-A, lines 1	and 2 (see	
•				
				
				
	School	dule C (Forn	990 or 99	0-EZ) 201

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

PACIFIC ASIA TRAVEL ASSOCIATION Name of the organization C/O COOPER, WHITE & COOPER, LLP

Employer identification number 94-1244384

Pai			Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	."	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
·	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization	• • • •	
-	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	•	L1
h	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
_	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		I !
3	Number of conservation easements modified, transferred, rel		···· — — — — — — — — — — — — — — — — —
•	year >	sacration by the community of the commun	,
4	Number of states where property subject to conservation eas	sement is located	•
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements if		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>		···
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation	n easements during the year
•	▶ \$	· · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		ů ů
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	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 tre		
	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

832051 10-29-18

		PER, WHITE							Page 2
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a sig	ınificant ı	use of its	collection	items
	(check all that apply):								
а	Public exhibition	ď		hange prograr	ns				
b	Scholarly research	е	Uther						
c	Preservation for future generations			•					
4	Provide a description of the organization's co		•	_			se in Parl	: XIII.	
5	During the year, did the organization solicit o							-	
-	to be sold to raise funds rather than to be ma							Yes	<u> </u>
Pat	t IV Escrow and Custodial Arran		te if the organizatio	n answered "\	Yes" on F	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							7	
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
	•							Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance					. 1f		T .	
	Did the organization include an amount on Fo							Yes	⊢ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII,						***********		
Par	't V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years		-, -		,-,	years back
1a	Beginning of year balance	178,500.	178,500.	1/8	,500.	1	78,500.		178,500.
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	178,500.	170 500	170	500		70 500		170 E00
g	End of year balance		178,500.	1	,500.		78,500.		178,500.
2	Provide the estimated percentage of the curr	rent year end balanc	- · · · · · · · · · · · · · · · · · · ·	a)) neld as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
C	Temporarily restricted endowment	<u>%</u>	•						
٥-	The percentages on lines 2a, 2b, and 2c sho						4!		
зa	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	na administer	ea for th	e organiz	ation	Г,	/ [N -
	by:								Yes No
	(i) unrelated organizations	*************************	***************************************					3a(i)	X
ь.	(ii) related organizations		ad an Cabadula D2	•••••		••••••	••••••	3a(ii)	
4	Describe in Part XIII the intended uses of the			•••••		••••••	• • • • • • • • • • • • • • • • • • • •	3b	
	t VI Land, Buildings, and Equipm		winent lungs.						
<u> </u>	Complete if the organization answere		Dart IV line 11a 9	See Form 990	Dart Y I	ine 10			
		(a) Cost or of				cumulate	٠	/d\ Daale	live
	Description of property	basis (investm	1 . ,	or other (other)		cumulate reciation	,u	(d) Book	value
	Land		10.1.4	(outor)	чер	· JOIATIOI I			
	Land						- -		
מ	Buildings		12	5,858.	ર	63,7	02.	62	7,156.
				7,188.		44,2			921.
	Equipment			8,618.		70,8			813.
	Other								890.
, 5.0	in the miles in integrit its (Southern Ja) most b	quant on nood, rart.	., Joidini (b), iii b						.,

Schedule D (Form 990) 2018

) (Form 990) 2018			COOPER,
Part VII	Investments -	<u>- O</u>	ther Se	curities.

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		ion: Cost or end-of-year market value
1) Financial derivatives	(,	(4)	
2) Closely-held equity interests			
3) Other			
(A)			·
(B)	_		· ·
(C)			
(D)			
(E) ·		ı	·
(F)			
(G)			·
(d)			
ital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
- ·	- F 000 D+ N/ E	- 44 - O F 000 B1	V. Para de
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, IIn (b) Book value	e 11c. See Form 990, Part	x, line 13. ion: Cost or end-of-year market value
	(b) DOOK Value	(C) Method of Valuati	ion. Cost of end-or-year market value
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9)			·
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part	X, line 15.
(a) D	escription		. (b) Book value
(1)	•		
(2)	•		
(3)			
(4)		,	
(5)			
(6)			
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990 Part IV lin	e 11e or 11f See Form 990	Part X line 25
f=1 F1 = = -f = 1 = - f = 1 = 1 = 1 = 1	· · · · · · · · · · · · · · · · · · ·	(b) Book value	7, Fatt X, 1110 20.
		1-1-0-011 1000	
ACTION OF THE PARTY AND THE AND	VANCE	487,297.	
		229,224.	
	177.7.7	443,444.	*
. (4)			41.1
(5)			, · · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			•
(9)			. :
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	716,521.	
Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote		
			tnote has been provided in Part XIII

Schedule D (Form 990) 2018

<u></u>	Pava	nue ner Aud	lited Einer	aci:	al Statemen	te With	Povenue
	C/0	COOPER,	WHITE	&	COOPER,	LLP	

Sche	dule D (Form 990) 2018 C/O COOPER, WHITE & COOPER	R, LLP	!	94-1	1244384	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Ro	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,681,	881.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
þ	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				0
	Add lines 2a through 2d			2e	0 601	0.
3	Subtract line 2e from line 1			3	2,681,	881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.) Add lines 4a and 4b					n
С 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	2,681,	881
	t XII Reconciliation of Expenses per Audited Financial Stater					001.
1,44	Complete if the organization answered "Yes" on Form 990, Part IV, line 12.		Aporticoo por	014		
1	Total expenses and losses per audited financial statements		Т	1	2,676,	921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a				
b	Prior year adjustments			1		
c	Other losses			7	•	
d	Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,676	921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-	·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		٠
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,676	921.
Pai	t XIII Supplemental Information.					
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			1; Part	X, line 2; Part)	ΚΙ,
	S ENDOWMENT FUND IS DESIGNATED FOR USE I	N THE CON	DUCT OF	TRA	VEL	
INI	DUSTRY EDUCATION AND TRAINING PROGRAMS.					
		•	•			
PAI	RT X, LINE 2:					
THE	E ASSOCIATION HAS ADOPTED THE ACCOUNTING	GUIDANCE	RELATED '	TO I	UNCERTA:	ΙΝ
TAX	C POSITIONS, AND HAS EVALUATED ITS TAX PO	SITIONS A	ND BELIE	VES	THAT AI	Ъ
OF	THE POSITIONS TAKEN BY THE ASSOCIATION I	N ITS FED	ERAL AND	ST	ATE EXE	 1PT
-	SANIZATION TAX RETURNS ARE MORE LIKELY TH		•		•	
	AMINATION.				·	
					<u> </u>	

	PACIFIC ASI	A TRAVEL	ASSOCIA	ATION	
Schedule D (Form 990) 2018 Part XIII Supplemental Info	C/O COOPER,	WHITE &	COOPER	, LLP	94-1244384 Page 5
Part XIII Supplemental Info	rmation (continued)				
		•			
	<u>-</u>				
					•
	· _ · _ · _ · _ · _ · _ · _ · _ · _ · _				
· · · · · · · · · · · · · · · · · · ·					
	· · · · ·				
					•
					
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				<u>-</u> -	
					<u> </u>
-				<u> </u>	
		. .		<u> </u>	
,					v
					
•					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PACIFIC ASIA TRAVEL ASSOCIATION

C/O COOPER, WHITE & COOPER, LLP

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number

94-1244384

Pa	rt I General Infor	mation on A	ctivities Ou	tside the United States.Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV				·	
1		-		ds to substantiate the amount of its gr		
	the grantees' eligibility for	or the grants or a	ssistance, and	the selection criteria used to award the	grants or assistance?	Yes L No
_	F	atte e tre Break Materia			ttth	
2		ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
2	United States.	no following Bort	l line 2 table o	on he duplicated if additional apage is	nooded \	
3	(a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		(f) Total
	(a) Hegion	offices	emplovees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to		for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
			ar the region		1.CONFERENCES AND	-
					MEETINGS ABOUT ENHANCING	
					THE SUSTAINABLE GROWTH,	
ASI	A	1	34	PROGRAM SERVICE	VALUE AND QUALITY OF	310,640.
						,
		ļ				
AME	RICA			INVESTMENT		44,641.
DYID	2.D.T		i	TANKE		F2 227
EUR	JPE	<u> </u>		INVESTMENT		52,227.
					·	
GUL	P .			INVESTMENT		883.
	<u> </u>	 				1
				i ·		
•						
CHI	NA	1	4	INVESTMENT		253,838.
						· .
	•				•	
ASI	A			INVESTMENT	1	1,871,310.
				·		
			_			
PAC	IFIC	1	1	INVESTMENT		121,786.
	,			·	•	
3 2	Subtotal	,	39	1		2,655,325.
	Total from continuation	<u> </u>			1 0	
	sheets to Part I	0	. 0			0.
c	Totals (add lines 3a					
	and 3b)] 2	39			2,655,325.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

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PACIFIC ASIA TRAVEL ASSOCIATION

94-1244384

Page 2

Schedule F (Form 990) 2018 C/O COOPER, WHITE & COOPER, LLP 94-1244384

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
					•	·	ļ	
						·		
	,							
								·
 Enter total number of recipient organizations listed s by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities 	recipient organization ch the grantee or cou other organizations o	Enter total number of recipient organizations listed above that are iby the IRS, or for which the grantee or counsel has provided a sec Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	tgmpt		
ı							Sched	Schedule F (Form 990) 2018

25

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP

Page 3

94-1244384

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2018

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 C/O COOPER, WHITE & COOPER, LLLF 94-1244364 Page	<u> 35</u>
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
PART I, LINE 3, COLUMN (E):	
REGION: ASIA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: 1.CONFERENCES AND MEETINGS	
ABOUT ENHANCING THE SUSTAINABLE GROWTH, VALUE AND QUALITY OF TRAVEL AND	
TOURISM TO-FROM-AND-WITHIN, THE REGION.	
2.PATA TRAVEL ANNUAL SUMMIT 2018 IN KOREA.	
3.PATA TRAVEL MART 2018 IN MALAYSIA.	
4.PATA ADVENTURE TRAVEL CONFERENCE AND MART 2018 IN UAE.	
5.PATA NEW TOURISM FRONTIERS FORUM 2018 IN THAILAND.	
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): REGION: ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION: 1.CONFERENCES AND MEETINGS ABOUT ENHANCING THE SUSTAINABLE GROWTH, VALUE AND QUALITY OF TRAVEL AND TOURISM TO-FROM-AND-WITHIN, THE REGION. 2.PATA TRAVEL ANNUAL SUMMIT 2018 IN KOREA. 3.PATA TRAVEL MART 2018 IN MALAYSIA. 4.PATA ADVENTURE TRAVEL CONFERENCE AND MART 2018 IN UAE.	
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

PACIFIC ASIA TRAVEL ASSOCIATION

Emple

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

C/O COOPER WHITE & COOPER Employer identification number 94-1244384

C/O COOPER, WHITE & COOPER, ELF 1244384
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT OF THE TRAVEL AND TOURISM INDUSTRY THROUGHOUT THE PACIFIC
ASIA AREA.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S MEMBERS APPOINT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE MEMBERS CAN VOTE ON THE INCOMING BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY
FOR REVIEWING THE ORGANIZATION'S FORM 990 RETURN(INCLUDING ALL PERTINENT
SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE, CHIEF EXECUTIVE
OFFICER, AND CHIEF FINANCIAL OFFICER FOR REVIEW PRIOR TO THE FILING
DEADLINE.
IN CONDUCTING THEIR REVIEW OF THE FORM 990, IT IS PREFERRED THAT THE AUDIT
COMMITTEE SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF REVIEW. HOWEVER,
IF THE AUDIT COMMITTEE DESIRES OR DEEMS IT NECESSARY TO CONDUCT A MORE
DETAILED REVIEW OF THE FORM 990, THEY WILL CONTACT THE PREPARER OF THE FORM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)
832211 10-10-18

Name of the organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP

Employer identification number 94-1244384

990 TO REQUEST COPIES OF THE RELEVANT DETAILED WORKPAPERS WHICH THEY WOULD LIKE TO REVIEW.

ONCE THE AUDIT COMMITTEE, CEO AND CFO HAVE COMPLETED THEIR INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED, IF NECESSARY, WITH THE TAX PREPARER(REGARDLESS OF WHETHER THE FORM 990 IS EXTERNALLY OR INTERNALLY PREPARED) TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AUDIT COMMITTEE.

THE PREPARER WILL MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS POSSIBLE TO ENSURE THAT THE RETURN IS FILED WITH INTERNAL REVENUE SERVICE ON A TIMELY BASIS.

AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AUDIT COMMITTEE AND FILED WITH THE INTERNAL REVENUE SERVICE, THE AUDIT COMMITTEE WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE FULL BOARD REGARDING ITS REVIEW OF THE FORM 990. DURING THIS MEETING, IT IS NOT REQUIRED THAT THE AUDIT COMMITTEE REVIEW ALL OF THEIR QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS; A SUMMARY OF THEIR MORE IMPORTANT POINTS WILL BE SUFFICIENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS DISTRIBUTED TO DIRECTORS, OFFICERS, AND KEY EMPLOYEES, WHO ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICTS ON AN ANNUAL BASIS. MANAGEMENT REVIEWS THE REPORTS AND ANY CONFLICT VIOLATIONS WOULD BE REPORTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Page 2 Employer identification number 94-1244384
THE PROCESS FOR DETERMINING COMPENSATION TO THE ORGANIZAT	ION'S OTHER
OFFICERS OR KEY EMPLOYEES INCLUDES COMPARABILITY DATA AND	OUTSIDE RESEARCH.
THE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIV	E BOARD COMMITTEE.
THE PROCESS FOR DETERMINING COMPENSATION TO THE ORGANIZAT	ION'S CEO,
EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT OFFICIALS INC	LUDES
COMPARABILITY DATA AND OUTSIDE RESEARCH. THE COMPENSATION	IS REVIEWED AND
APPROVED BY THE EXECUTIVE BOARD COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINA	NCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
·	
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	
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<u>·</u>	
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Employer identification number 94-1244384 Open to Public Inspection OMB No. 1545-0047 2018 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships PACIFIC ASIA TRAVEL ASSOCIATION ▶ Attach to Form 990. C/O COOPER, WHITE & COOPER, LLP Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Direct controlling End-of-year assets Total income ፱ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ŝ controlled entity? Yes × 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. Direct controlling PATA INE 9 ORGAN status (if section 501(c)(3)) Public charity e Exempt Code section 501(C)(3) ভ Legal domicile (state or foreign country) . CALIFORNIA FURTHER BDU. & TRAINING Primary activity ROGS FOR TOURISM For Paperwork Reduction Act Notice, see the Instructions for Form 990. PATA FOUNDATION, INC - 94-2955325 Name, address, and EIN of related organization 201 CALIFORNIA ST., # 1450 SAN FRANCISCO, CA 94111 Part II

Page 2

Schedule R (Form 990) 2018 C/O COOPER, WHITE & COOPER, LLP

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

(a)	(q)	(c)		ecodomina (6	1	(±)	(6)		<u> </u>	l	(3)	(K)
Name, address, and EIN of related organization	Primary activity	ceyal domicile (state or foreign country)	Direct controlling entity	Predomina (related, u excluded fro sections !	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropor allocatio	tionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	V-UBI	General or Permanaging or partner?	General or Percentage managing ownership partner? Yes No
	·											
											<u>.</u>	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	yanizations Taxable a	as a Corporting the tax	oration or Trust. Co year.	omplete if th	ıe organization	nanswered "Ye	s" on Form 99	30, Part IV, lir	ne 34, because	e it had one	e or more	e related
(a) Name, address, and EIN of related organization	Z c	Prìm	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	Section 512(b)(13) controlled entity?
	. :									-		
						·						
	:											
												
832162 10-02-18				33			_		S	Schedule R (Form 990) 2018	(Form	990) 2018

Page 3

PACIFIC ASIA TRAVEL ASSOCIATION Schedule R (Form 990) 2018 C/O COOPER, WHITE & COOPER, ILP

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Subsequent signal of the second signal of the second signal second signal second secon	:			ŕ	No.	ı
Note: Complete line i if any entity is listed in Palts II, III, or iv or unitable of many related organizations listed in Darte II.N/2	a cao a se out of the se	betail anoitationant betail	o Darte II.N.		-	.1 *
I Dulling the tax year, old the organization engage in any of the following transactions.	is will one of more is	iateu otganizations iisteu		4	×	1
Compared (i) meetest, (ii) an indicase, (iii) regarded (iii) regarded (iii)	······································			=	×	ı
b Gift, grant, or capital contribution to related organization(s)			***************************************	<u></u>	1	1
c Gift, grant, or capital contribution from related organization(s)				10	∢	1
d Loans or loan marantees to or for related ornanization(s)				10	×	
				<u> </u>	Þ	1
e Loans or loan guarantees by refated organization(s)				<u></u>	4	ī
				:		٠.
f Dividends from related organization(s)				#	X	
Sale of assets to related organization(s)				-	×	ı
			·		×	ı
h Purchase of assets from related organization(s)				=	4 •	1
i Exchange of assets with related organization(s)		***************************************		;=	×	ı
i Lease of facilities, equipment, or other assets to related organization(s)				Ţ	× —	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	X	1
Performance of services or membership or fundraising solicitations for rela	anization(s)			=	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	
Provided of facilities accomment mailing lists or other assets with related arranization(s)	tion(e)			,=	×	ı
					×	ı
o Sharing of paid employees with related organization (s)	***************************************			•	+	ı
- Deinstein and the solution of the formation of				£		
p neillibulsetifett palu (o leigieu organitzation) (s) for cyperises		***************************************			×	1
. q Heimbursement paid by related organization(s) for expenses				5	1	ľ
				+	×	
Other transfer of cash of property to related organization(s)				<u> </u>	×	ı
Other transfer of cash of property hour related organization(s)			and the second s	2		ı
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete ti	ns line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			ļ
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rvolveď		i
(1) PATA FOUNDATION, INC.	<u>р</u> .	20,000.	FMV			ı
6						
(7)						ı
(6)						ı
						l
(4)					•	J
(5)				:		ı
(9)						1
832163 10-02-18	34		Scheduk	Schedule R (Form 990) 2018	990) 2018	<u>∞</u>

Page 4

PACIFIC ASIA TRAVEL ASSOCIATION

C/O COOPER, WHITE & COOPER, LLP Schedule R (Form 990) 2018 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.

. o .	<u> </u>) I	 			[1	· •	ا م
(k) ercentagi ownership									Schedule R (Form 990) 2018
General or Finanaging partner?								.,	(Form
20 T	2		-						ule R
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)		,							Schedi
- %I o			-						
Disproportionate allocations?	3								
(g) Share of end-of-year assets	,						,		
									1
(f) Share of total income									
Sha to to									
(e) Are all partners sec. 501(c)(3) orgs.?	2	· · · · · · · · · · · · · · · ·							
(e) Are all partners sec. 501(c)(3)					,				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		ļ							
(d) inant ir i, unrel from ta is 512-									
redom relatec luded									
- G C					-				
(c) Legal domicile (state or foreign country)						·			
(c) gal domic ate or fore country)									
Leg (sta									
(b) ary activity Le									
(b) Primary activity									
ΙĒ									
P.									
	 								
e EIN									
(a) Name, address, and EIN of entity					$ \ \ \ $		$ \ \ \ $	$ \ \ \ $	
(a) addres of ent									
ame, s									
(a) Name, address, and EIN of entity									
				$ \ \ \ $			$ \ \ \ $		

2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP 201 CALIFORNIA ST NO. 1700 SAN FRANCISCO, CA 94111
Prepared by	RSM US LLP 1555 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH, FL 33401
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 BALANCE DUE \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE NOVEMBER 15, 2019.
	SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD.
	MAIL TO: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

800084 04-01-18

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941	12-12-1
FORM	1

199

Calendar Year	2018 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyy	/y)		•
Corporation/Or	ganization name		Cali	fornia corpo	ration n	umber
PACIFI	C ASIA TRAVEL ASSOCIATION					
C/0 CO	OPER, WHITE & COOPER, LLP			9791	493	
Additional infor	mation. See instructions.	-	FE	IN		
				94-1	244	384
Street address	(suite or room)			PMB no.		
201 CA	LIFORNIA ST, NO. 1700					
City			State	ZIP code		
SAN FR	ANCISCO		CA	9411	1	
Foreign country	name Foreign province/state/county			Foreign po	ostal co	de
						•
A First Retu	rn Yes X No J Ife	xempt under R&TC S	ection 237	01d, has t	he org	anization
B Amended	Return • Yes X No eng	gaged in political activ	/ities? See i	instruction	ıs	• 🔲 Yes 🔲 No
C IRC Secti	on 4947(a)(1) trust Yes X No K Is	the organization exem	npt under R	&TC Secti	on 237	701g? ● 🔲 Yes 🕱 No
D Final Info	rmation Return?	Yes," enter the gross i	receipts fro	m nonme	mber s	ources \$
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If C	organization is a public	c charity ex	empt und	er R&T	ic
		ction 23701d and me	ets the filin	g fee exce	ption, i	check
	counting method: (1) Cash (2) X Accrual (3) Other box	x. No filing fee is requ	ired			
F Federal re	nited Liabilii	ty Compai	ny?	• Yes X No		
	Other 990 series N Dio	d the organization file	Form 100 (or Form 10)9 to	
G Is this a g	proup filing? See instructions • Yes 🔀 No rep	ort taxable income?		,		• Yes X No
H Is this or		the organization unde				
lf "Yes," v	hat is the parent's name?	S audited in a prior ye	аг?			Yes X No
p.,	P ls:	federal Form 1023/10	24 pending	J?		Yes 🔀 No
	rganization have any changes to its guidelines Da	te filed with IRS				
	ted to the FTB? See instructions					
Part I	omplete Part I unless not required to file this form. See General Informati					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8				1	2,681,881 ₀₀
	2 Gross dues and assessments from members and affiliates				2	00
Receipts	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information			•	3	00
Receipts and Revenues	4 This line must be completed. If the result is less than \$50,000, see General Informa	tion B			4	2,681,881 00
	5 Cost of goods sold6 Cost or other basis, and sales expenses of assets sold	6		00		1 .
				00	- 1	· .
	7 Total costs. Add line 5 and line 6				7	2 601 001 00
Revenues	8 Total gross income. Subtract line 7 from line 4				8	2,681,881 ₀₀ 2,676,921 ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				10	2,676,921 ₀₀ 4,960 ₀₀
	10 Excess of receipts over expenses and disbursements. Subtract line 9 t	rom line 8			11	
Expenses	11 Total payments				12	00
	12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from				13	00
Filing Fee					14	00
rilling ree	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from li 15 Filing fee \$10 or \$25. See General Information F				15	10 00
	l				16	1000
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 f	rom the recult			17	10 00
	Under penalties or perjury. Tocaire that I have samined this return, including accompanit is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	lying schedules and state	ments, and t	o the best o	my Kh	owledge and belief.
Sign	It is true, correct, and complete. Declaration or preparer (other than taxpayer) is cased on	all information of which p	I Date	iny knowiec	ıy a ,	I ● Telephone
Here	Signature of officer CFC)	12	Nov :	A (A	415-291-0330
	of officer S	Date	Check	<u> </u>	LUIT	● PTIN
	Preparer's signature			nployed 🕒		P01877773
Paid		1			ســــا	● Firm's FEIN
Preparer's	Firm's name [cr yours, RSM US LLP]					42-0714325
Use Only	if self- employed) 1555 PALM BEACH LAKES BLVD.	SUITE 700	}			Telephone
our only	and address WEST PALM BEACH, FL 33401					(561)697-1785
	May the FTB discuss this return with the preparer shown above? See instru	ctions		• X	Yes	
. ———	1 2 diseased this return this property should account the month					

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP

94-1244384

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

		1	Gross sales or receipts from all t	ousiness activities. See instru	ıctions		•	1	00
		2	Interest				•	2	22,175 00
		3	Dividends	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	3	00
Rece	ipts	4						4	00
Receipts from 5 Gross rents 5 Gross royalties Other 6 Gross amount received from sale of assets (See Instructions) 7 Other income SEE STATEMENT 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 9 Contributions, gifts, grants, and similar amounts paid									00
Othe	r	6	Gross amount received from sal	e of assets (See Instructions)		•	6	00
Sour	ces	7	Other income			SEE STA	TEMENT 1 •	7	2,659,706 00
		8	Total gross sales or receipts from	m other sources. Add line 1 t	through	line 7. Enter here and o	n Side 1, Part I, line 1	8	2,681,881 00
		9						9	00
		10	Disbursements to or for membe	rs		***************************************	•	10	00
		11	Disbursements to or for membe Compensation of officers, direct	ors, and trustees		SEE STA	TEMENT 2 •	11	1,624,070 00
		12	Other salaries and wages	11041010000111			•	12	00
Expe	nses	13	Interest					13	00
and		14	Taxes					14	00
	urse-	15	Rents					15	196,194 00
meni		16	Depreciation and depletion (See	instructions)			•	16	27,952 00
		17	Depreciation and depletion (See Other Expenses and Disburseme	ente		SEE STA	темемт 3 •	17	828,705 00
			Total expenses and disburseme	nte Add line 0 through line 1	7 Enter	here and on Side 1 Pa	ort I line Q	18	2,676,921 00
Sch	nedu			Beginning o			Enc		able year
Asse				(a)	T	(b)	(c)	Т	(d)
				ν-/	 	1,554,951	1.7	_	• 1,411,529
			s receivable		<u> </u>	89,029			• 70,041
			ceivable	- , - , - , - , - , - , - , - , - , - ,	+		1, 5, 5	$\overline{}$	• , , , , , ,
					+				•
			state government obligations		+				•
			in other bonds	,	1			\dashv	•
			in stock		+				•
	Mortga				+		<u> </u>		•
	-	•	ansments						•
10	a Deni	ranish	ile assets	793,143	1		881,6	64	.
10	a bupi	. 2001	mulated depreciation	(690,830		102,313			102,890
				(0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	1	102,313	(70,77	- I	•
10	Lallu Othar a		STMT 4		+	81,647			• 80,024
12	Tatal d	155515	·		+	1,827,940		-	1,664,484
			et worth		+	1,021,340			<u> </u>
					+	102,400			• 63,820
			yable	<u> </u>		102,400		-, 	• 05,020
			s, gifts, or grants payable			•			•
			notes payable		 -			\rightarrow	•
			payable		┼	892,885		-	763,049
10	Canital	lataali	ies STMT 5		-	092,003		- X - 2	• 103,043
			c or principal fund		┪──				
			ital surplus. Attach reconciliation		-	832,655			• 837,615
			rnings or income fund		-	1,827,940			1,664,484
_	nedu		ties and net worth	nar hacks with income nor	roturn	1,021,540	<u> </u>		x,00x,30x
انات	ıeuu	iie iv		per books with income per dule if the amount on Sched		ne 13. column (d), is les	s than \$50.000		
_	Met inc	ome	per books		,960				
			me tax		, , , , ,	not included in th	•		•
			apital losses over capital gains			4	s return not charged	· · · · · · · · ·	
			recorded on books this year			4	ome this year		
						9 Total. Add line 7			
			corded on books this year not			4			
			this return ne 1 through line 5		,960	10 Net income per r Subtract line 9 fr			4,960
	i Utali. i	nuu II	ne រ ពោបបម្ភព ពេះ៩ ៦	<u>4</u>	, , , , ,	T Submacrimis a it	UIII IIII U		4,500

CA 199 OTHE	R INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER INCOME MEMBERSHIP EVENT REVENUE STATEGIC INTELLIGENCE HUMAN CAPITAL DEVELOPMENT OTHER PROGRAMS		55,235 1,602,725 715,253 16,834 135,549 134,106	9. 3. 4. 9.
TOTAL TO FORM 199, PART II, LINE 7		2,659,708	6.
CA 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATIO	ON
CHRIS BOTTRILL 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	CHAIRMAN 0.50	(0.
AZIZAN NOODRIN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	VICE CHAIRMAN 0.50	(0.
MARIA HELENA DE SENNA FERNANDES 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	SECRETARY/TREASURER 0.50		0.
SARAH MATHEWS 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	PAST CHAIRMAN 0.50		0.
MARIO HARDY 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	EX-OFFICIO 0.50	ı	0.
SULTAN AL MUTAWA AL DHAHERI 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	(0.
BERMANCE ALDIS 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	ı	0.

ROBERT BROWN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BILL CALDERWOOD 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
STEPHEN CHANG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
KORAKOT CHATASINGHA 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
KAYE CHON 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JOE Y. CHOU 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JENNIFER CHUN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
AUDREY COOPER 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JON NATHAN DENIGHT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
AJITH N. DIAS 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
CHOKI DORJI 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
FAEEZ FADHILILLAH 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
VINOOP GOEL 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

MICHAEL GOLDSMITH 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
ARNOLD T. GONZALES 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
SHAHID HAMID 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	•
RICK HAMILTON 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
HAI VIET HO 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
MATATAMALII SONJA HUNTER 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
ELLY HUTABARAT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
TUNKU ISKANDAR 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
DEEPAK RAJ JOSHI 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
MANJIN KIM 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
ANTHONY LAU 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
BENJAMIN LIAO 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	
JASON LIN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMB	* -

JETRO NICOLAS F. LOZADA 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
VIKRAM MADHOK 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
LUZI MATZIG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
RICHARD MILLER 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BASANT MISHRA 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
STEWART MOORE 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DILEEP MUDADENIYA 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DARREN NG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
WILLEM NIEMEIJER 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
HENRY OH, JR. 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
SUMAN PANDEY 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
GERAL PEREZ 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DUANGMALA PHOMMAVONG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

BERNADETTE ROMULO-PUYAT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
MOHAMED SALLAUDDIN H.J. MAT SAH 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
KAREM SARP 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JOHN SCHUBERT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DARRYL SCOTT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
LOUISE SCOTT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
AKBAR SHAREEF 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
LEA SIMPANEN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
PAUL SLOAN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
YUTHASAK SUPASORN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
SCOTT SUPERNAW 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DATUK SERI MIRZA MOHAMMAD TAIYAB 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
SUPAWAN TEERARAT 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

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PACIFIC	ASTA	TKAVLL	ASSOCIATION	U/ U	COOP

9	4	_	1	2	4	4	3	8	4

SOKHOM THOK 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
JENS THRAENHART 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
NGIRAIBELAS TMETUCHL 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
PHU CUONG TRAN 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
JOSEFA TUAMOTO 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
FANNY VONG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
WAN MAHSURI WAN AHMAD KAMAL 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
JIE WANG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
CLEMENT WONG 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
HISAO YOSHIMURA 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
JERRY AGUS 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
SATOSHI AKIHO 201 CALIFORNIA ST, #1700 SAN FRANCISCO, CA 94111	BOARD	MEMBER 0.50	0.
TOTAL TO FORM 199, PART II,	LINE 11		0.

CA 199 OTH	ER EXPENSES			STATEMENT	3
DESCRIPTION				AMOUNT	
DIRECT EXPENSES PROFESSIONAL FEES GENERAL & ADMIN. EXP. EDP COST OTHER EMPLOYEE BENEFITS TRAVEL ALL OTHER EXPENSES				310,6 152,6 104,8 61,9 21,5 169,5	24. 19. 38. 96. 27.
TOTAL TO FORM 199, PART II, LINE 17				828,7	05.
CA 199 OT	HER ASSETS			STATEMENT	4
DESCRIPTION		BEG.	OF YEAR	END OF YE	AR
PREPAID EXPENSES AND DEFERRED CHARGE DUE FROM PATA FOUNDATION	S		75,697. 5,950.	80,0	24. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE	12		81,647.	80,0	24.
•					
CA 199 OTHE	R LIABILITIES	S		STATEMENT	5
DESCRIPTION		BEG.	OF YEAR	END OF YE.	AR
MEMBERSHIP DUES PAID IN ADVANCE PROVISION FOR EMPLOYEE BENEFIT DEFERRED REVENUE			514,702. 300,785. 77,398.	487,2 229,2 46,5	24.
TOTAL TO FORM 199, SCHEDULE L, LINE	18		892,885.	763,0	49.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd

month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the

5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

839035 12-12-18

___ DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _____ DETACH HERE ____
CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM

TAXABLE YEAR Payment Voucher for Corporations and Exempt 2018 Organizations e-filed Returns

3586 (e-file)

0000000 PACI 94-1244384 9791493 18 FORM 3
TYB 01-01-2018 TYE 12-31-2018

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER WHITE & COOPER LLP

201 CALIFORNIA ST NO 1700 SAN FRANCISCO CA 94111

(415) 291-0330

Amount of Payment

10.

022 Date Acce	pted	· ·			DO N	NOT M	AIL T	HIS FO	ORM TO THE	≣ FTB
TAXABLE 201 8	a Calli	ornia e-file Ret npt Organizatio		rization fo	or				8453	_{RM} 3- ЕО
Exempt Organ	ization name					,		dentitying	number	
C/0 C	OOPER, WHIT	AVEL ASSOCIATI TE & COOPER, L	LР					94-1	244384	·
		formation (whole dollars or							0 604	-004
		199, line 4)							2,681	
	gross income (Form								2,681	
3 Total	expenses and disbur	rsements (Form 199, line 9)						3_	2,676	<u>,921</u>
5	0.111.374	er ar ar aller a Faccion								
		Electronically for Taxable	e Year 2018	4h 14/6	th drawal	data (m	/-d -d /- n	n n A		
	Electronic funds with		ment annonisationla k		thdrawal (date (mi	π/ασ/γι	/УУ)	·	.,
		(Have you verified the exe		anking informati	ion <i>r)</i>					-
	g number nt number		_	7 Type of ac	accumt.		ecking		Savings	
	Declaration of Office	nr'		7 Type or ac	Journ.	<u> </u>	ecking	- 🖳	Savings	
		's account to be settled as desig	nnated in Part II. If 1.ch	eck Part II. Box 4.	Lauthorize	an electi	ronic fun	ds withd	rawal for the amou	ınt listed
transmitter, California ela a balance di organization statements i delayed, 1 a Sign Here	or intermediate service ectronic return. To the bue return, I understand it will remain liable for the be transmitted to the FT authorize the FTB to dis		art I above agree with the thing of the exempt organiza (FTB) does not receive interest and penaltics interest and penaltics provider the exercise provide	the amounts on the tion's return is true full and timely pay I authorize the exercider. If the procene reason(s) for the CFO	e correspon e, correct, a ment of th mpt organ ssing of th	nding line and comp e exemp ization re	es of the plete. If the torganiz turn and	exempt on the exemplation's fe accomp	organization's 2015 of organization is fi e liability, the exer anying schedules	8 iling mpt and
		ronic Return Originator (E								
am only an accurately reprovided the 1345, 2018 the exempt I declare that true, correct	intermediate service pro eflects the data on the ri e organization officer wi Handbook for Authoriza organization return is fil at I have examined the a t, and complete. I make	ove exempt organization's retivider, I understand that I am neturn.) I have obtained the orge th a copy of all forms and infored e-file Providers. I will keep to ed, whichever is later, and I will bove exempt organization's ret this declaration based on all in	ot responsible for revionization officer's signamation that I will file worm FTB 8453-EO on filmake a copy availableurn and accompanying	ewing the exempt of ature on form FTB t ith the FTB, and I h le for four years fro to the FTB upon r g schedules and st	organizatio 8453-EO b ave follow om the due equest. If l	n's returi efore trai ed all oth e date of I am also	n. I decla nsmitting er requir the retur the paid	re, howe g this retu rements o n or four preparer	ver, that form FTB Irn to the FTB; I ha lescribed in FTB P years from the da , under penalties o	8453-E0 ave 'ub. te of perjury
ERU _	gnature				preparer		employ		ļ	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	irm's name (or yours self-employed)	RSM US LLP		`				FEIN 4	2-071432	:5
Sign ar	nd address	44 MONTGOMERY SAN FRANCISCO	, CA						94104	
and belief, t		e that I have examined the abov id complete. I make this declara					atements	s, and to	the best of my kno	wledge
Paid	Paid preparer's			Date		Check if self-		_ Pai	d preparer's PTIN	
Prepare	gr signature					employ	ed		P0187777	
Must	Firm's name (or yours if self-employed)	RSM US LLP						FEIN	42-0714	£325
Sign	and address	1555 PALM B	EACH LAKES	BLVD. S	UITE	700				

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

 ${\scriptstyle \text{ZIP code}\,33401}$

Sign

WEST PALM BEACH, FL