

Pacific Asia Travel Association
C/O Cooper, White & Cooper, LLP
201 California St 1700
San Francisco, CA 94111

Pairj:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

Form 114, Report of Foreign Bank and Financial Accounts

2021 California Form 199

We prepared the returns from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts. Please note that upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such an examination.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Regards,

Christopher Cecil
Senior Manager

RSM US LLP
1555 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

PACIFIC ASIA TRAVEL ASSOCIATION
C/O COOPER, WHITE & COOPER, LLP
201 CALIFORNIA ST, 1700
SAN FRANCISCO, CA 94111

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TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Pacific Asia Travel Association
C/O Cooper, White & Cooper, LLP
201 California St 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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022

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 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(s) 114A to us as soon as possible.

Special Instructions:

Form(s) 114 have been prepared for electronic filing. Please sign, date, and return Form(s) 114A to our office. We will then transmit your report(s) to the FinCEN.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	PACIFIC20210001
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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	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2021 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date _____ MM DD YYYY	9. Owner or entity TIN 941244384	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name CECIL	16. Preparer first name CHRISTOPHER	17. Preparer M.I.	18. Preparer PTIN P01877773
19. Address 1555 PALM BEACH LAKES BLVD., SU WEST PALM BEACH	20. City FL	21. State FL	22. ZIP/postal code 33401
23. Country code US	24. Preparer's (item 15) employer's (Entity) name RSM US LLP	25. Employer EIN 42-0714325	26. Preparer's signature RSM US LLP

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.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.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **PACIFIC ASIA TRAVEL ASSOCIATION**
C/O COOPER, WHITE & COOPER, LLP EIN or SSN **94-1244384**

Name and title of officer or person subject to tax **PAIROJ KIATTHUNSAMAI**
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,123,873.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RSM US LLP to enter my PIN 06101
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

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

60653153721
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 RSM US LLP Date 11/01/22

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

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

FinCEN Form 114

PACIFIC20210001

Filing Name PACIFIC ASIA TRAVEL ASSOCIATION

Submission Type NEW

PIN NOT REQUIRED

Check here if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

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

2021

Amended

Part I Filer information PACIFIC20210001

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type **TAX EXEMPT ORG**

3 U.S. Taxpayer Identification Number 941244384 <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
6 Last name or organization name PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP		7 First name	8 Middle initial
9 Mailing address (number, street, and apt. or suite no.) 201 CALIFORNIA ST			

10 City SAN FRANCISCO	11 State CA	12 ZIP/Postal Code 94111	13 Country USA
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year 321,759.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of financial institution in which account is held BANGKOK BANK			
18 Account number or other designation 1524097324	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held 333 SILOM ROAD		
20 City BANGKOK	21 State, if known	22 Foreign postal code, if known 10500	23 Country THAILAND

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>				
Third Party Preparer Use Only	47 Preparer's last name CECIL	48 First name CHRISTOPHER	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN P01877773	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. 561-697-1785	52a Ext.	53 Firm's name RSM US LLP		54 Firm's TIN 42-0714325	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) 1555 PALM BEACH LAKES BLVD.		56 City WEST PALM BEA	57 State FL	58 ZIP/Postal Code 33401	59 Country US

Part II Continued - Information on Financial Account(s) Owned Separately

FORM 114

Complete a Separate Block for Each Account Owned Separately

1 Filing for calendar year 2021	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 941244384	6 Last Name or Organization Name PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP
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15 Maximum value of account during calendar year 23,372.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of Financial Institution in which account is held CHINA MINGSHENG BANGKING CORP.
--

18 Account number or other designation 0104014210002561	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 21 JIANGUOMENWAI AVENUE
---	---

20 City BEIJING	21 State, if known	22 ZIP/Postal Code, if known	23 Country CHINA
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 filing 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.

Type or print	Name of exempt organization or other filer, see instructions. PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Taxpayer identification number (TIN) 94-1244384
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 CALIFORNIA ST, 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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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)	06	Form 8870	12
Form 990-T (corporation)	07		

PAIROJ KIATTHUNSAMAI

- The books are in the care of ▶ **201 CALIFORNIA ST, STE 1700 - SAN FRANCISCO, CA 94111**

Telephone No. ▶ **(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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 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.	3b	\$	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	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP		D Employer identification number 94-1244384
	Doing business as		E Telephone number (415) 291-0330
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	201 CALIFORNIA ST 1700		G Gross receipts \$ 2,123,873.
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94111		
F Name and address of principal officer: SOON-HWA WONG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PATA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1952** **M** State of legal domicile: **HI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF PACIFIC ASIA TRAVEL ASSOCIATION IS TO ENHANCE, ENCOURAGE AND ASSIST IN THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	66
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	66
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	66
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,974,406.	2,101,745.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,010.	9,300.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,774.	12,828.
		2,004,190.	2,123,873.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,452,505.	1,369,330.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	900,014.	978,002.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,352,519.	2,347,332.	
19 Revenue less expenses. Subtract line 18 from line 12	-348,329.	-223,459.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,130,823.	1,135,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	712,021.	940,315.
	418,802.	195,343.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	PAIROJ KIATTHUNSAMAI, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTOPHER CECIL		11/01/22		P01877773
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 1555 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL 33401			Phone no. 561-697-1785	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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? Yes 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? Yes No
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 \$ 898,476. including grants of \$ _____) (Revenue \$ 1,674,595.)
**COMMUNICATIONS: THROUGH THIS PROGRAM, THE ASSOCIATION PROVIDES
EFFECTIVE, CUTTING-EDGE COMMUNICATIONS VEHICLES AND PUBLICITY
OPPORTUNITIES.**

**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 (Code: _____) (Expenses \$ 307,992. including grants of \$ _____) (Revenue \$ 371,462.)
**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 \$ 144,175. including grants of \$ _____) (Revenue \$ 55,688.)
**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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **1,350,643.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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?		

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 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?	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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	66	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	66	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		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?		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LIZ ORTIGUERA CEO (AS OF 5/21)	40.00			X			140,625.	0.	0.	
(2) PAIROJ KIATTHUNSAMAI CFO	40.00			X			120,473.	0.	0.	
(3) MARIO HARDY CEO (THROUGH 5/21)	40.00			X			101,473.	0.	0.	
(4) SOON-HWA WONG CHAIRMAN	0.50	X		X			0.	0.	0.	
(5) VIET HAI VICE CHAIRMAN	0.50	X		X			0.	0.	0.	
(6) SUMAN PANDEY SECRETARY/TREASURER	0.50	X		X			0.	0.	0.	
(7) CHRIS BOTTRILL PAST CHAIRMAN	0.50	X		X			0.	0.	0.	
(8) JABED AHMMED BOARD MEMBER	0.50	X					0.	0.	0.	
(9) NEETHIAHNANTHAN ARI RAGAVAN BOARD MEMBER	0.50	X					0.	0.	0.	
(10) ANNA AU-YEUNG BOARD MEMBER	0.50	X					0.	0.	0.	
(11) KARUN BUDHRAJA BOARD MEMBER	0.50	X					0.	0.	0.	
(12) SHI-CHUNG CHANG BOARD MEMBER	0.50	X					0.	0.	0.	
(13) STEPHEN CHANG BOARD MEMBER	0.50	X					0.	0.	0.	
(14) JENNIFER CHUN BOARD MEMBER	0.50	X					0.	0.	0.	
(15) ROYCE CHWIN BOARD MEMBER	0.50	X					0.	0.	0.	
(16) DMITRI COORAY BOARD MEMBER	0.50	X					0.	0.	0.	
(17) RAM CHANDRA DASH BOARD MEMBER	0.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC FONG BOARD MEMBER	0.50	X						0.	0.	0.
(19) VINOOP GOEL BOARD MEMBER	0.50	X						0.	0.	0.
(20) CARL GUTIERREZ BOARD MEMBER	0.50	X						0.	0.	0.
(21) ZOE HIBBERT BOARD MEMBER	0.50	X						0.	0.	0.
(22) JIRAPON HIRUNRAT BOARD MEMBER	0.50	X						0.	0.	0.
(23) ELLY HUTABARAT BOARD MEMBER	0.50	X						0.	0.	0.
(24) OLIVIER JAGER BOARD MEMBER	0.50	X						0.	0.	0.
(25) YOUHYUN JANG BOARD MEMBER	0.50	X						0.	0.	0.
(26) JEREMY JAUNCEY BOARD MEMBER	0.50	X						0.	0.	0.
1b Subtotal								362,571.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								362,571.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SIAM PIWAT COMPANY LIMITED, 8TH FLOOR SIAM PIWAT TOWER, 989 RAMA 1 ROAD, BANGOK,	OFFICE RENTAL AND UTILITIES EXPENSE	139,937.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990

94-1244384

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RIKA JEAN-FRANCOIS BOARD MEMBER	0.50	X						0.	0.	0.
(28) ANDREW JONES BOARD MEMBER	0.50	X						0.	0.	0.
(29) NOND KALINTA BOARD MEMBER	0.50	X						0.	0.	0.
(30) ATHIKUN KONGMEE BOARD MEMBER	0.50	X						0.	0.	0.
(31) BENJAMIN LIAO BOARD MEMBER	0.50	X						0.	0.	0.
(32) JETRO NICOLAS F. LOZADA BOARD MEMBER	0.50	X						0.	0.	0.
(33) MARK MANGLONA BOARD MEMBER	0.50	X						0.	0.	0.
(34) OLIVER MARTIN BOARD MEMBER	0.50	X						0.	0.	0.
(35) ABDULLA MAUSOOM BOARD MEMBER	0.50	X						0.	0.	0.
(36) MARY WAN MERING BOARD MEMBER	0.50	X						0.	0.	0.
(37) AL MERSCHEN BOARD MEMBER	0.50	X						0.	0.	0.
(38) ANNA MOLANDER-BRY BOARD MEMBER	0.50	X						0.	0.	0.
(39) BEN MONTGOMERY BOARD MEMBER	0.50	X						0.	0.	0.
(40) NGUYEN NGOC HOAI NGUYEN BOARD MEMBER	0.50	X						0.	0.	0.
(41) BILL OBREITER BOARD MEMBER	0.50	X						0.	0.	0.
(42) HENRY OH, JR. BOARD MEMBER	0.50	X						0.	0.	0.
(43) NOREDAH OTHMAN BOARD MEMBER	0.50	X						0.	0.	0.
(44) ASITHA PANABOKKE BOARD MEMBER	0.50	X						0.	0.	0.
(45) MAYUR PATEL BOARD MEMBER	0.50	X						0.	0.	0.
(46) RAKI PHILLIPS BOARD MEMBER	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Form 990

94-1244384

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ATTHAWET PROUGESTAPORN BOARD MEMBER	0.50	X						0.	0.	0.
(48) JOHN QUINATA BOARD MEMBER	0.50	X						0.	0.	0.
(49) TAUFIQ RAHMAN BOARD MEMBER	0.50	X						0.	0.	0.
(50) G. KAMALA RAO, IAS BOARD MEMBER	0.50	X						0.	0.	0.
(51) DHANANJAY REGMI BOARD MEMBER	0.50	X						0.	0.	0.
(52) MOHAMED SALLAUDDIN H.J. MAT SAH BOARD MEMBER	0.50	X						0.	0.	0.
(53) SANJEET BOARD MEMBER	0.50	X						0.	0.	0.
(54) PETER SEMONE BOARD MEMBER	0.50	X						0.	0.	0.
(55) JAE-PIL SHO BOARD MEMBER	0.50	X						0.	0.	0.
(56) LENNA SHULGA BOARD MEMBER	0.50	X						0.	0.	0.
(57) ARVIND SINGH BOARD MEMBER	0.50	X						0.	0.	0.
(58) KAMIKA SMITH BOARD MEMBER	0.50	X						0.	0.	0.
(59) WENDY SOWERS BOARD MEMBER	0.50	X						0.	0.	0.
(60) FAAMATUAINA LENATA'I SUIFUA BOARD MEMBER	0.50	X						0.	0.	0.
(61) YUTHASAK SUPASORN BOARD MEMBER	0.50	X						0.	0.	0.
(62) JATINDER TANEJA BOARD MEMBER	0.50	X						0.	0.	0.
(63) DIMUTHU TENNAKON BOARD MEMBER	0.50	X						0.	0.	0.
(64) BIBHUTI CHAND THAKUR BOARD MEMBER	0.50	X						0.	0.	0.
(65) RATHASAK THONG BOARD MEMBER	0.50	X						0.	0.	0.
(66) JUDY TORRES BOARD MEMBER	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP	Business Code	1,276,305.	1,276,305.			
	b EVENT REVENUE		371,462.	371,462.			
	c HUMAN CAPITAL DEVELOPM		347,459.	347,459.			
	d STATEGIC INTELLIGENCE		55,688.	55,688.			
	e OTHER PROGRAMS		50,831.	50,831.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,101,745.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,300.	9,300.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	12,828.	12,828.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			12,828.			
12 Total revenue. See instructions			2,123,873.	2,123,873.	0.	0.	

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

Form 990 (2021)

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,300,941.	615,972.	684,969.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,389.		68,389.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	172,939.	117,094.	55,845.	
17 Travel	29,369.	9,654.	19,715.	
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				
22 Depreciation, depletion, and amortization	31,319.	20,258.	11,061.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT EXPENSES	435,504.	435,182.	322.	
b PROFESSIONAL FEES	170,674.	66,595.	104,079.	
c EDP COST	81,113.	57,312.	23,801.	
d GENERAL & ADMIN. EXP.	54,667.	26,713.	27,954.	
e All other expenses	2,417.	1,863.	554.	
25 Total functional expenses. Add lines 1 through 24e	2,347,332.	1,350,643.	996,689.	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)

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

Form 990 (2021)

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Part X 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
Assets	1 Cash - non-interest-bearing	493,296.	1	648,434.
	2 Savings and temporary cash investments	305,182.	2	228,577.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	133,929.	4	127,424.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	102,854.	9	65,602.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 880,960.		
	b Less: accumulated depreciation	10b 816,415.	10c	64,545.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	1,076.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,130,823.	16	1,135,658.	
Liabilities	17 Accounts payable and accrued expenses	83,659.	17	114,831.
	18 Grants payable		18	
	19 Deferred revenue	116,314.	19	286,437.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	512,048.	25	539,047.
	26 Total liabilities. Add lines 17 through 25	712,021.	26	940,315.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	418,802.	27	195,343.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	418,802.	32	195,343.
33 Total liabilities and net assets/fund balances	1,130,823.	33	1,135,658.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,123,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,347,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	-223,459.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	418,802.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	195,343.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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) organizations: Complete Part III.

Name of organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Employer identification number 94-1244384
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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))					
f Grassroots lobbying expenditures					

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
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 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	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 (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP Employer identification number 94-1244384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	178,500.	178,500.	178,500.	178,500.	178,500.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	178,500.	178,500.	178,500.	178,500.	178,500.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		400,804.	364,051.	36,753.
d Equipment		375,974.	357,329.	18,645.
e Other		104,182.	95,035.	9,147.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				64,545.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEMBERSHIP DUES PAID IN ADVANCE	302,406.
(3) PROVISION FOR EMPLOYEE BENEFIT	236,641.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	539,047.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,123,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,123,873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,123,873.

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

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

1	Total expenses and losses per audited financial statements	1	2,347,332.
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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,347,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	2,347,332.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THIS ENDOWMENT FUND IS DESIGNATED FOR USE IN THE CONDUCT OF TRAVEL
 INDUSTRY EDUCATION AND TRAINING PROGRAMS.

PART X, LINE 2:

THE ASSOCIATION HAS ADOPTED THE ACCOUNTING GUIDANCE RELATED TO UNCERTAIN
 TAX POSITIONS, AND HAS EVALUATED ITS TAX POSITIONS AND BELIEVES THAT ALL
 OF THE POSITIONS TAKEN BY THE ASSOCIATION IN ITS FEDERAL AND STATE EXEMPT
 ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON
 EXAMINATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Employer identification number 94-1244384
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
ASIA	1	28	PROGRAM SERVICE	1. CONFERENCES AND MEETINGS ABOUT ENHANCING THE SUSTAINABLE GROWTH, VALUE AND QUALITY OF	435,504.
AMERICA			INVESTMENT		41,186.
EUROPE			INVESTMENT		32,239.
GULF			INVESTMENT		0.
CHINA	1	4	INVESTMENT		174,832.
ASIA			INVESTMENT		1,595,182.
PACIFIC			INVESTMENT		0.
3 a Subtotal	2	32			2,278,943.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	32			2,278,943.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 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 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 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 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 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 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 No

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. VIRTUAL PATA ADVENTURE TRAVEL CONFERENCE AND MART 2021

3. 2021 PATA BEYOND: TOURISM RECOVERY SOLUTIONS

4. VIRTUAL PATA ANNUAL SUMMIT 2021

5. VIRTUAL PATA DESTINATION MARKETING FORUM 2021

6. VIRTUAL PATA TRAVEL MART 2021

7. VIRTUAL PATA WELLNESS AND LUXURY TRAVEL CONFERENCE AND MART 2021

8. PATA WEBINAR

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Employer identification number 94-1244384
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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

Name of the organization	PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Employer identification number	94-1244384
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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:

Name of the organization PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Employer identification number 94-1244384
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THE PROCESS FOR DETERMINING COMPENSATION TO THE ORGANIZATION'S OTHER OFFICERS OR KEY EMPLOYEES INCLUDES COMPARABILITY DATA AND OUTSIDE RESEARCH. THE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD COMMITTEE. THE PROCESS FOR DETERMINING COMPENSATION TO THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT OFFICIALS INCLUDES 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 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PACIFIC ASIA TRAVEL ASSOCIATION
C/O COOPER, WHITE & COOPER, LLP** Employer identification number **94-1244384**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PATA FOUNDATION, INC - 94-2955325 201 CALIFORNIA ST., # 1450 SAN FRANCISCO, CA 94111	FURTHER EDU.& TRAINING PROGS.FOR TOURISM	CALIFORNIA	501(C)(3)	LINE 9 ORGANI ZATION THAT N	PATA	X	

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

Schedule R (Form 990) 2021

PACIFIC ASIA TRAVEL ASSOCIATION

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

PACIFIC ASIA TRAVEL ASSOCIATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PATA FOUNDATION, INC.	P	40,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Pacific Asia Travel Association
C/O Cooper, White & Cooper, LLP
201 California St 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	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically 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:

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
**PACIFIC ASIA TRAVEL ASSOCIATION
C/O COOPER, WHITE & COOPER, LLP**

California corporation number
9791493

Additional information. See instructions.
FEIN
94-1244384

Street address (suite or room)
201 CALIFORNIA ST, NO. 1700

City
SAN FRANCISCO

State
CA

ZIP code
94111

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,123,873	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	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 B	4	2,123,873	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	2,123,873	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,347,332	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-223,459	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CFO	Date	<input checked="" type="checkbox"/> Telephone 415-291-0330 <input type="checkbox"/> PTIN	
Paid Preparer's Use Only	Preparer's signature	Date 11/01/22	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN P01877773 <input type="checkbox"/> Telephone 42-0714325	
	Firm's name (or yours, if self-employed) and address RSM US LLP 1555 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Telephone 561-697-1785			
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	9,300	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7	2,114,573	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,123,873	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	362,571	00	
	12	Other salaries and wages	•	12	938,370	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	172,939	00
		16	Depreciation and depletion (See instructions)	•	16	31,319	00
		17	Other expenses and disbursements	•	17	842,133	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,347,332	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		798,478		877,011
2 Net accounts receivable		133,929		127,424
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	891,300		880,960	
b Less accumulated depreciation	(795,738)	95,562	(816,415)	64,545
11 Land				
12 Other assets		102,854		66,678
13 Total assets		1,130,823		1,135,658
Liabilities and net worth				
14 Accounts payable		83,659		114,831
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities		628,362		825,484
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		418,802		195,343
22 Total liabilities and net worth		1,130,823		1,135,658

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-223,459	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-223,459
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-223,459			

CA 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER INCOME		12,828.
MEMBERSHIP		1,276,305.
EVENT REVENUE		371,462.
STATEGIC INTELLIGENCE		55,688.
HUMAN CAPITAL DEVELOPMENT		347,459.
OTHER PROGRAMS		50,831.
TOTAL TO FORM 199, PART II, LINE 7		2,114,573.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LIZ ORTIGUERA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	CEO (AS OF 5/21) 40.00	140,625.
PAIROJ KIATTHUNSAMAI 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	CFO 40.00	120,473.
MARIO HARDY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	CEO (THROUGH 5/21) 40.00	101,473.
SOON-HWA WONG 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	CHAIRMAN 0.50	0.
VIET HAI 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	VICE CHAIRMAN 0.50	0.
SUMAN PANDEY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	SECRETARY/TREASURER 0.50	0.
CHRIS BOTTRILL 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	PAST CHAIRMAN 0.50	0.

JABED AHMMED 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
NEETHIAHNANTHAN ARI RAGAVAN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ANNA AU-YEUNG 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
KARUN BUDHRAJA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
SHI-CHUNG CHANG 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.
JENNIFER CHUN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ROYCE CHWIN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DMITRI COORAY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
RAM CHANDRA DASH 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ERIC FONG 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.

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOP

94-1244384

CARL GUTIERREZ 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ZOE HIBBERT 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JIRAPON HIRUNRAT 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ELLY HUTABARAT 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
OLIVIER JAGER 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
YOUHYUN JANG 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JEREMY JAUNCEY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
RIKA JEAN-FRANCOIS 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ANDREW JONES 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
NOND KALINTA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ATHIKUN KONGMEE 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BENJAMIN LIAO 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOP

94-1244384

JETRO NICOLAS F. LOZADA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
MARK MANGLONA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
OLIVER MARTIN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ABDULLA MAUSOOM 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
MARY WAN MERING 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
AL MERSCHEN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ANNA MOLANDER-BRY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BEN MONTGOMERY 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
NGUYEN NGOC HOAI NGUYEN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BILL OBREITER 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.
NOREDHA OTHMAN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

ASITHA PANABOKKE 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
MAYUR PATEL 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
RAKI PHILLIPS 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ATTHAWET PROUGESTAPORN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JOHN QUINATA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
TAUFIQ RAHMAN 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
G. KAMALA RAO, IAS 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DHANANJAY REGMI 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.
SANJEET 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
PETER SEMONE 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JAE-PIL SHO 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.

LENNA SHULGA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
ARVIND SINGH 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
KAMIKA SMITH 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
WENDY SOWERS 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
FAAMATUAINA LENATA 'I SUIFUA 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.
JATINDER TANEJA 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
DIMUTHU TENNAKON 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
BIBHUTI CHAND THAKUR 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
RATHASAK THONG 201 CALIFORNIA ST, 1700 SAN FRANCISCO, CA 94111	BOARD MEMBER 0.50	0.
JUDY TORRES 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.

PACIFIC ASIA TRAVEL ASSOCIATION C/O COOP

94-1244384

KHIN THAN WIN	BOARD MEMBER	0.
201 CALIFORNIA ST, 1700	0.50	
SAN FRANCISCO, CA 94111		

MUSA YUSOF	BOARD MEMBER	0.
201 CALIFORNIA ST, 1700	0.50	
SAN FRANCISCO, CA 94111		

TOTAL TO FORM 199, PART II, LINE 11	362,571.
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CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
DIRECT EXPENSES		435,504.
PROFESSIONAL FEES		170,674.
EDP COST		81,113.
GENERAL & ADMIN. EXP.		54,667.
OTHER EMPLOYEE BENEFITS		68,389.
TRAVEL		29,369.
ALL OTHER EXPENSES		2,417.
TOTAL TO FORM 199, PART II, LINE 17		842,133.

CA 199	OTHER ASSETS	BEG. OF YEAR	END OF YEAR
DESCRIPTION			
PREPAID EXPENSES AND DEFERRED CHARGES		102,854.	65,602.
DUE FROM AFFILIATES		0.	1,076.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		102,854.	66,678.

CA 199	OTHER LIABILITIES	BEG. OF YEAR	END OF YEAR
DESCRIPTION			
MEMBERSHIP DUES PAID IN ADVANCE		271,083.	302,406.
PROVISION FOR EMPLOYEE BENEFIT		240,965.	236,641.
DEFERRED REVENUE		116,314.	286,437.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		628,362.	825,484.

CA 199

FUND BALANCES

STATEMENT 6

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NET ASSETS WITHOUT DONOR RESTRICTIONS

418,802.

195,343.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

418,802.

195,343.

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name PACIFIC ASIA TRAVEL ASSOCIATION C/O COOPER, WHITE & COOPER, LLP	Identifying number 94-1244384
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,123,873
2 Total gross income (Form 199, line 8)	2	2,123,873
3 Total expenses and disbursements (Form 199, line 9)	3	2,347,332

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	_____	_____	CFO
	Signature of officer	Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	RSM US LLP	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	RSM US LLP 1555 PALM BEACH LAKES BLVD., SUITE 70 WEST PALM BEACH, FL				Firm's FEIN 42-0714325 ZIP code 33401-2348

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	RSM US LLP 1555 PALM BEACH LAKES BLVD., SUITE 700 WEST PALM BEACH, FL			P01877773 Firm's FEIN 42-0714325 ZIP code 33401