Form 990-EZ

# **Short Form Return of Organization Exempt From Income Tax**

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

29492334020029 OMB No 1545-1150

2018

**Open to Public** Inspection

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/Form990EZ for instructions and the latest information.

	Α	For the 2018 calendar year, or tax year beginning , and ending											
	В	Check	f applicable	C Name of org	ganization				-		D	Employer ide	entification number
		Address	s change	change Asian American Bar Association									
		Name o	hange	Number and str	reet (or PO box,	if mail is not delive	ered to street addre	ess)		Room/suite		76	-0116089
		Initial re	eturn	PO Box 15	54						E	Telephone nu	mber
		Final retu	ım/terminated	City or town			State		ZIP code	•			
		Amende	ed return	HOUSTON			TX		77251			713	3-932-1540
		Applica	tion pending	Foreign country	y name	Foreign pi	ovince/state/coun	у	Foreign	postal gode	F	Group Exer	mption
				ì						( )	i	Number <b>&gt;</b>	
	G	Accoun	nting Method	X Cash	Accrual	Other (spec	N60				H Che	ack 🏲 🗀	if the organization is
	ī	Websi	-	[X] Casii	Accidai	Other (spec			-	<del></del> _			attach Schedule B
						X 501(c) (	6 ) <b>⋖</b> (insert						)-EZ, or 990-PF)
		iax-exei	mpt status (che	ck only one) —	501(c)(3)		6 )◀ (insert	no)494	17(a)(1) c	or527	,	·	<del>`</del>
	Κ	Form o	f organization	X Co	rporation	Trust	Asso	ciation [	Otl	ner			
	L	Add line	es 5b, 6c, and	7b to line 9 to	determine gro	ss receipts If g	ross receipts ar	e \$200,000 (	or more	e, or if total	assets		
S		(Part II,	column (B)) a	are \$500,000 o	r more, file Fo	rm 990 instead	of Form 990-EZ					_►\$	132,353
Ş	Pa	art l	Revenu	e, Expense	s, and Cha	inges in Net	Assets or F	und Bala	inces	(see the	instru	ctions for	Part I)
Z			Check If	the organiz	ation used	Schedule O	to respond to	any que	stron	h/this/Pa	MA)		X
SCANNED		1	Contribution	ns, gifts, gran	its, and simila	r amounts rec	eived				181	1	
Ü		2				overnment fees		Jak.	~u 1	9 2019	RS-0	2	5,556
		3	-	p dues and a				, CSO N	$0 \Lambda r$	س س		3	6,840
JAN		4	Investment	income				101 =		-117	: \	4	207
		5a	Gross amo	unt from sale	of assets oth	er than invent	ory	1 5	<u>adD</u>	EN, UT	<u></u>		
0 9		b	Less cost of	or other basis	and sales ex	rpenses		5	9				
		С	Gain or (los	s) from sale	of assets oth	er than invento	ry (Subtract III	ne 5b from	line 5a	1)		5c	0
2020		6	Gaming and	d fundraising	events							1 - 1	
		а	Gross incor	ne from gamı	ing (attach So	chedule G if gr	eater than					· ·	
	Revenue		\$15,000)					6				_	
	ē	b			-	s (not including			of con	tributions			
	8			-	•	ne 1) (attach S		ı	. 1			_	
				-		outions exceed		61			119,7		
		C				nd fundraising		60			58,9	66	
		d		or (loss) fron	n gaming and	d fundraising e	vents (add iine	es 6a and 6	b and	subtract			00.704
		70	line 6c)		laas vatuuss	and allowers	_	-	_			6d	60,784
		7a b		of goods sold		and allowance	<del>2</del> 5	71	-			$\dashv$ $\mid$	
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		9				c, 6d, 7c, and 8	3				•	9	73,387
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		16	• • •	nses (describ	-							16	37,795
		17		nses. Add line		•					•		57,795
	Ş	18				act line 17 from	n line 9)					18	15,592
	Net Assets	19				ning of year (fr		umn (A)) (r	must a	gree with		1	
	As			figure report				•••				19	209,452
	et	20	Other chan	ges in net ass	sets or fund b	palances (expla	ain in Schedul	e O)				20	10,311
	Z	21	Not accote	or fund halan	ices at end of	Lypar Combin	e lines 18 thro	uah 20			1	▶   21	235 355

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

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Form	990-EZ	(2018)	

Asian	American	Bar Association	'n
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76-0116089

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22   Cash, sorings, and investments	Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to res	,	his Part II			
22		oned in the enganization does estimated to the		<del></del>	) Beginning of year		(B) End of year
23	22	Cash savings and investments		1.7	<del>`</del>	22	
24   20   20   22   20   20   20   20					200,402		
23, 355   Total assets   20,945   25   23,335   25   Total assets or fund balances (line 27 of column (B) must agree with line 21)   20,945   27   235,355   235,355   27   235,355   235,355   27   235,355						$\overline{}$	
28   Total liabilities (describe in Schedule O)   28   30,355					209.452	-	235.355
27 Not assets or fund balances (line 27 of column (B) must agree with line 21)   209.452   27   235,335				-		-	
Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the organization's primary exempt purpose?   To promote/develop Asian American Attorneys   Check the services provided, the number of programs are services, subsented by the services provided, the number of programs are services   Check the services provided, the number of programs are services   Check the services provided, the number of programs are services exclusioned programs for members to footer care enhancement, confined education, and volunteer for community mentionings to advance.   Check there   Check the services provided the number of programs are services expenses and informational patherings   Check there   Check there   Check the services provided the number of programs are vices expenses of the services programs, check there   Check the services programs are vices (describe in Schedule O)   Check the services programs are vices (describe in Schedule O)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expenses, (add sines 28a through 31a)   Check the services programs are vices expense	27						235,355
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Jennifer Fung		rt V List of Officers, Directors, Trustees, and Ke	respond to any question (b) Average	n this Part IV (c) Reportable	(d) Health benefit	ruction	
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Judy Kim         Hr/Wik         3 00           Daniel Lee         WP of Community         Hr/Wik         3 00           Melody Wang         Hr/Wik         3 00         WP of Programs         Hr/Wik         3 00           Tina Huynh         Hr/Wik         3 00         WP of Membership         Hr/Wik         3 00           Sarah Tejada         WP of Development         Hr/Wik         3 00         WP of Development           Cathleen Chang         Hr/Wik         3 00         WP of Development         WP of Development           Cathleen Chang         Hr/Wik         3 00         WP of Development         WP of Development           Cathleen Chang         Hr/Wik         3 00         WP of Development         WP of Development           Cathleen Chang         Hr/Wik         3 00         WP of Development         WP of Development           Cathleen Chang         Hr/Wik         3 00         WP of Development         WP of Development           Charlee Chang         Hr/Wik         3 00         WP of Development         WP of Development           Charlee Chang         Hr/Wik         50         WP of Development         WP of Development           Sarah Tejada         Hr/Wik         50         WP of Development         WP of Development	Pa	Check if the organization used Schedule O to  (a) Name and title	respond to any question  (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
President Elect         Hr/WK         3 00           Daniel Lee         VP of Community         Hr/WK         3 00           Welody Wang         WP of Programs         Hr/WK         3 00           Tina Huynh         VP of Membership         Hr/WK         3 00           Sarah Tejada         VP of Development         Hr/WK         3 00           Cathleen Chang         Secretary         Hr/WK         3 00           David Hsu         Treasurer         Hr/WK         3 00           Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Pa	Check if the organization used Schedule O to  (a) Name and title	respond to any question (b) Average hours per week devoted to position	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
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Melody Wang       Hr/WK       3 00         VP of Programs       Hr/WK       3 00         Tina Huynh       Hr/WK       3 00         VP of Membership       Hr/WK       3 00         Sarah Tejada       W         VP of Development       Hr/WK       3 00         Cathleen Chang       Becretary       Hr/WK       3 00         Secretary       Hr/WK       3 00         David Hsu       Treasurer       Hr/WK       3 00         Sang Shin       Board Chair       Hr/WK       50         Audry Chang       Director       Hr/WK       50         Frank Wu       Director       Hr/WK       50         Chris Lee       Director       Hr/WK       50	Jenr Pres Judy Pres	Check if the organization used Schedule O to  (a) Name and title  Orifer Fung  Sident  V Kim  Sident Elect	ey Employees (list each or respond to any question (b) Average hours per week devoted to position	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
VP of Programs         Hr/WK         3 00           Tina Huynh         Tina Huynh         3 00           VP of Membership         Hr/WK         3 00           Sarah Tejada         Tina Huynh         3 00           VP of Development         Hr/WK         3 00           Cathleen Chang         Cathleen Chang         Tina Huynh           Secretary         Hr/WK         3 00           David Hsu         Treasurer         Hr/WK         3 00           Sang Shin         Tina Hr/WK         50           Board Chair         Hr/WK         50           Audry Chang         Tina Hr/WK         50           Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenres Judy Pres Dan	Check if the organization used Schedule O to  (a) Name and title  Cliffer Fung  Sident  (Kim  Sident Elect  Liel Lee	ey Employees (list each or respond to any question (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Tina Huynh  VP of Membership  Sarah Tejada  VP of Development  Cathleen Chang  Secretary  Hr/WK  3 00  David Hsu  Treasurer  Hr/WK  3 00  Sang Shin  Board Chair  Audry Chang  Director  Frank Wu  Director  Chris Lee  Director  Hr/WK  50  Hr/WK  50  Hr/WK  50  Hr/WK  50  Hr/WK  50  Hr/WK  50	Jenr Pres Judy Pres Dan	Check if the organization used Schedule O to  (a) Name and title  Infer Fung Sident V Kim Sident Elect Iel Lee Of Community	ey Employees (list each or respond to any question (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
VP of Membership         Hr/WK         3 00           Sarah Tejada         Hr/WK         3 00           VP of Development         Hr/WK         3 00           Cathleen Chang         Secretary         Hr/WK         3 00           David Hsu         Treasurer         Hr/WK         3 00           Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Director         Hr/WK         50           Frank Wu         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenry Pres Judy Pres Dan VP c	Check if the organization used Schedule O to  (a) Name and title  (b) Kim  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Kim  (c) Community (c) Community (c) Community (c) Community (c) Check if the organization used Schedule O to	ey Employees (list each or respond to any question respond to any question (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Sarah Tejada         Hr/WK         3 00           Cathleen Chang         Secretary         Hr/WK         3 00           David Hsu         Treasurer         Hr/WK         3 00           Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Hr/WK         50           Frank Wu         Director         Hr/WK         50           Chris Lee         Hr/WK         50	Jenry Pres Judy Pres Dan VP (	Check if the organization used Schedule O to  (a) Name and title  Inter Fung Sident V Kim Sident Elect Itel Lee Of Community Ody Wang Of Programs	ey Employees (list each or respond to any question respond to any question (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
VP of Development         Hr/WK         3 00           Cathleen Chang         Becretary         Hr/WK         3 00           David Hsu         Treasurer         Hr/WK         3 00           Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Hr/WK         50           Frank Wu         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenn Pres Judy Pres Dan VP o Melo VP o	Check if the organization used Schedule O to  (a) Name and title  Cliffer Fung  Colored With Sident  Community  Cody Wang  Of Programs  Huynh	ey Employees (list each or respond to any question respond to any question (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 3 00  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
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Secretary	Jenry Pres Judy Pres Dan VP ( Meld VP ( Tina	Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to	ty Employees (list each or respond to any question respond to any question library for the provided in the pro	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
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Treasurer         Hr/WK         3 00           Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Director         Hr/WK         50           Frank Wu         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenres Judy Pres Dan VP ( Meld VP ( Cath	Check if the organization used Schedule O to  (a) Name and title  Inter Fung Sident V Kim Sident Elect Itel Lee Of Community Ody Wang Of Programs I Huynh Of Membership Ah Tejada Of Development Inter Chang	ty Employees (list each or respond to any question respond to any question library for the provided in the pro	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Sang Shin         Board Chair         Hr/WK         50           Audry Chang         Director         Hr/WK         50           Frank Wu         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenres Judy Pres Dan VP ( Meld VP ( Cath	Check if the organization used Schedule O to  (a) Name and title  Inter Fung Sident V Kim Sident Elect Itel Lee Of Community Ody Wang Of Programs I Huynh Of Membership Ah Tejada Of Development Inter Chang	respond to any question  (b) Average hours per week devoted to position  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Board Chair         Hr/WK         50           Audry Chang         Introduction         Hr/WK           Director         Hr/WK         50           Chris Lee         Introduction         Hr/WK           Director         Hr/WK         50	Jenry Press Dan VP ( Meld VP ( Tina VP ( Catt	Check if the organization used Schedule O to  (a) Name and title  Infer Fung  Sident  V Kim  Sident Elect  Iel Lee  of Community  Ody Wang  of Programs  I Huynh  of Membership  ah Tejada  of Development  Inleen Chang  retary	respond to any question  (b) Average hours per week devoted to position  Hr/WK 3 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
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Director         Hr/WK         50           Frank Wu         Director         Hr/WK           Chris Lee         Director         Hr/WK	Jenry Pres Judy Pres Dan VP ( Sara VP ( Cath Sec Dav Trea San	Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (d) Name and title  (e) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to	to any question respond to any	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Frank Wu         Director         Hr/WK         50           Chris Lee         Director         Hr/WK         50	Jenry Press Judy Press Dan VP ( Meldy VP ( Cath Sara VP ( Cath Second Dav Sara Sana Boa	Check if the organization used Schedule O to  (a) Name and title  (b) Name and title  (c) Name and title  (d) Name and title  (e) Community  (f) Community  (f) Community  (f) Community  (f) Membership  (g) Membership  (g) Development  (h) Devel	to any question respond to any	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Director         Hr/WK         50           Chris Lee         Incomparison of the control of th	Jenry Press Judy Press Dan VP ( Meld VP ( Cath Second Day Treas San Boa Aud	Check if the organization used Schedule O to  (a) Name and title  (b) Name and title  (c) Name and title  (d) Name and title  (e) Community  (f) Community  (f) Community  (f) Community  (f) Membership  (g) Membership  (g) Terada  (g) Development  (h) Chang  (h) Terada	to any question  (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 5 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Chris Lee Director Hr/WK 50	Jenres Judy Pres Dan VP o Melo Tina VP o Catt Seco Dav Trea San Boa Aud Dire	Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (b) Name and title  (c) Name and title  (c) Name and title  (d) Name and title  (e) Name and title  (f) Name and title  (f) Name and title  (g) Name and title  (h) Name and tit	to any question  (b) Average hours per week devoted to position  Hr/WK 3 00  Hr/WK 5 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
Director Hr/WK 50	Jenry Pres Dan VP ( Meld VP ( Cattle Dav Trea San Boa Aud Dire Fran	Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (a) Name and title  Check if the organization used Schedule O to  (b) Name and title  (c) Name and title  (d) Name and title  (e) Name and title  (f) Name and title  (f) Name and title  (g) Name and title  (h) Name and title  (h	to horwest (list each or respond to any question respond to any question respond to any question (b) Average hours per week devoted to position hr/WK 3 00 hr/WK 5 0 hr/WK 5 0	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
	Jenry Press Judy Press Dany VP ( Meld VP ( Tina VP ( Sara San Boa Aud Dire Frar Dire	Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Check if the organization used Schedule O to  (c) Name and title  (d) Name and title  (e) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Charter in the organization used Schedule O to  (c) Charter in the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (c) Charter in the organization used Schedule O to  (d) Name and title  (d) Check if the organization used Schedule O to  (e) Check if the organiz	to horwest (list each or respond to any question respond to any question respond to any question (b) Average hours per week devoted to position hr/WK 3 00 hr/WK 5 0 hr/WK 5 0	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of
	Jenry Pres Judy Pres Dan VP ( Sara VP ( Cath Tina VP ( Cath Trea San Boa Aud Dire Frar Chri	Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (b) Name and title  (c) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (c) Name and title  (d) Check if the organization used Schedule O to  (a) Name and title  (b) Check if the organization used Schedule O to  (c) Name and title  (d) Check if the organization used Schedule O to  (a) Name and title  (d) Check if the organization used Schedule O to  (d) Check if the organization used Schedule O to  (d) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization used Schedule O to  (e) Check if the organization	to hr/WK 3 00  Hr/WK 5 00  Hr/WK 5 00	n this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla	ruction s,	(e) Estimated amount of

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 change on Schedule O See instructions 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 ► , section 4955 ► section 4911 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of ► David Hsu Telephone no ▶ 832-896-6288 Located at ▶ 950 Echo Lane, Suite 360 City Houston ST TX 77024 ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Х **45 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions 45b

					Yes	No	
46	Did the organization engage, directly or indirect	ly, in political campaign act	ivities on behalf of or i	n opposition			
	to candidates for public office? If "Yes," complet	te Schedule C, Part I			46	X	
Part	VI Section 501(c)(3) Organizations O	nly					
	All section 501(c)(3) organizations n	nust answer questions 4	7-49b and 52, and	complete the table	s for lines		
	50 and 51						
	Check if the organization used Sche	edule O to respond to ar	ly question in this P	art VI		L	
					Yes	No	
47	Did the organization engage in lobbying activities	es or have a section 501(h)	election in effect durin	ng the tax			
	year? If "Yes," complete Schedule C, Part II		***************************************	.9	47		
48	Is the organization a school as described in sec	tion 170(b)(1)(A)(ii)2 If "Ve	s " complete Schedule	F	48	1	
49 a	Did the organization make any transfers to an e		· ·	_	49a	<del>-  </del>	
	If "Yes," was the related organization a section		su organization,		49b	+	
b b	<del>_</del>	_	uses (ether then effice	en directore trivatace			
50	Complete this table for the organization's five his	·			•		
	employees) who each received more than \$100	),000 of compensation from	the organization if th	ere is none, enter "No	ne "		
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated an	nount of	
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	other compens		
	<del></del>	devoted to position	(1 dillio 11 Li toto illioo)	compensation			
Name	None	_			1		
Title		Hr/WK 00			ļ		
Name		_					
Title		Hr/WK 00				******************************	
Name							
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Title		Hr/WK 00			]		
Name							
Title		Hr/WK 00			l.		
f	Total number of other employees paid over \$10	<del>·                                    </del>	<b>&gt;</b>	•			
51	Complete this table for the organization's five hi		endent contractors who	each received more	than		
	\$100,000 of compensation from the organization	-					
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ce (c	) Compensation		
Name	None Str						
City		ZIP	•				
Name		<u> </u>					
City		ZIP					
Name							
		ZIP					
City		ZIP					
Name							
City		ZIP					
Name							
City		ZIP					
d	Total number of other independent contractors of	•					
52	Did the organization complete Schedule A? Not	<b>te:</b> All section 501(c)(3) org	anizations must attach	n a		¬	
	completed Schedule A				▶	<u>∐</u> No	
Under	penalties of perjury, I declare that I have examined this return, i	including accompanying schedules	and statements, and to the b	est of my knowledge and be	likef, it is		
true, co	prrect, and complete Declaration of preparer (other than officer	) is based on all information of which	h preparer has any knowled	<u> </u>			
	Idan Ida			11/14/201	ነ		
Sign	Signature of officer			Date			
Here				TREASURER			
	Type or print name and title					1	
D	Print/Type preparer's name	Preparer's signature	Date		PTIN	-	
Paid	THUGH CHONG	Hugh	1/ Len 10/	Check /23/2019   self-employed	" P00731928		
•	parer   HUGH U CHONG PO			Firm's EIN ▶ 76			
Use	Only Firm's address ► 6588 CORPORATE D		7036		3-988-7661		
Mav t	the IRS discuss this return with the preparer show	· · · · · · · · · · · · · · · · · · ·			► X Yes	No	
	riay the fixe discuss this retain with the preparer shown above. See instituctions						

## SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	American Bar Association					76-011	
Par	Fundraising Activities. ( Form 990-EZ filers are no				ered "Yes" on For	m 990, Part IV, lır	ne 17
1	Indicate whether the organization				ng activities Check a	all that apply	
· a	Mail solicitations				of non-government g		
b	Internet and email solicitations f Solicitation of government grants						
С							
d	In-person solicitations						
2a	Did the organization have a writter						
	key employees listed in Form 990,	· ·	•			-	Yes No
b	If "Yes," list the 10 highest paid incompensated at least \$5,000 by the		es (fundrais	sers) pursua	ant to agreements ur	naer which the fund	raiser is to be
	compensated at least 40,000 by the	ic organization					
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of butions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		<del></del>	Yes	No		33. (1)	
1					0	0	0
2							
3			-	<del></del>	0	0	0
		<del> </del>	ļ		0	0	0
4				1	o	0	0
5					0	0	0
6			+ -				
7	·		<del>                                     </del>		0	0	0
8		<del> </del>	<del> </del>	-	0	0	0
					0	0	0
9					0	0	0
10					0	0	0
Total					0	01	0
3	List all states in which the organiza	ation is registere	d or license	ed to solicit			
	registration or licensing						r.·
<b>-</b>							
					~		

Sch	edule (		sıan American Bar Associ			76-0116089 Page <b>2</b>	
P	art II	_					
		more than \$15,000 of fo	<u>-</u>	•	ome on Form 990-EZ,	lines 1 and 6b. List	
		events with gross recei			(2) (2)		
			(a) Event #1  AABA Gala	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col (c))	
ne			(ovolit type)	(3001111)	(ISIGN NEW DELY)		
Revenue	1	Gross receipts	119,750		0	119,750	
Ř							
	2	Less Contributions			0	0	
	3	Gross income (line 1 minus	140.750			440.750	
		line 2)	119,750		0	119,750	
	4	Cash prizes			0	0	
		5 doi: p. 1250			<del></del>	<u>-</u>	
	5	Noncash prizes			0	0	
တ္တ	İ						
nse	6	Rent/facility costs			0	0	
Direct Expenses	_	Food and bounces				o	
	7	Food and beverages			0	<u> </u>	
<u>ie</u>	8	Entertainment			0	) o	
Δ							
	9	Other direct expenses	58,966		0	58,966	
	10	Direct expense summary Add	_	• •	•	( 58,966) 60,784	
D.	11 rt	Net income summary Subtract  Gaming. Complete if the	organization answer	red "Ves" on Form 990	O Part IV line 19 or re		
		than \$15,000 on Form		ca res on ronn est	o, r are rv, inic 10, or re	sported more	
<u>o</u>				(b) Pull tabs/instant	4.1.00	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
ě		_					
_	1	Gross revenue			·	0	
S	2	Cash prizes				0	
nse	_	Oddii pii200				·	
Expenses	3	Noncash prizes				0	
					}		
Direct	4	Rent/facility costs				0	
Ω	_	Other durant					
	5	Other direct expenses				0	
	_	Malantanalahan	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)					
	′	blied expense summary Add	inies z tirough 5 in colui	iii (u)		( 0)	
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	•	0	
9		Enter the state(s) in which the or	-				
		s the organization licensed to co	induct gaming activities in	each of these states?		Yes No	
	b II	f "No," explain					
11	a v	Vere any of the organization's g	amina licaneae ravokad e			Yes No	
		f "Yes," explain					
	- "						
_							
						c C (Form 990 or 990 E7) 2019	

Schedu	le G (Form 990 or 990-EZ) 2018 Asian American Bar Association	76-0116089 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	<del></del>
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records	ind
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigset\$ \$ 0 and the	;
	amount of gaming revenue retained by the third party ► \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	••
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$ 0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
ı, a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
_	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or
	spent in the organization's own exempt activities during the tax year  \$	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any addition See instructions	

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization Asian American Bar Association 76-0116089 Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Asian American Bar Foundation PO BOX 1351 Houston TX 77252, Cash Grant 20,000, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 28,661 Form 990-EZ, Part I, Line 16, Other Expenses Office Expenses 6,792 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 616 Form 990-EZ, Part I, Line 16, Other Expenses Membership & Dues 100 Form 990-EZ, Part I, Line 16, Other Expenses Profesional and PO Box Fee 1,626 Form 990-EZ, Part I, Line 20, Net Assets Book Accts Adj 10,311

Name of the organization	Employer identification number
Asian American Bar Association	76-0116089
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