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DLN: 93492318014101

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Short Form

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Check if applicable C Name of organization D Employer identification number ASSOCIATION OF HOSPITALITY EXECUTIVES INC Address change 26-3722847 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number P O BOX 571505 Initial return (713) 629-9000 Terminated City or town, state or country, and ZIP + 4 HOUSTON, TX 772571505 F Group Exemption Amended return Number 🟲 Application pending I Website:► N/A H Check ► I if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

1 Contributions, gifts, grants, and similar amounts received	1	
		86,979
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	175
5a Gross amount from sale of assets other than inventory 5a		
b Less cost or other basis and sales expenses 5b		
b Less cost or other basis and sales expenses	5c	
ល់ 6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)		
b Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
c Less direct expenses from gaming and fundraising events 6c		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances		
b Less cost of goods sold		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,154
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	60,683
ង្ហី 14 Occupancy, rent, utilities, and maintenance	14	
13 Professional fees and other payments to independent contractors	15	
16 Other expenses (describe in Schedule O)	16	236
17 Total expenses. Add lines 10 through 16	17	60,919
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,235
18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O)		
end-of-year figure reported on prior year's return)	19	64,462
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	90,697

Part II Balance Sheets Check if the organization use	ed Schedule O to respond to	any question in t	his Pa	rt II		
	sa deficação de respona to	any question in t				
(See the instru	ctions for Part II)		(A)	Beginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments				57,180	22	81,174
23 Land and buildings					23	
24 Other assets (describe in Schedule	0)			7,804	24	14,128
25 Total assets				64,984	25	95,302
26 Total liabilities (describe in Schedule	eO)			522	26	4,605
27 Net assets or fund balances (line 27	of column (B) must agree wi	th line 21) .		64,462	27	90,697
Part III Statement of Program Check if the organization use What is the organization's primary exemp	ed Schedule O to respond to		his Pa	rt III .	(c)	Expenses equired for section 501 (3) and 501(c)(4) ganizations and section
See Statement 1 Describe what was achieved in carrying of describe the services provided, the numb program title					49	47 (a)(1) trusts, tional for others)
28 The corporation is a nonprofit corporation exists to promote, enhance a State		fthe Hospitality I	ndust	ry throughout the	28a	
(Grants \$) If t	his amount includes foreign	grants, check her	re .	▶⊏	29a	
(Grants \$) Ift	his amount includes foreign	grants, check her	re .	▶┌	30a	
31 O ther program services (describe in S (Grants \$) Ift	chedule O) his amount includes foreign	grants, check her	 e .		31a	
32 Total program service expenses (add li	nes 28a through 31a) .			.	32	
Part IV List of Officers, Directors, T	rustees, and Key Employees.	List each one even i	f not co	mpensated (See the ins	tructio	ns for Part IV)
Check if the organization use						<u>l .</u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d,	(d) Contributions employee benefit p deferred compens	lans 8	(e) Expense account and other allowances
DAVID FAIRCHILD P O BOX 93298 SOUTHLAKE,TX 76092	PRESIDENT 000 00		0			

Ра	rt V	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y ption of each activity in Schedule O	, .	33	103	No
34				34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization in the companization of the companizati	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	, , , , , , , , , , , , , , , , , , , ,	35a		No
b	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter				
а	Initiati	on fees and capital contributions included on line 9	39a			
b	Gross	receipts, included on line 9, for public use of club facilities	39b			
40a	Section	ا <i>S01(c)(3) organizations.</i> Enter amount of tax imposed on the organization duri	ng the year under	1		
	section 4	4911 🟲, section 4912 🟲, section 4955	•			
	transa reporte	or 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect oction during the year or did it engage in an excess benefit transaction in a price and on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been art I	40b		
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	-			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reir zation	-			
е		anizations. At any time during the tax year, was the organization a party to a procession. If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed 🕨				
42a	The o	rganızatıon's books are ın care of 🏲 Raschıd Chawdhary	Telephone no	► <u>(71</u>	3)629	-9000
	Locate	P O Box 571505 ed at Houston, TX	ZIP + 4	<u>7</u>	725715	505
b	Atanv	time during the calendar year, did the organization have an interest in or a si	anature or other authority			T
	overa	financial account in a foreign country (such as a bank account, securities acc	-	425	Yes	No
	accour	•		42b		No
		," enter the name of the foreign country				
	Financ	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
С	Atany	time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨				_
43		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year			· ·	▶ 「
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of	44-	Yes	No
b	Did the	90-E2. e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> I of Form990-EZ	Form 990 must be completed	44a		N o
c		e organization receive any payments for indoor tanning services during the ye	ar?	44b		No
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? Edule O	If 'No,' provide an explanation	44c 44d		No
					i	1

orm 990-E	EZ (2010)					1		Page
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be			fsection 51	.2(b)(13)? <i>If</i>	45		No
	he organization receive any payn iing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	he organization engage, directly a idates for public office? If "Yes,"			ehalf of or 11	n opposition to	46		No.
Part VI	Section 501(c)(3) orga	nizations and sect	on 4947(a)(1) nor	exempt o	haritable tri		nlv.	NO
	All section 501(c)(3) organ 47-49b and 52.		` , ` ,	•			-	stions
	Check if the organization used	l Schedule O to respond	to any question in this F	Part VI .		<u></u>		Г
							Yes	No
7 Did th	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
3 Is the	e organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete :	Schedule E		48		
9a Did th	he organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		
b If "Ye	es," was the related organization	a section 527 organizat	ion?			49b		
	olete this table for the organization of the constant of the c							
	and address of each employee	(b) Title and average		(d) Con	tributions to	(e) Expe	
-	ıd more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		count a	
ONE								
0(f) Tota	al number of other employees pa	ıd over \$100,000 .				•		
		, ,				•		
1 Comp	al number of other employees pa olete this table for the organization mpensation from the organization	on's five highest comper	•	· · ·	• each received m	►	an \$10	0,000
1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1	each received n		an \$10 ompen	•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
Compofcor	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
1 Comp of cor (a) Na	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1				•
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Return Reference

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DLN: 93492318014101

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Identifier

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

Form 990-EZ, Part I, Line 16, Other Expenses Bank Charges Fees 236

► Attach to Form 990 or 990-EZ.

Name of the organization ASSOCIATION OF HOSPITALITY EXECUTIVES INC

Explanation

26-3722847

Employer identification number

	ldentifier	Return Reference	Explanation
I			Form 990-EZ, Part II, Line 24, Other Assets PLEDGED RECEIV ABLES Beginning of year 7,804,

ldentifier	Return Reference	Explanation
		End of year 14,128

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 522, End of

ldentifier	Return Reference	Explanation
		year 4,605