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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,982	22 41,509
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	3,049	24 0
25 Total assets	37,031	25 41,509
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,031	27 41,509

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose? **Promote benefit for various types of minority contractors.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Established service contract with City of Austin. Conducted outreach and technical programs to serve 100 plus certified Asian contractors such as engineers, constructors, & specialty contractors. Also attract uncertified contractors participated in gov. projects. Services included referral, workshop, certification, & info distribution</u> (Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>Outreach program (60%) directed contractors to available resources. Held 3 networking & procurement work sessions each year. Mediated and resolved procurement issues. Referred subs to purchasing agents and prime contractors. Assisted in vendors certification. Distributed procurement info on daily basis via emails.</u> (Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>Technical program (40%) assisted contractors in plan reading and cost estimates upon requests. Published 2 technical documents each year for procurement needs. Consulted with visitors on projects, both on technical and procurement issues. Also published and distributed 2 documents on procurement issues.</u> (Grants \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MAHESH NAIK, 17013 PONCHO SPRINGS LN. AUSTIN, TX 78717	Chairman/Director, 2 hours	0	0	\$600 FOR ACA ***
LI LI, 2900 S. LAKELINE BLVD, UNIT 411 AUSTIN, TX 78613	Treasurer/Director, 4 hours	0	0	\$500 FOR ACA***
THONG VO, 11900 RICKEM COVE AUSTIN, TX 78758	Board Director, 1 hour	0	0	\$400 FOR ACA***
SUNG R CHO, 3636 EXECUTIVE CENTER DRIVE, #264 AUSTIN, TX 78731	Board Director, 1 hour	0	0	\$400 FOR ACA***
GEORGE C CHANG, 13401 WYOMING VALLEY DRIVE AUSTIN, TX 78727	Executive Vice Chair/Director, 8 hrs	0	0	\$600 FOR ACA***
ALETTA S. BANKS, 9616 COPPER CREEK DRIVE, AUSTIN, TX 78729	Executive Director, 40 hrs	\$63,525	0	\$400 FOR ACA***
*** These amounts are authorized by ACA Board for any use relating to ACA business, upon a general review by ACA Treasurer.				

Part V 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

		Yes	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		✓
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 change on Schedule O (see instructions)		✓
35a	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)?		✓
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		
35c	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		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation 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 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 ▶ _____		
42a	The organization's books are in care of ▶ <u>George C. Chang & Li Li</u> Telephone no. ▶ <u>(512) 947-8838</u> Located at ▶ <u>13401 Wyoming Valley Drive, Austin, TX</u> ZIP + 4 ▶ <u>78727-3427</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
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			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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			

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
			✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

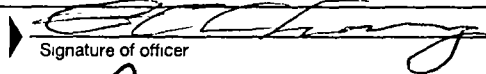
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

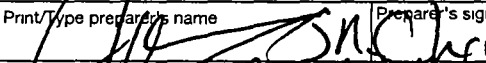
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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		2-24-2015
	Signature of officer	Date
	GEORGE C. CHANG, EXECUTIVE VICE CHAIRMAN	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	RTIN
	Firm's name		2-24-2015	00009322
	Firm's address	1200 FH 3rd Fl. 54-76-2020	Firm's EIN	74-2859360
			Phone no.	210-299-1040

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

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

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

ASIAN CONTRACTOR ASSOCIATION

Employer identification number

74-3013185

Part 1, Revenue, etc., 990EZ

Item 1: ACA is a Section 501 (c) (6) organization. It has not received individual or group contributions such as grants, gifts, and similar amounts in tax year 2014.

Item 2: ACA has a service contract with the City of Austin (COA), Texas on annual basis. COA provides an office to ACA at 4201 Ed Bluestein Blvd., Suite 2100, Austin, Texas 78721. ACA pays no rent but ACA has to be responsible for phone, fax, internet, web site, and liability insurance expenses. To avoid mail problem, ACA uses a different mailing address.

Item 8: Other revenue: (1) Bank interest - \$51; (2) Federal Employment tax refund - \$98; (3) Bank charges refund - \$90;

Totaling \$51 + 98 + 90 = 239.

Part 1, Expenses, 990EZ

Item 16, other expenses

(1) Advertisement for outreach services	328
(2) Computer/Laptop purchase (replacement)	811
(3) Computer accessories & software	363
(4) Donation to affiliated nonprofit organization	300
(5) Liability insurance for office, staff, and directors	940
(6) (Annual) membership fee to Asian American Network	200
(7) Networking sessions expense	1,314
(8) Office supply and books	451
(9) Tax review & preparation fee	250
(10) Translations/Asian language for outreach services	500
(11) Training classes	380
(12) Travel/Contractor conference	397
(13) Employment tax, employers form 940, 941, & State	4,972
(14) account payable, immediate; salary, empl. tax, & utility	6,229
Total	17,435

