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Short Form

Return of Organization Exempt From Income Tax

2015

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 20 15

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Asian Contractor Association

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

9616 Copper Creek Drive

City or town, state or province, country, and ZIP or foreign postal code

Austin, TX 78729

D Employer identification number

74-3013185

E Telephone number

512-926-5400

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.acta-austin.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

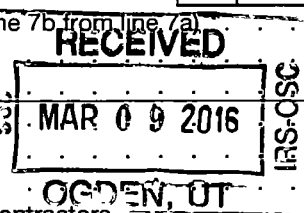
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

SCANNED MAR 28 2016 Revenue

| | | | | |
|-----------|--|-------------|-----------|--------|
| 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 0 |
| 2 | Program service revenue including government fees and contracts | | 2 | 91,667 |
| 3 | Membership dues and assessments | | 3 | 0 |
| 4 | Investment income | | 4 | 0 |
| 5a | Gross amount from sale of assets other than inventory | 5a 0 | | |
| b | Less: cost or other basis and sales expenses | 5b 0 | | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| 6 | Gaming and fundraising events | | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a 0 | | |
| 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 exceeds \$15,000) | 6b 0 | | |
| c | Less: direct expenses from gaming and fundraising events | 6c 0 | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 0 |
| 7a | Gross sales of inventory, less returns and allowances | 7a 0 | | |
| b | Less: cost of goods sold | 7b 0 | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 0 |
| 8 | Other revenue (describe in Schedule O) | | 8 | 427 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 92,094 |
| 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 0 |
| 11 | Benefits paid to or for members | | 11 | 0 |
| 12 | Salaries, other compensation, and employee benefits | | 12 | 68,025 |
| 13 | Professional fees and other payments to independent contractors | | 13 | 6,274 |
| 14 | Occupancy, rent, utilities, and maintenance | | 14 | 2,264 |
| 15 | Printing, publications, postage, and shipping | | 15 | 1,463 |
| 16 | Other expenses (describe in Schedule O) | | 16 | 10,913 |
| 17 | Total expenses. Add lines 10 through 16 | | 17 | 88,939 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 3155 |
| 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) | | 19 | 41,509 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 0 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 44664 |



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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 | 41,509 | 44,664 |
| 23 Land and buildings | 0 | |
| 24 Other assets (describe in Schedule O) | 0 | |
| 25 Total assets | 0 | |
| 26 Total liabilities (describe in Schedule O) | 0 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 41,509 | 44,664 |

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

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.

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

| | |
|--|-----|
| 28 Service contract with City of Austin, TX: Conducts outreach & technical programs to serve 150 plus certified Asian contractors such as engineers, constructors, & specialty contractors. Also attracts uncertified contractor participated in government projects. Services include coordination, info distribution, referrals, workshops, etc. (Grants \$ Not applicable) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 Outreach program (60%): Directed contractors to available resources. Mediated & resolved procurement & certification issues. Referred subs to projects opportunities. Held 4 procurement & networking workshops. Distributed procurement info on daily basis via emails. Aggressively assisted in minority certifications. (Grants \$ Not applicable) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 Technical program (40%): Consulted with contractors on procurement & technical issues. Assisted vendors in plan reading & project issues. Authored technical & procurement publications. Distributed publications & presented them in ACA web site. See additional info in Schedule O. (Grants \$ Not applicable) 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, Chairman, 17013 Poncho Springs Ln Austin, TX 78717 | 2 hours | 0 | 0 | \$600 *** |
| LiLi, Director, 2900 S. Lakeline Blvd., Unit 411 Austin, TX 78913 | 4 hours | 0 | 0 | \$500 *** |
| Thong Vo, Director, 11900 Rickem Cove Austin, TX 78758 | 1 hour | 0 | 0 | \$400 *** |
| Sung R Cho, Director, 3636 Executive Center Dr., #264 Austin, TX 78731 | 1 hour | 0 | 0 | \$400 *** |
| George Chang, Vice Chair, 13401 Wyoming Valley Dr. Austin, TX 78727 | 10 hours | 5,000 (Form 1099) | 0 | \$600 *** |
| Aletta Banks, Executive Director, 9616 Copper Creek Dr Austin, TX 78729 | 44 hours | \$68,025(W-2) | 0 | \$400 *** |
| ***These amounts are authorized by ACA Board for any use related to ACA business. | | | | |

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 | | ✓ |
| 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 | | |
| 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 | | |
| 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 | | |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____ | | |
| 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). | | ✓ |
| 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: ▶ _____ | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/> | | |
| 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 | | ✓ |
| 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 | | |
| 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) | | ✓ |

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

Table with 3 columns: Question number, Yes, No. Row 46: Yes [], No [x]

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

Table with 3 columns: Question number, Yes, No. Row 47: Yes [], No []

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: Yes [], No []

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: Yes [], No []

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: Yes [], No []

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."

Table with 5 columns: (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."

Table with 3 columns: (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: Signature of officer [Handwritten Signature], Date 2-29-16, Type or print name and title: Aletta Banks Executive Director

Paid Preparer Use Only: Preparer's name: S Christenbex HEA, Preparer's signature: [Signature], Date: 2-29-16, Check if self-employed: [x], PTIN: P00009322, Firm's name: 1040 Road 104, Firm's EIN: 74-2859360, Firm's address: 1700 FA 35th St, Phone no: 210-299-1670

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

2015

**Open to Public
Inspection**

Name of the organization

Asian Contractor Association (ACA)

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 donations in

Tax Year 2015

Item 2: Currently ACA has a service contract with the City of Austin (COA), Texas on an annual basis. COA provides an office room to ACA at 4201 Ed Bluestein Blvd., Suite 2100, Austin, TX 78721. ACA pays no rent but is responsible for phone, fax, internet, web site, and insurance. ACA however uses a different mailing address for security purposes.

Item 3: Major membership fees are collected every few years depending on service contract extension. No collection this year.

Item 8: Other revenues -- Employment Tax and bank fee refunds, and bank interests: \$427

Part 1, Expenses, 990 EZ; Item 16, other expense

| | |
|--|-----------------|
| (1) Translation | 150 |
| (2) Liability Insurance | 826 |
| (3) Office/ computer Supplies | 901 |
| (4) Computer and Equipment Repairs, Maintenance, Web Hosting | 1,945 |
| (5) Donations to Non-Profit Organizations | 420 |
| (6) Software, Cyber security subscriptions | 273 |
| (7) Training | 200 |
| (8) Employment taxes (Form 940 and 941) | 5,247 |
| (9) Tax Preparation | 200 |
| (10) Networking & meeting events | 751 |
| Total | \$10,913 |

Name of the organization

Employer identification number

Asian Contractor Association

74-3013185

Part III. Statement of Program Service Accomplishments, other program services:

ACA paid \$6,274 for labors on special projects. This payment includes at least 40 percent dedicated, free services:

(1) Paid \$1,274 to Sherry Wang (Form 1099) and others for special projects on database and related services. Consumed totaling 285 hours.

(2) Paid \$5,000 to George Chang of ACA (Form 1099) for two technical publications, entitled "Electrical Power Plans for Building

Construction - A Description of Electrical Load Calculations," and "Introduction to Construction Process and Cost Estimates for

A Facility." Consumed about 300 hours for authoring two publications.