



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO RECEIVE AND EXPEND GIFTS, LEGACIES AND BEQUESTS FOR THE PURPOSE OF EDUCATION OF STUDENTS OF ARCHITECTURE, FOR THE DEVELOPMENT OF THE ART OF ARCHITECTURE AND TO EDUCATE THE PUBLIC AND INDIVIDUALS IN THE APPRECIATION OF ARCHITECTURE AND IN GENERAL TO ENCOURAGE THE STUDY OF ARCHITECTURAL PROBLEMS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> SCHOLARSHIPS AND AWARDS THE ORGANIZATION AWARDS SCHOLARSHIPS TO COLLEGE STUDENTS ENROLLED IN AN ACCREDITED ARCHITECTURAL CURRICULUM WHO DEMONSTRATE LEADERSHIP IN THE ADVANCE OF THE ART OF ARCHITECTURE (Grants \$ 8,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	8,000
<b>29</b> PUBLIC AWARENESS GRANTS TO MICHIGAN CHAPTERS OF THE AMERICAN INSTITUTE OF ARCHITECTS TO ASSIST IN JOINT SPONSORSHIPS OF EXHIBITS AND PROGRAMS DESIGNED TO PROVIDE INTERACTION AND BUILD TIES BETWEEN ARCHITECTS AND THE PUBLIC GRANT PROPOSALS ARE SUBMITTED BY INTEREST CHAPTERS AND REVIEWED BY THE MAF BOARD OF DIRECTORS APPROVAL IS GIVEN TO THOSE PROJECTS THAT MEET THE OBJECTIVES OF THE PUBLIC AWARENESS PROGRAM (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	5,000
<b>30</b> ARCHITECTURAL RESTORATIONS THE DAVID EVANS MEMORIAL PRESERVATION PROGRAM IS JOINTLY OPERATED WITH THE CLANNAD FOUNDATION AND AWARDS GRANTS TO PROMOTE HISTORIC PRESERVATION IN MICHIGAN IN HONOR OF THE LATE ARCHITECT DAVID EVANS PROJECTS ARE SELECTED AND APPROVED BY A JURY OF PRESERVATION ARCHITECTS AND ADVOCATES (Grants \$ 7,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	7,500
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	20,500

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered 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		
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	No
41	List the states with which a copy of this return is filed MI		
42a	The organization's books are in care of ASSOCIATION MANAGEMENT RESOURCES Telephone no (734) 677-2270 1390 EISENHOWER PLACE Located at ANN ARBOR, MI ZIP + 4 48104		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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 officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-08-11 Date		
	LESLIE D TINCKNELL TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  TODD T KELLEY		Date 2010-08-12	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  PIETRASIUK KELLEY & KELLEY PC 2395 S HURON PKWY STE 100 ANN ARBOR, MI 481045170				EIN 
					Phone no  (734) 971-8500
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization MICHIGAN ARCHITECTURAL FOUNDATION	Employer identification number 38-1698501
---------------------------------------------------------------	----------------------------------------------

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		



Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,721	19,785	80,948	97,027	98,568	315,049
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	206,184	196,864	188,686	16,435	8,820	616,989
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	224,905	216,649	269,634	113,462	107,388	932,038
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,500	5,200	17,833	17,914	20,000	62,447
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	1,500	5,200	17,833	17,914	20,000	62,447
8 Public Support (Subtract line 7c from line 6 )						869,591

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	224,905	216,649	269,634	113,462	107,388	932,038
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,654	22,235	28,071	19,478	10,629	102,067
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,654	22,235	28,071	19,478	10,629	102,067
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )	246,559	238,884	297,705	132,940	118,017	1,034,105
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	84.090 %	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	86.640 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	10 000 %
18	Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	9 000 %
19a	<b>33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	<b>33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 38-1698501

Name: MICHIGAN ARCHITECTURAL FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RANDY CASE 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	PRESIDENT 0	0		
PARK SMITH 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	VICE PRESIDE 0	0		
DENNIS KING 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	SECRETARY 0	0		
LESLIE TINCKNELL 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TREASURER 0	0		
CARL ROEHLING 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	PAST PRESIDE 0	0		
TIMOTHY CASAI 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
JEFFREY HAUSMAN 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
PHILLIP LUNDWALL 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
CYNTHIA RADECKI 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
G DAMIAN FARRELL 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
ALBERT VEGTER 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
BEN MAIBACK 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
MICHELLE SAROKI 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
RON STALEY 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		
SUSAN TELAND 1390 EISENHOWER PLACE ANN ARBOR, MI 48104	TRUSTEE 0	0		

**TY 2009 Compensation Explanation****Name:** MICHIGAN ARCHITECTURAL FOUNDATION**EIN:** 38-1698501

Person Name	Explanation
RANDY CASE	
PARK SMITH	
DENNIS KING	
LESLIE TINCKNELL	
CARL ROEHLING	
TIMOTHY CASA I	
JEFFREY HAUSMAN	
PHILLIP LUNDWALL	
CYNTHIA RADECKI	
G DAMIAN FARRELL	
ALBERT VEGTER	
BEN MAIBACK	
MICHELLE SAROKI	
RON STALEY	
SUSAN TELAND	

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** MICHIGAN ARCHITECTURAL FOUNDATION**EIN:** 38-1698501

<b>Item No.</b>	1
<b>Class of Activity</b>	PRESERVE AND RESTORE
<b>Donee's Name</b>	CHARLEVOIX HISTORICAL SOCIETY
<b>Donee's Address</b>	PO BOX 525 CHARLEVOIX, MI 49720
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	SCHOLARSHIPS
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	STUDENT MEMBER
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2009 Other Assets Schedule****Name:** MICHIGAN ARCHITECTURAL FOUNDATION**EIN:** 38-1698501

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE	16,034	14,434
ACCOUNTS RECEIVABLE	8,555	
INVENTORIES FOR SALE OR USE	140,749	107,394
PREPAID EXPENSES AND DEFERRED CHARGES	46,220	46,320
COMPUTER SOFTWARE	7,002	
LESS ACCUMULATED DEPRECIATION	5,612	
EQUIPMENT	6,323	
LESS ACCUMULATED DEPRECIATION	4,037	
ARTWORK AT BEAUBIEN HOUSE	9,537	9,537
	224,771	177,685

TY 2009 Other Changes in Net Assets Schedule

**Name:** MICHIGAN ARCHITECTURAL FOUNDATION

**EIN:** 38-1698501

Description	Amount
UNREALIZED GAINS/LOSSES	114,503



**TY 2009 Other Expenses Schedule****Name:** MICHIGAN ARCHITECTURAL FOUNDATION**EIN:** 38-1698501

Description	Amount
EXPENSES	
ARCHITECTURE IT'S ELEMENTARY	5,000
POSTAGE	72
BANK CHARGES	506
ANNUAL CAMPAIGN EXPENSES	1,510
WEBSITE-COMPUTER	1,008
BOARD MEETINGS	1,704
MISCELLANEOUS EXPENSE	1,488
LOSS ON ASSET DISPOSALS	5,961

**TY 2009 Other Liabilities Schedule****Name:** MICHIGAN ARCHITECTURAL FOUNDATION**EIN:** 38-1698501

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	107	928
DAVID EVANS PRESERVATION AWARD		2,500
DUE TO AIA - MICHIGAN	13,849	
	13,956	3,428