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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)

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

OMB No 1545-0047 2009

Open to Public Inspection

<u> </u>	For the 2009 cal	lendar year, or tax year beginning , and ending			
3	Check if applicable	Please C Name of organization use IRS		D Employ	er identification number
닉	Address change	label or David ATA MIAMI		59-6	5151172
$\exists$	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)  F	Room/suite		ne number
╛	Initial return	See 275 UNIVERSITY DRIVE	toonsound		448-7488
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipt	
	Amended return	tions. CORAL GABLES FL 33134			
	Application pending	F Name and address of principal officer		H(a) Is this a g	·
				affiliates? <b>H(b)</b> Are all af	filiates 🔚
				included	ttach a list (see instructions)
	Tax-exempt status	s   X   501(c) ( 6 ) ◀ (insert no )   4947(a)(1) or   527		11 NO, a	ttacii a iist (see iiisu ucuoiis)
: J		J/A		H(c) Group ex	emption number
ĸ	Type of organization		r of formation		State of legal domicile
P	art I Su	ummary			
		escribe the organization's mission or most significant activities			
ø	See	Schedule O			
auc					
Activities & Governance					
Š	2 Check the	is box 🕨 🗍 if the organization discontinued its operations or disposed of more than 25% of	fits net assets		
S S	3 Number	of voting members of the governing body (Part VI, line 1a)		3	
sa ?	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
į	1	nber of employees (Part V, line 2a)		5	
ţ	1	nber of volunteers (estimate if necessary)		6	
⋖	1	ss unrelated business revenue from Par Zill, solumn (C), line 12		7a	
	b Net unrel	lated business taxable <del>, income from Form 990-1, 160</del> 34		7b	0
	2 1101 01110	0)	Prior Year	,	Current Year
_	8 Contribut	tions and grants (Party/III, And Gn)() & 2010	· · ·		1,500
Revenue		service revenue (Rafti VIII, line 2g)			373,373
9	_	1 1 711 1			2,497
æ	11 Other rev	venue (Part VIII, column (A) lines 3 4, and 7d)  venue (Part VIII, column (A) lines 5 60/8c, 9c, 10c, and 11e)			7,676
	1	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			385,046
		nd similar amounts paid (Part IX, column (A), lines 1–3)	•		
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			
w	15 Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5–10)			148,229
penses	1	onal fundraising fees (Part IX, column (A), line 11e)		1	
per	ŀ	draising expenses (Part IX, column (D), line 25) ▶			
Ä	B	penses (Part IX, column (A), lines 11a-11d, 11f-24f)		603	288,531
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	<del></del>	603	436,760
	1	less expenses Subtract line 18 from line 12		-603	-51,714
5 9	3		Beginning of Curr		End of Year
Net Assets or	20 Total ass	sets (Part X, line 16)		3,316	472,260
Ž,	21 Total liab	olities (Part X, line 26)		3,987	238,642
		ts or fund balances Subtract line 21 from line 20	285	5,329	233,618
		gnature Block			
	Und and	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and a discrete, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informat	statements, and t	to the best of	ada da.a
		d belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information	lion of which prep	laiei nas any	Chowledge 13010
Siç		My won		\ 8// 4	7-0.
He	re	Signature of officer		Date	/
	AUGan	KRICKET INOW YRESIDENT			
		Type or print name and title			
<b>n</b> .	Pre	eparer's Date	Check if		Preparer's identifying number (see instructions)
	lios   sigi	nature / (Draps) The Devanent 07/29	/10 serr- employe	ed ▶	
	eparer's	Joseph H. Huppert, C.F.A.		EIN ▶	59-1803403
US		m's name (or yours eff-employed), / 17611 S.W. 48th St.		Phone	
		dress, and ZIP 4 Southwest Ranches, FL 33331			954-434-4811
Vlav	v the IRS discus	s this return with the preparer shown above? (see instructions)			X Yes No
	<u> </u>	and Pananyark Paduction Act Notice, see the congrete instructions			Form 990 (2009)

Pa	rt III .State	ment of Program	Service Accomp	lishments				
1	Briefly describe th	e organization's mission						
S	ee, 2ĉpegn	le O						
_	Did the assessment		formt account convers	duna the weer which w			·	
2	the prior Form 99		licant program services	during the year which w	rere not listed on		Yes X	No
		these new services on	Schedule O				165 2	NO
3				nges in how it conducts,	any program			
J	services?		Yes X	No				
		these changes on Sch	edule O					,
4				anization's three largest	nrogram services by exi	nenses		
7				(a)(1) trusts are required				
				r each program service		grama and		
		,	,, ,	, , , , , , , , , , , , , , , , , , ,				
4a	(Code	) (Expenses \$	i	ncluding grants of \$		) (Revenue \$		)
	`	,, ,				,		
4b	(Code	) (Expenses \$	ı	ncluding grants of \$		) (Revenue \$		)
4 -	(0-1-	\/F	<u> </u>		·	) (Davis ave 6		<del></del>
4C	(Code	) (Expenses \$	ı	ncluding grants of \$		) (Revenue \$		)
4d	Other program se	rvices (Describe in Sc	chedule O )		<del>-</del>			
	(Expenses \$		including grants of	\$	) (Revenue \$		)	
40		ervice expenses >		· · · · · · · · · · · · · · · · · · ·				

Part IV Checklist of Required Schedules

	•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	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		3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI.				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
12	Schedule D, Parts XI, XII, and XIII		12		X
12A		Yes No	12		<del></del>
~	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			_	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	000	(3000)
				. uun	10000

<u> Pa</u>	art IV Checklist of Required Schedules (continued)		,	
24	Dubban and the second second beautiful of control and other control and contro		Yes	No
21	Did'the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		^
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<del> </del>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	i		
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			T
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	<u> </u>		
	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			l .
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ. <u>.</u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			٠,,
	Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			x
	III, IV, and V, line 1	34_		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		x
20	Schedule R, Part V, line 2	35_		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		
27	organization? If "Yes," complete Schedule R, Part V, line 2	36_	-	ļ <u>.</u> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>"</del>		├ <del></del>
55	19? Note. All Form 990 filers are required to complete Schedule O	38		х

Pa	nt v Statements Regarding Other IRS Filings and Tax Compliance				
4.	Enter the number reported in Pay 2 of Form 1006, Applied Summary and Transmitted of			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-			
<b>L</b>	U.S Information Returns Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a  1b	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
С	gaming (gambling) winnings to prize winners?	able	4.	1	Х
22		1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a			
	Statements, filed for the calendar year ending with or within the year covered by this return	<del></del>	- I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		2b		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	,		-	
Ja	this return?	•	3a	1	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	orth.	30		
<b>4</b> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•			
	account)?	141	4a		Х
ь	If "Yes," enter the name of the foreign country		40		-
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bar	ıb			
	and Financial Accounts	IN.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	i f	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards		70		
·	Prohibited Tax Shelter Transaction?	'9	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<del>  "</del>		
•	organization solicit any contributions that were not tax deductible?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or.	<del>"</del>		
•	gifts were not tax deductible?	51	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ts.			
_	and services provided to the payor?		7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u> </u>		
_	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d ]			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	<del></del>			
	benefit contract?		7е	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter			I	
а	Gross income from members or shareholders	11a	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			I	
	amounts due or received from them )	11b		ŧ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	- 1	

Form 990 (2009) AIA MIAMI 59-6151172 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? X Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Яa X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 X 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 Joseph H. Huppert CPA PA 17611 SW 48 Street organization > 954-434-4811 FL 33331 Southwest Ranches

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization		sate	any d	curre	nt o	fficer	, dıre	ctor, or trustee.		
(A) Name and Title	(B) Average	Pos	ition (	(chec	C) k all 1	hat a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Natividad Soto										_
President								0	0	0
Kricket Snow								_		_
President elect	ļ	Ц.		_	┕	<u> </u>	<u> </u>	0	0	0
Virgilio Campaner	ia							_		_
Vice President						<u> </u>		0	0	0
Leonard O. Townse	nd									
Vice President		<u> </u>						0	0	0
				_						
		<u> </u>					ļ			
										<del></del>
				ļ. <u>.</u> .						

Part VII Section A. Officers	, Directors, Trus	1005	, NO	y Em	ibio	/ees,	and	d Highest Compensated E	mployees (continued)						
、(A) Name and Title	(B) Average hours per	<u> </u>	_	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) stimated nount of				
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com f org an	other ipensation of the janization direlated anization	1			
						-									
												<del> </del>			
<del> </del>												_			
-															
AL TAIL	<u></u>											<del></del>			
Total     Total number of individuals (increportable compensation from				ose I	ısted	d abo	ve)	who received more than \$1	1 00,000 in						
3 Did the organization list any for				stee.	kev	emp	love	e, or highest compensated			Ye	s No			
employee on line 1a? If "Yes,"  For any individual listed on line the organization and related or	complete Schedu 1a, is the sum of	le J 1 repo	for su ortab	uch ii le co	ndıvı mpe	dual nsat	ion a	and other compensation from	m		3	X			
Individual  5 Did any person listed on line 1s services rendered to the organ	a receive or accru	е со	mpe	nsatı	on fr	om a	any u	unrelated organization for			5	X			
Section B. Independent Contracto	ors										<u> </u>				
Complete this table for your five compensation from the organization.	ation	sate	d inc	lepe	nder	t cor	ntrac				ιc	· · · · · · · · · · · · · · · · · · ·			
Name and	(A) business address							Descrip	(B) ition of services		(C Comper	isation			
							-	· · · · · · · · · · · · · · · · · · ·			·				
				·					<del></del>						
											<del></del>				
2 Total number of independent c more than \$100,000 in comper		-				to th	ose	listed above) who received			0 Form <b>9</b> 9	0 (2009)			

P8	IT V	III Staten	nent of Reve	nue				<u> </u>	(6)	(a:
		,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>S</b> (0	40	Endorsted con	anaigne	1a	•		<del></del>	Tovelido		312, 313, 01 314
ants	18	Federated can	· -	-			1			
Contributions, gifts, grants and other similar amounts	D	Membership d		1b			I			
ffs,	С	Fundraising ev		1c						
<u> 2</u>	d	Related organi		1d						
sir	0	Government grants	(contributions)	10		1,500	I		-	
utic Per	f	All other contribution					I			
혈		and similar amounts	not included above	_1f_			Ī			
ag	g	Noncash contributio	ns included in lines 1a-	1f S	5		Į			
O B	h	Total. Add line	es 1a-1f			<b>•</b>	1,500			
Program Service Revenue						Busn. Code				
ven	2a	Program	Income				194,229	194,229		
Re	b	Members	hip dues				110,792	110,792	_	
/ice	С	Documen	t sales				68,352	68,352		
Sen	d								·	
Ē	0									
g	f	All other progra	am service rever	nue						
P		g Total. Add lines 2a–2f					373,373			
	3		ome (including d	lividend	s. interes	t, and				
	_	other similar a			.,	•	2,497	2,497		
	4		nvestment of tax-	exemp	bond pro	oceeds •				
i	5	Royalties	Woodinon or tax	O.C.II.P	bona pr			<u> </u>		<del></del>
	Ū	Royallos	(ı) Real		(u) F	Personal			······································	
	6a	Gross Rents	(7,115		(,		1			
							1			
	b	Less rental exps	<u> </u>							
	C	Rental inc or (loss)		1			<b>!</b>	ĺ	:	
	d 7a	Net rental inco Gross amount from			(11)	Other	-			
		sales of assets	(i) Securities	5	(11)	Other	I			
	_	other than inventory					1			
	b	Less cost or other					1			
		basis & sales exps					1		:	
	С	Gain or (loss)	L				1	1		
	d	Net gain or (lo	-			<b>•</b>				
Φ	8a		om fundraising ever	nts			İ			
n e		(not including \$					1			
ě			reported on line 1c)				1			
F		See Part IV, line	18	a			1			
Other Revenue		Less. direct ex		ьĮ			1	1		
9			(loss) from fundr	- r	events	<b>&gt;</b>				
	9a	Gross income fro	om gaming activities	s			1			
		See Part IV, line	19	a						
	b	Less direct ex	penses	ь						
	С	Net income or	(loss) from gami	ng acti	/ities	<b>&gt;</b>				
	10a	Gross sales of	inventory, less						, ,	
		returns and all	owances	a			1			
	b	Less: cost of g	oods sold	ь			1			
		-	(loss) from sales	of inve	entory	<b>•</b>	I	1		
			ellaneous Revenue			Busn. Code	************ <b>*</b>			
	11a	Annual sp	onsor				3,500	3,500		
	b	Miscellar					2,608	2,608	7 717	
	C		lng Income				1,568	1,568		
	_	All other reven	•				-			·
	9	Total. Add line				<b>•</b>	7,676			
	12		e. See instruction	ns		•	385,046	383,546	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	All other organizations must	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		<del> </del>		
-	the U.S See Part IV. line 22				
3	Grants and other assistance to governments,		- <u></u>		······································
-	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	135,878		135,878	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes	12,351		12,351	
11	Fees for services (non-employees)				
a	· ·				
b	Legal	1 005		1 205	
C	•	1,995		1,995	<del></del>
d	, ,			<del>   </del>	
0	Professional fundraising services See Part IV, line 17		<del></del>		
T	Investment management fees	20 170	·, ··,···- <u>·</u>	20 170	
9	Other	28,179		28,179	
12	Advertising and promotion	5,552		5,552	·
13 14	Office expenses Information technology	878		878	
15	Royalties	070		070	
16	Occupancy	21,225		21,225	
17	Travel	22,582		22,582	<del> </del>
18	Payments of travel or entertainment expenses	22,002			• •
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	603		603	•
23	Insurance				
				N	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Program expenses	146,802		146,802	
b	Equipment	13,529		13,529	
C	Documents	10,046		10,046	
d	Insurance	9,062		9,062	
8	Web page	6,292		6,292	
f	All other expenses	21,786		21,786	
25	Total functional expenses. Add lines 1 through 24f	436,760	<del></del>	436,760	<del></del>
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	randration government		<del> </del>	<u> </u>	Form 990 (2009

		(2009) ALA MIAMI			-61511/2		Page 11
Pa	rt >	Balance Sheet		<del></del>			т
		•			(A)		(B)
		·			Beginning of year		End of year
	1	Cash—non-interest bearing			428,030	1_	410,536
	2	Savings and temporary cash investments		-		2	
	3	Pledges and grants receivable, net		-		3_	
	4	Accounts receivable, net		Ļ		4	1
	5	Receivables from current and former officers, directors, to		· · · · · · · · · · · · · · · · · · ·			1
		employees, and highest compensated employees Compl	ete Par	t II of			1
- 1		Schedule L	ļ.		5	,	
	6	Receivables from other disqualified persons (as defined u		F.			
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Com	plete			‡
ဖ		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net		_		7	
ŝ	8	Inventories for sale or use		8	<del></del>		
~	9	Prepaid expenses and deferred charges	,	, <u> </u>		9_	<u> </u>
	10a	Land, buildings, and equipment cost or					
		other basis. Complete Part VI of Schedule D	10a	58,227			ļ
	b	Less accumulated depreciation	10b	34,290	24,539		23,937
'	11	Investments—publicly traded secunties		ļ	36,747	11	37,7 <u>87</u>
	12	Investments—other secunties See Part IV, line 11		12			
'	13	Investments—program-related See Part IV, line 11	ļ		13		
'	14	Intangible assets	<u> </u>		14		
'	15	Other assets See Part IV, line 11	_		15		
<u></u>	16	Total assets. Add lines 1 through 15 (must equal line 34)	489,316	16	472,260		
'	17	Accounts payable and accrued expenses	2,224	17	3,948		
'	18	Grants payable	-		18		
'	19	Deferred revenue	<u> </u>	201,763	19	234,694	
2	20	Tax-exempt bond liabilities				20	<b></b>
Se 2	21	Escrow or custodial account liability Complete Part IV of	Schedu	ile D		21	<u></u>
Liabilities	22	Payables to current and former officers, directors, trustees	s, key			1	1
a Di		employees, highest compensated employees, and disqua	lified				<b>‡</b>
<b>=</b>		persons Complete Part II of Schedule L		_	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third i		_	· · · · · · · · ·	_23_	
	24	Unsecured notes and loans payable to unrelated third par	ties	-		24	<u> </u>
	25	Other liabilities Complete Part X of Schedule D		ļ.		25	000 640
$\overline{}$	26	Total liabilities. Add lines 17 through 25	<del>.</del>		203,987	26	238,642
es		Organizations that follow SFAS 117, check here ▶ 🗵	and	[			
일		complete lines 27 through 29, and lines 33 and 34.		ŀ	205 222	!	222 610
3 3	27	Unrestricted net assets		-	285,329		233,618
<u>m</u>   3	28	Temporarily restricted net assets				28	<u> </u>
[ ]	29	Permanently restricted net assets	, r	1 F		29	<u> </u>
屲		Organizations that do not follow SFAS 117, check her	e ► [	<b>」</b>			
٥		and complete lines 30 through 34.	ŀ			1	
ا بد	30	Capital stock or trust principal, or current funds	<del></del>	30	ļ		
ise:	31	Paid-in or capital surplus, or land, building, or equipment f	ļ.		31	ļ	
۲ ا	32	Retained earnings, endowment, accumulated income, or	other fu	ınds	005 200	32	033 610
j je	33	Total net assets or fund balances		<u> </u>	285,329	33	233,618
<u> </u>	34	Total liabilities and net assets/fund balances			489,316	34	472,260

Form **990** (2009)

Pa	at XI Financial Statements and Reporting	_		
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	L	
		Forr	n 990	(2009)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization 59-6151172 AIA MIAMI Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche!	dule D (Form 990) 2009 AIA MIAMI			<u> </u>	51172	Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	, Historical Treas	ures, or Other S	Similar Assets (	continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	ck any of the following t	that are a significant	use of its	
а	Public exhibition	d Loar	n or exchange program	ns		
b	Scholarly research	e Othe	- · · ·			
c	Preservation for future generations				<del>-</del> -	
4	Provide a description of the organization's collection and XIV	ctions and explain how t	hey further the organiz	ation's exempt purpo	se in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of art, he maintained as part of the	nistorical treasures, or e	other similar ction?		Yes No
Pa	et IV Escrow and Custodial Arra				Yes" to Form 99	
	IV, line 9, or reported an am	ount on Form 990,	Part X, line 21.			
1a	Is the organization an agent, trustee, custodian	or other intermediary for	r contributions or other	assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	ı table			
	•					Amount
С	Beginning balance				1c	
	Additions during the year				1d	
9	Distributions during the year				10	
•	Ending balance				1f	
22	Did the organization include an amount on Form	n 000 Part Y line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	11 330, 1 att X, inte 21				☐ Yes ☐ No
	rt V Endowment Funds. Comple	to if organization s	answered "Ves" to	Form 990 Par	t IV line 10	
	Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
_		(a) Current year	(b) Filot year	(C) Two years back	(u) Tillee years back	(e) Foul years back
	Beginning of year balance	ļ				
	Contributions					<u> </u>
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships			ļ		
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					<u></u>
g	End of year balance					
2	Provide the estimated percentage of the year en	nd balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possessi	on of the organization th	at are held and admini	stered for the		
	organization by	Ü				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sche	edule R2			3b
4	Describe in Part XIV the intended uses of the or					( ) b
	rt VI Investments—Land, Buildir			) Part Y line 10		
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value
	Description of investment	(investment)	basis (other	1	eciation	(d) book value
	Land	(invocation)	540/0 (54/0/	,		
	Buildings				<del></del>	
	•	<del></del>				
	Leasehold improvements	-	+			
	Equipment				<del></del>	
_	Other	In Form 900 Part V and	lump (R) luce 10(e) \		-	
ividi	<ul> <li>Add lines 1a through 1e (Column (d) must equ</li> </ul>	iai i Ullii 550, Fall A, COI	unini (D), iiile 10(C) )			

Part VII Investments—Other Securities. See Form 990	, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial denvatives		
Closely-held equity interests		
Other		
<u> </u>		
		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
	<del></del>	
,, , , , , , , , , , , , , , , , , , , ,		
time of the second seco		
	······	
	<del></del>	
		•
·	-,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, line 25		
(a) Description of liability	(b) Amount	
Federal income taxes	1,7,00	
Total International Control of the C		
<del></del>		
· · · · · · · · · · · · · · · · · · ·		
<del>-</del>		

Sche	dule D (Form 990) 2009 AIA MIAMI	59-6151	172	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	1. 1. 1. 1. 1.
7	Prior period adjustments		7	
8	Other (Describe in Part XIV )		8	<del></del>
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	·
	rt XII Reconciliation of Revenue per Audited Financial S		Return	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	·· · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV )	4b	$\dashv$ 1	
	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
~~~	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expenses pe	<del></del>	
1	Total expenses and losses per audited financial statements	otatomonto tetti Exponese pe	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d	$\dashv$ $\parallel$	
	Add lines 2a through 2d		2e	
е 3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	•	4b		
	Other (Describe in Part XIV ) Add lines 4a and 4b	[ 40 ]	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<b>,</b>	5	
	rt XIV Supplemental Information		···	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	ut III. knoe 1e and 4. Part IV. knoe 1h	<del></del>	
	the left is part to provide the descriptions required to Fart II, lines 3, 3, and 9, Fart IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part			
		Am, lines 2d and 4b Also complete		
nis p	art to provide any additional information			
_		_		
_				
	<b> </b>		_ <b></b>	<del>-</del>

Sch	nedu	ıle C	) (Fo	rm 9	990)	200	9	Α.	LΑ	M.	TAI	МŢ													59.	- 67	rat	Τ./	2						Page :
F	art	XI	٧	٠Sı	ıpp	len	1en	tal	Info	orm	atio	on (	(cor	ntin	uec	<u>(t</u>																			
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## SCHEDULE.O

(Form 990)

**Supplemental Information to Form 990** 

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

• Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AIA MIAMI

Employer identification number 59 - 6151172

Form 990 - Organization's Mission or Most Significant Activities

The American Institute of Architects (AIA) is a nonprofit association incorporated under the laws of the state of Florida. Its mission is to unite architects in fellowship, promote the aesthetic, scientific, and practical efficiency of the profession, advance the science and art of planning and building, coordinate the building industry and the profession of architecture to improve the quality of life, and to make the profession of ever-increasing service to society.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

Name(s) shown on return

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Attachment Sequence No 67

► See separate instructions.

► Attach to your tax return.

	AIA MI	IMA					59-	<u>615</u>	1172
	ss or activity to which this form relates	•							
	direct Depreciat:			. 4-0					
Pa						lata Da			
	Note: If you have a				comp	iete Pa	π ι.		250,000
1	Maximum amount See the instruc	-		S				1	230,000
2	Total cost of section 179 property	<u>-</u>						3	800,000
3	Threshold cost of section 179 prop	-	<u>.</u>	uctions)				4	800,000
4	Reduction in limitation. Subtract lim		·	d filma conoratoly, co	o instruct	ione		5	
5	Dollar limitation for tax year Subtract lin	on of property		o) Cost (business use			Elected cost	<u> </u>	
6	(a) Description			9, 0001 (20011000 001	3 3,7	(0)			
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p		in column (c) lines 6	and 7	ب			8	<u></u>
9	Tentative deduction Enter the sm	•	in column (c), in co o	una /				9	
10	Carryover of disallowed deduction		308 Form 4562					10	
11	Business income limitation Enter			an zero) or line 5 (	see instr	uctions)		11	
12	Section 179 expense deduction A		•			addone		12	
13	Carryover of disallowed deduction	•			13				
	Do not use Part II or Part III below				1 .0 1				<u> </u>
	rt II Special Depreciat			ciation (Do no	t inclu	de liste	d prope	rtv.)	(See instr.)
14	Special depreciation allowance for						<u> </u>	.,,,	
	during the tax year (see instruction		ior triair notos proport	,,, p.2002 00				14	
15	Property subject to section 168(f)(	•						15	
16	Other depreciation (including ACR							16	
77 777	rt III MACRS Deprecia		ide listed proper	tv.) (See instr	uctions	5.)			<u> </u>
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Section						
17	MACRS deductions for assets plan	ced in service in tax ve	ears beginning before	2009		-		17	603
18	If you are electing to group any assets p	· ·			counts, ch	eck here 🕨	· []		
	Section B-	-Assets Placed in Se	rvice During 2009 T	ax Year Using th	e Gener	al Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only–see instruction	use	(e) Co	nvention	(f) Meth	nod	(g) Depreciation deduction
100	3 year property	Service	Only-see mandenon	113/	+				
<u>19a</u> b	3-year property	4			<del>                                     </del>				
<u>D</u>	5-year property 7-year property	<b>-</b>			<del> </del>				
d	10-year property	┪			1				
_ <u>u</u>	15-year property	┪			†				
	20-year property	┪			<del>                                     </del>				· · · · · · · · · · · · · · · · · ·
_ <u>,</u>	25-year property	┥		25 yrs	<del> </del>		S/L		<del></del>
_ <u>y</u> _	Residential rental			27 5 yrs		MM	S/L		
"	property			27 5 yrs	1	MM	S/L		
	Nonresidential real			39 yrs	<del></del>	MM	S/L		
•	property		· · · · · · · · · · · · · · · · · · ·	<u> </u>		MM	S/L		
	Section C—	Assets Placed in Serv	vice During 2009 Ta	x Year Using the					1
20a	Class life			T			S/L		
	12-year	-		12 yrs			S/L		
	40-year	<del> </del>		40 yrs		MM	S/L		
7. 7	rt IV Summary (See in	structions.)	<u></u>	,			-		
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12,		nes 19 and 20 in colui	mn (g), and line 21	Enter	nere			
	and on the appropriate lines of you				_			22	603
23	For assets shown above and place								
-	portion of the basis attributable to	<del>-</del>			23				
For F	Paperwork Reduction Act Notice,		tions.						Form <b>4562</b> (2009)