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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HONOLULU CHAPTER THE AMERICAN INSTITUTE OF ARCHITECTS (aka aia honolulu)	D Employer identification number 99-6006458
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 119 MERCHANT STREET No 402	E Telephone number (808) 545-4242
		City or town, state or country, and ZIP + 4 HONOLULU, HI 96813	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify)	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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I Website: WWW.AIAHONOLULU.ORG
J Tax-Exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 380,023**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	382,141	22 384,109
23 Land and buildings	72,037	23 69,949
24 Other assets (describe)	122,136	24 132,564
25 Total assets	576,314	25 586,622
26 Total liabilities (describe)	6,426	26 2,674
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	569,888	27 583,948

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

What is the organization's primary exempt purpose?
 TO ORGANIZE AND UNITE IN FELLOWSHIP THE MEMBERS OF THE ARCHITECTURAL PROFESSION WITHIN THE CORPORATION, TO PROMOTE THE AESTHETIC, SCIENTIFIC, AND PRACTICAL EFFICIENCY OF THE ARCHITECTURAL PROFESSION, TO ADVANCE THE SCIENCE AND ART OF PLANNING AND BUILDING BY ADVANCING THE STANDARD OF ARCHITECTURAL EDUCATION, TRAINING AND PRACTICE, TO COORDINATE THE PROFESSION OF ARCHITECTURE WITH THE BUILDING INDUSTRY, TO INSURE THE ADVANCEMENT OF THE LIVING STANDARD OF PEOPLE THROUGH THEIR IMPROVED ENVIRONMENT, TO MAKE THE ARCHITECTURAL PROFESSION OF EVER-INCREASING SERVICE TO SOCIETY, AND TO PROTECT THE RIGHTS AND INTERESTS OF OUR MEMBERS AND TO ADVOCATE IN THEIR BEHALF

Expenses
 (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . .

28a

29

(Grants \$) If this amount includes foreign grants, check here . . .

29a

30

(Grants \$) If this amount includes foreign grants, check here . . .

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here . . .

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)

(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 not 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	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes	
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 <input type="checkbox"/> 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations</i> 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 <i>Section 501(c)(3) organizations</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations</i> 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		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations</i> 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 <input type="checkbox"/> _____			
42a The organization's books are in care of <input type="checkbox"/> aia honolulu Telephone no <input type="checkbox"/> (808) 545-4242 119 MERCHANT STREET SUITE 402 Located at <input type="checkbox"/> honolulu, HI ZIP + 4 <input type="checkbox"/> 96813			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	Yes	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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	44	Yes	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.

	Yes	No
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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
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

50(f) Total number of other employees paid over \$100,000 **0**

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

51(d) Total number of other independent contractors each receiving over \$100,000 **0**

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: ***** Date: 2010-10-08

AMY BLAGRIFF EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: anna m mori Date: 2010-10-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Wikoff Combs & Co LLC, 1001 Bishop St 2760, Honolulu, HI 96813

Preparer's identifying number (See instructions): EIN: Phone no: (808) 791-1414

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

Additional Data

Software ID:
Software Version:
EIN: 99-6006458
Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE OF ARCHITECTS (aka aia honolulu)

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 ANNUAL EXPO - CO-SPONSORS THIS EVENT THE EXPO IS THE LARGEST TRADE VENUE SERVING HAWAII'S BUILDING CONSTRUCTION INDUSTRY THE EXPO FEATURES THE LATEST BUILDING PRODUCTS AND SERVICES FROM HUNDREDS OF SUPPLIERS AND OFFERS A FULL SCHEDULE OF APPROVED AIA CONTINUING EDUCATION SEMINARS ADDRESSING CURRENT ISSUES, INNOVATIONS AND TECHNIQUES IN THE BUILDING DESIGN INDUSTRY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 ANNUAL DESIGN AWARDS - PROVIDES AN AVENUE FOR AIA HONOLULU ARCHITECTS TO BE RECOGNIZED BY THEIR PEERS FOR THEIR EFFORT AND DEDICATION TO EXCELLENCE IN ARCHITECTURAL DESIGN IN DOING SO, AIA HONOLULU HOPES TO RAISE PUBLIC CONSCIOUSNESS, AWARENESS OF DESIGN EXCELLENCE AND THE SPECIAL ROLE OF AIA ARCHITECTS IN THE COMMUNITY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 MEMBERSHIP LUNCHEONS/SPEAKER MEETINGS - HOLDS MEMBERSHIP MEETINGS FEATURING SPEAKERS ON TOPICS OF LEADERSHIP, ARCHITECTURAL PRACTICE, AND PROFESSIONAL INTEREST AREAS THESE EVENTS PROMOTE PROFESSIONAL DEVELOPMENT, FELLOWSHIP AMONG MEMBERS AND PROVIDE MEMBERS OPPORTUNITIES TO INTERACT WITH LOCAL PUBLIC OFFICIALS AND OTHER COMMUNITY AND INDUSTRY LEADERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
INSTALLATION BANQUET AND CELEBRATION - A FELLOWSHIP EVENT WITH A FOCUS ON RECOGNIZING AND CELEBRATING THE ACCOMPLISHMENTS OF MEMBER VOLUNTEERS WHOSE EFFORTS HAVE HELPED SUPPORT THE ORGANIZATION'S GOALS THROUGHOUT THE YEAR NEWLY ELECTED BOARD MEMBERS ARE INDUCTED DURING THE FORMAL PORTION OF THE PROGRAM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
FOURTH annual construction design build competition (2009) - CANSTRUCTION IS A TRADEMARK OF THE SOCIETY FOR DESIGN ADMINISTRATION (SDA), WORKING IN TANDEM WITH THE AMERICAN INSTITUTE OF ARCHITECTS AND OTHER MEMBERS OF THE DESIGN AND CONSTRUCTION INDUSTRY THIS HONOLULU-BASED EVENT, NOW IN ITS FOURTH YEAR, IS INTENDED AS AN ANNUAL PROGRAM OF THE LOCAL AIA HONOLULU CHAPTER CANSTRUCTION COMBINES THE COMPETITIVE SPIRIT OF A DESIGN/BUILD COMPETITION WITH A UNIQUE WAY TO HELP FEED HUNGRY PEOPLE COMPETING TEAMS, LEAD BY ARCHITECTS AND ENGINEERS, SHOWCASE THEIR TALENTS BY DESIGNING GIANT SCULPTURES MADE ENTIRELY OUT OF CANNED FOODS AT THE CLOSE OF THE EXHIBITIONS ALL OF THE FOOD USED IN THE STRUCTURES IS DONATED TO THE HAWAII FOODBANK OTHER PROGRAMS - ACTS AS EVENT SPONSOR AND COORDINATOR FOR CERTAIN OTHER LOCALLY HELD ARCHITECTURE/DESIGN CONFERENCES AS TOPICS ARISE DURING THE YEAR MISC OTHER PROGRAMS IN 2009 INCLUDED GREEN SCHOOLS SYMPOSIUM, BREAKFAST WEBINARS ON "HOT TOPICS" AND OFFICE/LUNCH TIME SEMINARS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0

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
JEFFREY NISHI C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	PRESIDENT 6 00	0	0	0
CHARLES KANESHIRO C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	VICE PRESIDENT/PRESIDENT ELEC 4 00	0	0	0
JOY DAVIDSON C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	SECRETARY 2 00	0	0	0
STANFORD LEE C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	TREASURER 2 00	0	0	0
ROBIN INABA C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
LOUIS FUNG C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
KENDALL ELINGWOOD III C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
TERRY MCFARLAND C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
LINDA MIKI C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
JANICE LI C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
SCOTT R WILSON C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
SHAUN USHIJIMA C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR 1 00	0	0	0
TERRANCE CISCO C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	DIRECTOR ISLAND SECTION 1 00	0	0	0
MICHAEL HARVEY C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	ASSOCIATE DIRECTOR 1 00	0	0	0
AMY BLAGRIFF C/O 119 MERCHANT STREET SUITE 402 HONOLULU, HI 96813	EXECUTIVE VICE PRESIDENT 50 00	75,001	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Item No.	1
Class of Activity	
Donee's Name	AIANORTHWEST & PACIFIC REGION
Donee's Address	724 COLUMBIA STREET NW SUITE 120 OLYMPIA, WA 985011291
Amount (FMV)	3,402
Purpose of Payment to Affiliate	DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Description	Beginning of Year Amount	End of Year Amount
RENT SECURITY DEPOSIT	5,208	5,208
AIA/CSI EXPO JV	114,118	125,387
Other Depreciable Assets	2,810	1,969

TY 2009 Other Expenses Schedule

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Description	Amount
PROGRAM SERVICE EXPENSES	50,184
TRAVEL	4,885
EMPLOYEE BENEFITS	5,384
PAYROLL TAXES AND INSURANCE	16,586
BANK CHARGES AND FEES	3,456
OFFICE SUPPLIES AND EXPENSE	1,024
INTERNET AND OTHER COMPUTER EXPENSES	214
INSURANCE	5,538
PROMOTIONAL EXPENSE	1,166
STAFF EDUCATION AND SEMINAR	212
GENERAL EXCISE TAX	1,179

TY 2009 Other Liabilities Schedule

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Description	Beginning of Year Amount	End of Year Amount
WITHHELD PAYROLL TAXES	6,426	2,674

TY 2009 Other Revenues Schedule

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Description	Amount
ADVERTISING INCOME	3,225
Administrative fees	22,800
paper Document sales	9,638
Allied membership-other income	10,100
royalty income	20,690

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: HONOLULU CHAPTER THE AMERICAN INSTITUTE
OF ARCHITECTS (aka aia honolulu)

EIN: 99-6006458

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.