



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



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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization

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

Room/suite

City or town, state or country, and ZIP + 4

54-1192027

(757) 356-9971

Group Exemption Number

Accounting method

Cash

Accrual

Other (specify)

Website

Tax-Exempt status

501(c)(3)

501(c)( 6 )

(insert no )

4947(a)(1)

527

Check

If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Check

If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$

108,518

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )									
Check if the organization used Schedule O to respond to any question in this Part I . . . . .									
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	5,238					
	2	Program service revenue including government fees and contracts . . . . .	2	29,453					
	3	Membership dues and assessments . . . . .	3	53,770					
	4	Investment income . . . . .	4	2,795					
	5a	Gross amount from sale of assets other than inventory . . . . .	5c						
	b	Less cost or other basis and sales expenses . . . . .							
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .							
	6	Gaming and fundraising events	6d	6,905					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)							
	b	Gross income from fundraising events (not including \$ 15,153 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .							
Expenses	c	Less direct expenses from gaming and fundraising events . . . . .							
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)							
	7a	Gross sales of inventory, less returns and allowances . . . . .	7c						
	b	Less cost of goods sold . . . . .							
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .							
	8	Other revenue (describe in Schedule O) . . . . .	8	2,109					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	100,270					
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	500					
	11	Benefits paid to or for members . . . . .	11						
	12	Salaries, other compensation, and employee benefits . . . . .	12	46,800					
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	13	5,300					
	14	Occupancy, rent, utilities, and maintenance . . . . .	14						
	15	Printing, publications, postage, and shipping . . . . .	15	101					
	16	Other expenses (describe in Schedule O) . . . . .	16	23,822					
	17	Total expenses. Add lines 10 through 16 . . . . .	17	76,523					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	23,747					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	100,033					
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	12,351					
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	136,131					

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	24,831	22	52,720
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	75,202	24	83,411
25	Total assets . . . . .	100,033	25	136,131
26	Total liabilities (describe in Schedule O) . . . . .	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	100,033	27	136,131

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? EDUCATIONAL AND NETWORKING ORGANIZATION FOR ARCHITECTS		(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 CONTINUING EDUCATION - PROVIDED FOR THE BENEFIT OF RELICENSURE TO ALL MEMBERS PROGRAM ALSO PROVIDES A RE EXAM PREP TO ALL INTERN ARCHITECTS (ASSOCIATE MEMBERS) AND HARDHAT CONSTRUCTION TOURS PROVIDED TO ALL MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here		28a	10,144
29 DESIGN HONOR COMPETITION AND AWARDS - HONORS EXCELLENCE IN DESIGN AND THE PROFESSION PROGRAM RAISES AWARENESS OF THE BUILT ENVIRONMENT (Grants \$ 0) If this amount includes foreign grants, check here		29a	500
30 COMMUNITY OUTREACH - ORGANIZATION HOSTS EVENTS SUCH AS ARCHITECTURE WEEK AND GUEST SPEAKERS TO SUPPORT THE ORGANIZATIONS PURPOSE (Grants \$ 0) If this amount includes foreign grants, check here		30a	2,920
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	13,564

Part IV

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

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

☒

(a) Name and 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions) . . . . .	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 <input type="checkbox"/> <b>37a</b> 0			
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b		
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 tax year 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b		
c	Section 501(c)(3) 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 . . . <input type="checkbox"/> _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____			
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 <input type="checkbox"/> VA			
42a	The organization's books are in care of <input type="checkbox"/> DENISE HARDY Telephone no <input type="checkbox"/> (757) 306-3742 24 DASHIELL DRIVE Located at <input type="checkbox"/> SMITHFIELD, VA ZIP + 4 <input type="checkbox"/> 234301614			
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		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"/> _____	42b		No
		42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="checkbox"/> <b>43</b>			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
c	Did the organization receive any payments for indoor tanning services during the year?	44b		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		No
		44d		

		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 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

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

	Yes	No
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

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-07-12 Date		
	JEREMY BURGE TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	WILLIE J ROUNTREE	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WALL EINHORN & CHERNITZER PC 555 E MAIN ST SUITE 1600 NORFOLK, VA 23510			EIN
					Phone no (757) 625-4700
May the IRS discuss this return with the preparer shown above? See instructions					

YesNo

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1192027

**Name:** HAMPTON ROADS CHAPTER OF AMERICAN  
INSTITUTE OF ARCHITECTS

### 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
JOHN CROUSE 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	PRESIDENT 1 00	0	0	0
MARTIN BORGER 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	1ST VICE PRESIDENT 1 00	0	0	0
ROBERT REIS 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	2ND VICE PRESIDENT 1 00	0	0	0
GEORGE NICHOLOS 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	TREASURER 1 00	0	0	0
WAYNE MORTIMER 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	SECRETARY 1 00	0	0	0
NICOLE DAVILLI 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	IMMEDIATE PAST PRESIDENT 0 00	0	0	0
MARCI PARRISH 24 DASHIELL DRIVE SMITHFIELD, VA 234301614	EXECUTIVE DIRECTOR 30 00	46,800	0	0

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
HAMPTON ROADS CHAPTER OF AMERICAN  
INSTITUTE OF ARCHITECTS

Employer identification number  
54-1192027

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts . . . .	15,153			15,153
2	Less Charitable contributions . . . .				
3	Gross income (line 1 minus line 2) . . . .	15,153			15,153
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	8,248		8,248
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					6,905

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_



11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

2010

Open to Public  
Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

<b>Name of the organization</b> HAMPTON ROADS CHAPTER OF AMERICAN INSTITUTE OF ARCHITECTS	<b>Employer identification number</b>  54-1192027
-------------------------------------------------------------------------------------------------	---------------------------------------------------------

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2,795

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISC INCOME AMOUNT 2,109

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME MYLES LUE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME RODG WILLIAMS PROPERTY DESCRIPTION CASH AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME LAKEISHA BYRD PROPERTY DESCRIPTION CASH AMOUNT GIVEN 100 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 500

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION LICENSE AMOUNT 35 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,196 DESCRIPTION TRAINING AMOUNT 1,825 DESCRIPTION PROGRAM EXPENSE AMOUNT 11,075 DESCRIPTION NEWSLETTER AMOUNT 755 DESCRIPTION WEBSITE FEES AMOUNT 1,032 DESCRIPTION BANK FEES AMOUNT 4,303 DESCRIPTION INSURANCE AMOUNT 1,471 DESCRIPTION TRAVEL & MEETINGS AMOUNT 1,217 DESCRIPTION TELEPHONE AMOUNT 702 DESCRIPTION DONATIONS AMOUNT 200 DESCRIPTION MISC AMOUNT 11 TOTAL TO FORM 990-EZ, LINE 16 23,822

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION CHANGE IN UNREALIZED GAIN/LOSS AMOUNT 12,351



Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION SECURITIES BEG OF YEAR AMOUNT 75,202 END OF YEAR AMOUNT 83,411

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** HAMPTON ROADS CHAPTER OF AMERICAN  
INSTITUTE OF ARCHITECTS

**EIN:** 54-1192027

**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.