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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, 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

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Iowa Architectural Foundation

Number and street (or P O box, if mail is not delivered to street address) Room/suite
400 Locust Street 100

City or town, state or country, and ZIP + 4
Des Moines, IA 50309-2348

D Employer identification number
42-1326492

E Telephone number
515-244-1888

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► **www.iowaarchfoundation.org**

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

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 56,920.**

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. ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																41,845.											
	2	Program service revenue including government fees and contracts																3,627.											
	3	Membership dues and assessments																0.											
	4	Investment income																30											
	5a	Gross amount from sale of assets other than inventory																0.											
	b	Less: cost or other basis and sales expenses																0.											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																0.											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																0.											
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																11,418.											
c	Less: direct expenses from gaming and fundraising events																2,244.												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																9,174.												
7a	Gross sales of inventory, less returns and allowances																0.												
b	Less: cost of goods sold																0.												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																0												
8	Other revenue (describe in Schedule O)																0.												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																54,676.												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																0.											
	11	Benefits paid to or for members																0.											
	12	Salaries, other compensation, and employee benefits																30,491.											
	13	Professional fees and other payments to independent contractors																138.											
	14	Occupancy, rent, utilities, and maintenance																551.											
	15	Printing, publications, postage, and shipping																1,119.											
	16	Other expenses (describe in Schedule O)																7,970.											
17	Total expenses. Add lines 10 through 16																40,269.												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																14,407.											
	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)																10,750.											
	20	Other changes in net assets or fund balances (explain in Schedule O)																0.											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																25,157.											

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,432.	22 27,142.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	13,432.	25 27,142.
26 Total liabilities (describe in Schedule O)	2,682.	26 1,985.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,750.	27 25,157.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

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

What is the organization's primary exempt purpose? **PROMOTE AWARENESS OF ARCHITECTURE AND DESIGN**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 COMMUNITY DESIGN PROGRAMS IN IOWA CITIES AND TOWNS BY COORDINATING ASSESSMENTS AND RECOMMENDATIONS BY VOLUNTEER DESIGN PROFESSIONALS FOR AND WITH COMMUNITY LEADERS. THE COMMUNITIES OF ATLANTIC AND NEOLA WERE ASSISTED IN 2011. (Grants \$ 10,000) If this amount includes foreign grants, check here ☐	28a	1,455.
29 SPONSORING ORGANIZATION FOR ARCHITECTURE IN THE SCHOOLS PROGRAM, WHICH SUPPORTS ACTIVITIES LOCALLY AND STATEWIDE FURTHERING ARCHITECTURAL AWARENESS. MORE THAN 1000 CHILDREN DIRECTLY IMPACTED BY PROGRAMMING (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	1,262.
30 SPONSORING ORGANIZATION FOR THE ARCHITECTURE IN THE COMMUNITY PROGRAM, WHICH SUPPORTS PUBLIC ACTIVITIES FURTHERING ARCHITECTURAL AWARENESS. (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	40.
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	2,757.

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRISTIN MCHUGH-JOHNSTON 3904 SW 3RD COURT, ANKENY, IA 50023	EXEC DIRECTOR (40.00)	21557.	338.	0.
CHRISTIAN LUTZ 1900 CEDAR STREET, APT. E104, NORWALK, IA	EXEC DIRECTOR (40.00)	5770.	178.	0.
KIM MCDONALD 221 EAST COLLEGE ST., STE 303, IOWA CITY, IA 52240	BOARD CHAIR (1.0)	0.	0.	0.
KAREN ERGER 305 2ND AVE SE, STE 208, CEDAR RAPIDS, IA 52401	BOARD VICE CHAIR (1.0)	0.	0.	0.
TERRY GEBARD 100 COURT AVENUE, STE 100, DES MOINES, IA 50309	BOARD TREASURER (1.0)	0.	0.	0.
ANDY THIELEN 2882 106TH ST., STE 100, DES MOINES, IA 50322	BOARD SECRETARY (1.0)	0.	0.	0.
GARY BECHTEL 400 ICE HARBOR DRIVE, DUBUQUE, IA 52001	TRUSTEE (1.0)	0.	0.	0.
SCOTT BENGFORT 3993 MARQUETTE ST., DAVENPORT, IA 52806	TRUSTEE (1.0)	0.	0.	0.
ERIC BERON 6200 AURORA AVE., STE. 210W, DES MOINES, IA 50309	TRUSTEE (1.0)	0.	0.	0.
SARAH GRANT 3631 S. 61ST ST., DES MOINES, IA 50321	TRUSTEE (1.0)	0.	0.	0.
BEN HILDEBRANDT 400 LOCUST, STE. 100, DES MOINES, IA 50309	TRUSTEE (1.0)	0.	0.	0.
KARL KAUFMAN 604 E. GRAND AVE., DES MOINES, IA 50309	TRUSTEE (1.0)	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b n/a	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a n/a	
b Gross receipts, included on line 9, for public use of club facilities	39b n/a	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
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		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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	✓
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ KRISTIN MCHUGH-JOHNSTON Telephone no. ▶ 515-244-1888 Located at ▶ 400 LOCUST STREET, SUITE 100, DES MOINES, IA ZIP + 4 ▶ 50309-2348		
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)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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

	Yes	No
46		☒

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, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		☒

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

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		☒
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

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 ☒ **Yes** ☐ **No**

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

Sign Here TAM GEBARD APRIL 27, 2012
Signature of officer Date
TERRY GEBARD, TREASURER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Iowa Architectural Foundation

Employer identification number

42-1326492

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	79,789.	53,192.	46,691.	33,200.	41,845.	254,717.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1615.	5070.	3627.	10,312
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	79,789.	53,192.	48,306.	38,270.	45,472.	265,029
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						265,029.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	79,789.	53,192.	48,306.	38,270.	45,472.	265,029
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			238.	95.	30.	363.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			238.	95.	30.	363
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	79,789.	53,192.	48,544.	38,365.	45,502	265,392.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.86 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.001 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.001 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Form 990-EZ
PAGE 1 – SCHEDULE O

LINE 16 – OTHER EXPENSES

Description	Amount
AIA REIMBURSEMENT	\$ 385.
ARCHITECTURE IN THE COMMUNITY	\$ 40.
ARCHITECTURE IN THE SCHOOLS	\$ 1,262.
COMMUNITY DESIGN PROGRAM	\$ 1,455.
EXECUTIVE DIRECTOR EXPENSES	\$ 1,299.
INSURANCE	\$ 1,693.
SUPPLIES	\$ 1,152.
WEBSITE	\$ 684.
TOTAL TO FORM 990-EZ, LINE 16	\$ 7,970.

LINE 26: TOTAL LIABILITIES

DESCRIPTION – FEDERAL AND STATE TAX WITHHOLDINGS

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) Reportable compensation	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT LEWELLEN 1717 INGERSOL STE. 121 DES MOINES, IA 50309	0.	0.	0.	0.

Form 990-EZ
PAGE 2 – SCHEDULE O

PART IV (CONTINUED) – LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ED MATT 939 OFFICE PARK RD. STE. 101 WEST DES MOINES, IA 50265	0.	0.	0.	0.
PAT MESCHER 300 WALNUT ST. STE. 235 DES MOINES, IA 50309	0.	0.	0.	0.
GREGORY PALERMO 156 COLLEGE OF DESIGN AMES, IA 50011	0.	0.	0.	0.
JON QUINN 2711 GLENWOOD DR. DES MOINES, IA 50321	0.	0.	0.	0.
CHRISTINA RHODES 939 OFFICE PARK RD. STE. 101 WEST DES MOINES, IA 50265	0.	0.	0.	0.

Form 990-EZ
PAGE 3 – SCHEDULE O

PART IV (CONTINUED) – LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EDD SOENKE 1637 THORNWOOD DR. WEST DES MOINES, IA 50265	0.	0.	0.	0.
KEVIN TUBBS 421 GRAND AVE. DES MOINES, IA 50309	0.	0.	0.	0.
GARY VAN DYKE 1601 48 TH ST. STE. 200 WEST DES MOINES, IA 50266	0.	0.	0.	0.
CHRIS DELLA VEDOVA 1300 WALNUT ST. STE. 200 DES MOINES, IA 50309	0.	0.	0.	0.
STEVEN WANDRO 2501 GRAND AVE. DES MOINES, IA 50312	0.	0.	0.	0.

Statement for Form 1099-INT for Tax Year 2011

1099-INT - Copy B - For Recipient - OMB #1545-0112

☐ CORRECTED (if checked)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

ING DIRECT
P.O. Box 60
St. Cloud, MN 56302-0060

PAYER'S FEDERAL ID NO.
51-0402191

Iowa Architectural Foundation
400 Locust St
Ste 100
Des Moines, IA 50309

RECIPIENT'S ID NO.
42-1326492

ACCOUNT NUMBER	IRS DESCRIPTION	IRS BOX #	AMOUNT
104774571	2011- 1099-INT, INTEREST INCOME		
	INTEREST INCOME NOT INCLUDED IN BOX 3	1	\$29.93
	EARLY WITHDRAWAL PENALTY	2	\$0.00
	INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	3	\$0.00
	FEDERAL INCOME TAX WITHHELD	4	\$0.00
	INVESTMENT EXPENSES	5	\$0.00
	FOREIGN TAX PAID	6	\$0.00
	FOREIGN COUNTRY OR U.S. POSSESSION	7	
	TAX-EXEMPT INTEREST	8	\$0.00
	SPECIFIED PRIVATE ACTIVITY BOND INTEREST	9	\$0.00
	TAX-EXEMPT BOND CUSIP NO.	10	
TOTAL 1099-INT	2011- 1099-INT, INTEREST INCOME		
	INTEREST INCOME NOT INCLUDED IN BOX 3	1	\$29.93
	EARLY WITHDRAWAL PENALTY	2	\$0.00
	INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	3	\$0.00
	FEDERAL INCOME TAX WITHHELD	4	\$0.00
	INVESTMENT EXPENSES	5	\$0.00
	FOREIGN TAX PAID	6	\$0.00
	FOREIGN COUNTRY OR U.S. POSSESSION	7	
	TAX-EXEMPT INTEREST	8	\$0.00
	SPECIFIED PRIVATE ACTIVITY BOND INTEREST	9	\$0.00
	TAX-EXEMPT BOND CUSIP NO.	10	

CUSTOMER SERVICE:
1-888-464-0727

ING DIRECT