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Form **990** 

Department of the Treasury

DLN: 93493310019525

OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Internal F	Revenue Service	► Information about Form 990 and its instructions is	s at <u>www.1</u>	RS.gov	<u>/form990</u>		Inspection
A Fo	r the 2014 c	alendar year, or tax year beginning 01-01-2014 , and ending 12-3	31-2014				
	eck if applicabl ress change	e C Name of organization THE AMERICAN INSTITUTE OF ARCHITECTS INC				<b>yer iden</b> 125930	tification number
_	ne change al return	Doing business as					
Fina retu	al ırn/termınated	Number and street (or P O box if mail is not delivered to street address) R 1735 NEW YORK AVENUE	Room/suite		E Telepho (202)	626-73	
	ended return lication pendii	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200065209			<b>G</b> Gross r	eceıpts \$	128,954,216
		F Name and address of principal officer	Н	(a) I	this a group	return f	ōor
		ROBERT IVY FAIA 1735 NEW YORK AVENUE WASHINGTON,DC 200065209		SI	ubordinates?		⊤Yes <b>∀</b> No
		WASHINGTON, BC 200003203			re all subordı ıcluded?	nates	Γ Y es Γ No
[ Tax	κ-exempt stat	us	27	Ιf	"No," attach	a lıst (	see instructions)
W.	ebsite: 🕨 V	VWW AIA ORG	н	(c) G	Group exempt	ion num	ber ►
<b>K</b> Form	n of organizati	on ✓ Corporation ← Trust ← Association ← Other ►	<u> </u>	<b>L</b> Year o	of formation 18	57 <b>M</b> 9	State of legal domicile NY
Pai	rt I Su	mmary	•				
Activities & Governance	QUAL	DING, COORDINATE THE BUILDING INDUSTRY AND THE PROFITY OF LIFE, AND TO MAKE THE PROFESSION AN EVER-INCR	REASINGS	SERVI	CE TO SOCI	ETY	
MMes		er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, li		3 4	13		
HCII		number of individuals employed in calendar year 2014 (Part V., Ine			5	251	
		number of volunteers (estimate if necessary)	-			6	600
		unrelated business revenue from Part VIII, column (C), line 12. Irelated business taxable income from Form 990-T, line 34				7a 7b	2,114,562 0
		•			Prior Year		Current Year
	8 Con	tributions and grants (Part VIII, line 1h)	[		300,	351	52,128
Revenue		gram service revenue (Part VIII, line 2g)	52,744,			57,018,312	
Hey		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	<u> </u>	3,094,; 4,359,;		_	3,297,958 3,181,257
		al revenue—add lines 8 through 11 (must equal Part VIII, column (					
		nte and complete pour to a column (A.) lines 1, 2.)			60,498,	_	63,549,655
		nts and similar amounts paid (Part IX, column (A), lines 1-3).  efits paid to or for members (Part IX, column (A), line 4)	<b>—</b>		4,027,	0	1,823,668
	<b>15</b> Sala	rries, other compensation, employee benefits (Part IX, column (A),	<u> </u>		24,074,	798	24,245,786
8	5-1 <b>16a</b> Prof	0)  Tessional fundraising fees (Part IX, column (A), line 11e)	-			0	0
Expenses		fundraising expenses (Part IX, column (D), line 25) $\triangleright^0$	· ·				
ð		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>		31,456,	753	34,614,421
		al expenses Add lines 13–17 (must equal Part IX, column (A), line	<b>—</b>		59,559,		60,683,875
		enue less expenses Subtract line 18 from line 12	· -		939,	_	2,865,780
Net Assets or Fund Balances				Begin	ning of Curre Year	nt	End of Year
A.85 B.82		al assets (Part X, line 16)	· ·		67,596,0		70,074,827
25 25 26 26 26 26 26 26 26 26 26 26 26 26 26		al liabilities (Part X, line 26)	<u> </u>		42,258, 25,337,	_	43,748,861
		gnature Block	· · <u>L</u>		23,337,	373	20,323,300
my kr	owledge an	of perjury, I declare that I have examined this return, including acc d belief, it is true, correct, and complete Declaration of preparer (o knowledge					
	**	****			2015-11-06		
Sign Here	RO	gnature of officer  DBERT IVY FAIA EXECUTIVE VP/CEO  pe or print name and title			Date		
		Print/Type preparer's name Preparer's signature	Date	Т	Check I if	PTIN	
Paic	ı	DEBORAH G KOSNETT DEBORAH G KOSNETT			self-employed Firm's EIN F 5	P002907	
Pre	parer	Firm's name FTATE AND TRYON					
	Only	Firm's address ► 2021 L STREET NW SUITE 400			Phone no (202	) 293-220	00

WASHINGTON, DC 20036

▼Yes 

No

Total program service 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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	Yes	
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		Νo
c	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	11c		Νo
d	Did the organization report an amount for other assets 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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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 (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction 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 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 296  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	90		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	mi which the organization is incensed to issue qualified fleathi plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a	 	Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		INU

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<b>L</b>	more members of the governing body?	7a 7b	Yes Yes	
Б	or persons other than the governing body?	70	res	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 with a			
	taxable entity during the year?	16a		No
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►LISA GREEN

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### 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

- ♣ 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, if any 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)		organization and related organizations

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer stee)	į	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	4,307,452	0	549,131

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►62

			Yes	NO				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,						
	on the factor respectively for such marviaga.	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No				

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HANLEY WOOD 6191 N STATE HWY 161 STE 500 IRVING, TX 75038	EVENT MANAGER/ CONVENTION	1,782,373
GSS AMERICA INFOTECH LTD 1699 WALL STREET STE 201 MT PROSPECT, IL 60056	SOFTWARE SERVICES	1,013,855
DIGITAL PRISM ADVISORS LLC 52 BERGEN RIDGE RD NORTH BERGEN, NJ 070471600	DT CONSULTING SERVICES (IT)	706,780
RACKSPACE PO BOX 730759 DALLAS, TX 753730759	WEB HOSTING	664,802
ABILA AVECTRA PO BOX 123395 DALLAS, TX 753123395	CONSULTING & WEB HOSTING	524,435
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Part V		State
		Check
· · · · ·	1a	Feder
ant	ь	Meml
, Grai Amou	С	Fundi
siffs lar /	d	Relat
ī, ( imi	е	Gover
utior ier S	f	All othe
di production de la company de	g	Nonca: 1a-1f
Con	h	Total
κeπ	2a	PUBLIC
<u>ሜ</u>	Ь	CONFE
Ž Ž	d	PROFE
33 =	e	MEMBE
Ĝran	f	Allot
Š	g	Total
	3	Inves
	4	and o
	5	Roya
	6a	Gross
	ь	Less r
	С	Rental or (los
	d	Net r
	7a	Gross a
	'"	from s assets
	ь	than ir Less o
		other l sales e
	C	Gain o
	d 8a	Net g Gross
e E		event
₽		\$
r Re		See P
ther	ь	Less
0	c	Netir
	9a	Gross See P
	ь	Less
	c	Netir
	10a	Gross
		recuii
	Ь	Less
	C	Net in Mis
	11a	GARA
	ь	FACI
	С	MAIL
	d	All ot
	12	Total
	12	Total

VIII	Statement o Check if Sched	of Revenue ule O contains a resp	onse or note to any li	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under
_					revenue		sections 512-514
1a	Federated cam	paigns 1	a				
b	Membership du	ies 1	b				
С	Fundraising ev	ents <b>1</b>	c				
d	Related organiz	zations 1	d				
e	Government grant	s (contributions) <b>1</b>	e 35,828				
f	All other contribute similar amounts no	ons, gifts, grants, and <b>1</b> ot included above	f 16,300				
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add lines	s 1 a - 1 f		52,128			
			Business Code				
2a	PUBLICATIONS & F	RETAIL	900099	20,669,436	20,669,436		
b	MEMBERSHIP DUE	S	900099	15,898,873	15,898,873		
С	CONFERENCES &	MEETINGS	900099	10,434,767	10,434,767		
d	PROFESSIONAL DE	VELOPMENT	900099	6,730,041	6,730,041		
е	MEMBER SERVICES	S	900099	3,248,864	2,272,097	976,767	
f	All other progra	am service revenue		36,331	36,331		
g	Total. Add lines	s 2a-2f	+	57,018,312			
3		ome (including divide		1,651,135			1,651,135
4		ar amounts) stment of tax-exempt bon		2,002,200			_,,,,_,
5	Royalties .			2,019,798			2,019,798
		(ı) Real	(II) Personal				
6a	Gross rents	2,417,101					
b	Less rental expenses	2,057,599					
С	Rental income or (loss)	359,502					
d	Net rental inco	me or (loss)		359,502		558,584	-199,082
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other than inventory	64,993,785					
Ь	Less cost or other basis and sales expenses	63,346,962					
С	Gain or (loss)	1,646,823					
d		ss)		1,646,823			1,646,823
8a	events (not inc	rom fundraising luding					
	of contributions See Part IV, lir						
Ь	Less directex						
c		(loss) from fundraising					
9a		rom gaming activities ne 19					
b	Less direct ex		a				
		(loss) from gamıng ac	tivities				
10a	Gross sales of returns and allo	* *					
Ь	Less costofa	oods sold b					
I		(loss) from sales of in	ventory 🛌				
	Miscellaneou	s Revenue	Business Code				
11a	GARAGE RENT		812930	444,115		293,700	150,415
b	FACILITIES R	ENTAL	531390	285,511		285,511	
C .	MAILING LIST		511140	38,190			38,190
d		ue		34,141	34,141		
e	Total. Add lines		•	801,957			
12	Total revenue.	See Instructions .		63,549,655	56,075,686	2,114,562	5,307,279

## 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	Section	501(c)(3)	) and 501(c)(4	) organizations must com	plete all columns	All other organizations r	nust complete column (A	)
--	---------	-----------	----------------	--------------------------	-------------------	---------------------------	-------------------------	---

Check if Schedule O contains a response or note to any line in this Part IX							
Do no 7b, 8l	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,761,468	·		<u> </u>		
2	Grants and other assistance to domestic individuals See Part IV, line 22	46,200					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	16,000					
4	Benefits paid to or for members	10,000					
5	Compensation of current officers, directors, trustees, and key employees	3,649,799					
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	16,725,510					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,042,643					
9	Other employee benefits	1,472,724					
10	Payroll taxes	1,355,110					
11	Fees for services (non-employees)						
а	Management	1,491,768					
b	Legal	285,733					
c	Accounting	126,393					
d	Lobbying	305,299					
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees	172,195					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,596,164					
12	Advertising and promotion	3,368,860					
13	Office expenses	1,091,476					
14	Information technology	5,697,277					
15	Royalties	17					
16	Occupancy	635,086					
17	Travel	3,902,110					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	4,464,443					
20	Interest	282,538					
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,035,509					
23	Insurance	543,690					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)						
a	COST OF GOODS SOLD	5,127,687			_		
ь	BANK & MERCHANT PROFESS	1,605,574					
c	AMORTIZATION	1,410,392					
d	TAXES (NON INCOME)	488,770					
e	All other expenses	-16,560					
25	Total functional expenses. Add lines 1 through 24e	60,683,875					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			228,819	1	86,240
	2	Savings and temporary cash investments			7,831,370	2	8,919,522
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,045,487	4	1,032,465
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
88	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			149,388	8	142,415
	9	Prepaid expenses and deferred charges			6,479,650	-	6.943.478
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	39,544,842	, ,		3,5 1.5, 1.7 5
	ь	Less accumulated depreciation	10b	29,167,933	10,774,746	10c	10,376,909
	11	Investments—publicly traded securities	·		40,637,438	11	41,877,818
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			449,183	15	695,980
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			67,596,081	16	70,074,827
	17	Accounts payable and accrued expenses			7,125,679	17	6,175,023
	18	Grants payable			2,000,000		1,166,667
	19	Deferred revenue			21,093,691	19	25,142,781
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scho				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		12,024,038	23	11,264,390
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule			
		D			15,094	25	0
	26	Total liabilities. Add lines 17 through 25			42,258,502	26	43,748,861
s e s		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and	complete			
a D	27	Unrestricted net assets			21,434,486	27	22,356,333
<u>ස</u>	28	Temporarily restricted net assets			2,938,595	28	3,005,135
<u> </u>	29	Permanently restricted net assets			964,498	29	964,498
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌─ and			
S O.	30	Capital stock or trust principal, or current funds				30	
∯.	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			25,337,579	33	26,325,966
ž	34	Total liabilities and net assets/fund balances			67,596,081	34	70,074,827
		rotar nabinates and net assets/land balances	<u> </u>	• •	07,080,001	J-4	10,014,021

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				 ୮
1	Total revenue (must equal Part VIII, column (A), line 12)			63,!	549,655
2	Total expenses (must equal Part IX, column (A), line 25)	2			 683,875
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		2,8	865,780
5	Net unrealized gains (losses) on investments	4		25,3	337,579
J		5		-1,8	877,393
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		26	325,966
Dat	t XII Financial Statements and Reporting	10		20,5	525,900
Г	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			1	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

# Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
PUBLIC RELATION	S - AIA PROVIDES A WEALTH OI	FINFORMATION TO THE PUBLIC ON	N ARCHITECTURE AND ARCHITE	CTS
AIA'S CENTER FOR	R COMMUNITIES BY DESIGN, FOI	R EXAMPLE, PROVIDES INFORMATION	ON ON HOW ARCHITECTURE CA	N
INFLUENCE THE Q	UALITY OF LIFE IN OUR NATION	N'S COMMUNITIES THE PUBLICATION	ON "YOU AND YOUR ARCHITECT	- "
PROVIDES GUIDAI	NCE ON HOW TO GET THE MOST	OUT OF ENGAGING AND WORKING	WITH AN ARCHITECT	
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
•	, , , ,	including grants of \$ HE INTERESTS OF ARCHITECTS BEI	, ,	) CAL
GOVERNMENT AFF GOVERNMENTS AN	FAIRS THE AIA REPRESENTS T ND OTHER POLICY-MAKING BOD	HE INTERESTS OF ARCHITECTS BEI	FORE FEDERAL, STATE, AND LOC TH SUSTAINED MEMBER PARTI	CIPATION
GOVERNMENT AFF GOVERNMENTS AN AND ACTIVE INVO	FAIRS THE AIA REPRESENTS T ND OTHER POLICY-MAKING BOD	HE INTERESTS OF ARCHITECTS BEI DIES THIS OUTREACH, COUPLED WI ROCESS, ENABLES THE AIA TO ADV	FORE FEDERAL, STATE, AND LOC TH SUSTAINED MEMBER PARTI	CIPATION

orm 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)									
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	S, AND EXPO EDUCATION, AS W	ON OFFERS MORE THAN 500 PROGRA ELL AS INFORMATIONAL EXHIBITS S	•	•					
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
,	GRANTS, CONTRIBUTIONS - AIA RCHITECTURAL PROFESSION	PROVIDES SCHOLARSHIPS, GRANTS	S AND OTHER CONTRIBUTION	NS TO					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Name and Title	Compensated Employees, and Independent Contractors										
C1 ELEMENT CITY ECHTER MAX	<b>(A)</b> Name and Title	A verage hours per week (list any hours	more th	ion (d nan o n is b	do no ne b oth	ox, ι an o	ınless fficer	i	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
CHESTORY   COCK   STORY (AM DOC)		organizations below	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related
PRESIDENT (PACE)   COLUMN	(1) ELIZABETH CHU RICHTER FAIA		v		v				7 000	0	0
Color	PRESIDENT (DEC) 1ST VP (JAN-DEC)	0 00	^						7,000		
STATE   STAT			х		Х				25,000	0	0
Comparison   Com			Х		х				0	0	0
49 ISSAM CHIN FAM			х		Х				700	0	0
VICE PRESIDENT (JAM-DEC)	(4) SUSAN CHIN FAIA										
VICE PRESIDENT	VICE PRESIDENT (JAN-DEC) (5) THOMAS V VONIER FAIA	0 00									
MOCE PRESIDENT   0.00	VICE PRESIDENT	0 00	×		X				700	0	0
VEC PRESIDENT (DEC 2014)	VICE PRESIDENT	0 00	Х		х				700	0	0
VACE PRESIDENT (DEC 2014)			x		х				0	0	0
9  JOHN P GROUNDS AA	(8) FRANCIS M PITTS FAIA		Х		Х				0	0	0
TREASURER 0 0 0	(9) JOHN P GROUNDS AIA	10 00	Х		Х				3,000	0	0
SECRETARY (JAN-DEC)									,		
SECRETARY (DEC 2014)	SECRETARY (JAN-DEC)	0 00	Х		Х				3,000	0	0
SARSSO DIRECTOR (JAN-DEC)			х		х				0	0	0
CACE DIRECTOR   COLOR   COLO			х						0	0	0
CACE DIRECTOR   0 00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,										
CACE REP (JAN-DEC)	CACE DIRECTOR	0 00	X						0	0	0
CLS   JORGE BERMUDEZ			х						0	0	0
DIRECTOR (DEC 2014)	(15) JORGE BERMUDEZ	2 00	х						0	0	0
Name	DIRECTOR (DEC 2014)	0 00									
Name			Х						0	0	0
(18) ROBERT COZZARELLI AIA			x						0	0	0
DIRECTOR (JAN-DEC)	(18) ROBERT COZZARELLI AIA	2 00	х						0	0	0
DIRECTOR (JAN-DEC)											
X	DIRECTOR (JAN-DEC)	0 00	Х						0	0	0
X			Х						0	0	0
(22) PAULA J LOOMIS FAIA       2 00       X       0       0       0         DIRECTOR (JAN-DEC)       0 00       X       0       0       0         (23) STEPHEN P MAHER AIA       2 00       X       0       0       0         DIRECTOR (JAN-DEC)       0 00       0       0       0       0         (24) DONALD I KING FAIA       2 00       X       0       0       0			x						0	0	0
(23) STEPHEN P MAHER AIA  2 00  X  DIRECTOR (JAN-DEC)  (24) DONALD I KING FAIA  2 00  X  0 0  0  0  0  0	(22) PAULA J LOOMIS FAIA	2 00	x						0	0	0
DIRECTOR (JAN-DEC)         0 00	DIRECTOR (JAN-DEC)										
x           0   0   0	DIRECTOR (JAN-DEC)	0 00	X						0	0	0
			Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox,ι an o	ınless fficer	i	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) HENRY A KOSARZYCKI AIA	2 00					_		0	0	0
DIRECTOR (JAN-DEC)	0 00	X						0	0	0
(1) STEVEN D SCHUSTER FAIA	2 00	x						0	0	0
DIRECTOR (JAN-DEC) (2) STUART L COPPEDGE AIA	0 00 2 00									
DIRECTOR (JAN-DEC) (3) STEVE JERNIGAN FAIA	0 00	Х						0	0	0
		х						0	0	0
DIRECTOR (JAN-DEC) (4) THAD R KELLY III AIA	2 00									
DIRECTOR (JAN-DEC) (5) MICHAEL F MALINOWSKI AIA	0 00	Х						0	0	0
DIRECTOR (JAN-DEC)	0 00	х						0	0	0
(6) JOHN V NYFELER FAIA  DIRECTOR (JAN-DEC)	2 00	х						0	0	0
(7) WENDY ORNELAS FAIA DIRECTOR (JAN-DEC)	2 00	×						0	0	0
(8) ANTHONY P SCHIRRIPA FAIA	2 00	х						0	0	0
DIRECTOR (JAN-DEC)  (9) WILLIAM D SEIDER FAIA	2 00	×						0	0	0
DIRECTOR (JAN-DEC) (10) STEVEN L SPURLOCK FAIA	0 00 2 00									
DIRECTOR (JAN-DEC) (11) WALTER D STREET III AIA	0 00	X						0	0	0
DIRECTOR (JAN-DEC)	0 00	Х						0	0	0
(12) MARTHA R TARRANT AIA DIRECTOR (JAN-DEC)	2 00	х						0	0	0
(13) DAVID A ARGANO AIA	2 00	x						0	0	0
DIRECTOR (JAN-DEC) (14) SHO-PING CHIN FAIA	0 00 2 00	х						0	0	0
DIRECTOR (JAN-DEC)	0 00							Ů	0	0
(15) MIGUEL A DEL RIO AIA DIRECTOR (JAN-DEC)	2 00	×						0	0	0
(16) JULIA DONOHO AIA ESQ DIRECTOR (JAN-DEC)	2 00	х						0	0	0
(17) CARL ELEFANTE FAIA	2 00	х						0	0	0
DIRECTOR (JAN-DEC) (18) STEPHEN A FISKUM AIA	2 00	x						0	0	0
DIRECTOR (JAN-DEC) (19) LINNA JANE FREDERICK FAIA	0 00 2 00							_		
DIRECTOR (JAN-DEC) (20) ELLIS L MCINTOSH AIA	0 00	×						0	0	0
DIRECTOR (JAN-DEC)	0 00	х						0	0	0
(21) JAMES R NADER FAIA DIRECTOR (JAN-DEC)	2 00	х						0	0	0
(22) BURTON L ROSLYN FAIA DIRECTOR (JAN-DEC)	2 00	х						0	0	0
(23) BRUCE W SEKANICK AIA	2 00	х						0	0	0
DIRECTOR (JAN-DEC) (24) GEORGE T KUNIHIRO FAIA	0 00	х						0	0	0
DIRECTOR (JAN-DEC)	0 00	_ ^								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

**Compensated Employees, and Independent Contractors** (C) (A) (B) (D) (E) (F) Name and Title Position (do not check Reportable Average Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former 970 Highest compensated employee Individual trustee or director organizations related Institutional below organizations emplo) ee dotted line) Trustee (51) STEPHEN VOGEL FAIA 2 00 Χ 0 0 0 DIRECTOR (JAN-DEC) 0 00 (1) JULIE D TAYLOR HON AIALA 2 00 Χ 0 0 ..... PUBLIC DIRECTOR 0 00 (2) DR MINDY THOMPSON FULLILOVE 2 00 Χ 0 0 O PUBLIC DIRECTOR (JAN-DEC) 0.00 (3) HALEY M GIPE ASSOC AIA 2 00 0 0 0 Х ASSOCIATE DIRECTOR 0 00 (4) WESTIN W CONAHAN ASSOC AIA 2 00 Χ 0 0 STUDENT DIRECTOR (JAN-DEC) 0 00 (5) CHARLES KLECHA ASSOC AIA 2 00 0 0 Χ 0 STUDENT DIRECTOR (DEC 2014) 0 00 (6) ROBERT A IVY JR FAIA 40 00 Х 513,196 0 EXEC VICE PRESIDENT/CEO 38,057 0 00 (7) RICHARD JAMES 40 00 Χ 249,079 0 32,828 CHIEF OPERATING OFFICER 0 00 (8) ABIGAIL GORMAN 40 00 Х 64,052 0 9,917 CHIEF OF STAFF 0 00 (9) KENNETH ROSS 40 00 Χ 349,619 0 40,507 SVP, DESIGN & PRACTICE 0 00 (10) SUSAN MCDAID 40 00 Х 256,101 0 29,235 SVP, MEMBER & COMP RSRCS 0 00 (11) JAY STEPHENS 40 00 Х 0 SVP & GENERAL COUNSEL 256,442 38,706 0 00 (12) KATHRON COVALESKI 40 00 Χ 246,278 0 36,013 SVP, STRAT MKTG, COMMON & C 0 00 (13) KEVIN NOVAK 40 00 Х 204,236 0 6,214 VP, INT WEB STRAT & TECH 0 00 (14) PAUL MENDELSOHN 40 00 Χ 223,769 0 12,438 VP, GOVT & COMMUN REL 0 00 (15) LISA GREEN 40 00 Х 218,656 0 43,463 VP, FINANCE & ACCOUNTING 0.00 (16) TERRI STEWART 25 00 Х 208,134 0 17,965 SVP, DESIGN & PRACTICE OPS 0 00 (17) PHILIP WURTZ 40 00 Х 196,445 0 34,467 VP, STRATEGIC COMMUN & MKT 0.00 (18) DEBORAH DEBERNARD 40 00 Х 226,378 0 34,073 SVP, GLOBAL INNOVATION 0 00 (19) LISA HOLLINSHED-JOHNSON 40 00 Χ 296,566 0 21,658 MGNG DIR, IWST OPERATIONS 0 00 (20) MAAN HASHEM 40 00 0 Х 194,277 43,345 MGNG DIR, SOFTWARE & PRODU 0 00 (21) PHILIP O'NEAL 40 00 Х 190,249 0 28,027 MGNG DIR, IT 0 00 (22) JEFFREY RAYMOND 40 00 Χ 188,475 0 41,000 MGNG DIR, WEB/TECH GOV 0 00 (23) KENNETH COBLEIGH 40 00 Χ 184,700 0 41,218 MGNG DIRECTOR & COUNSEL 0 00

DLN: 93493310019525

OMB No 1545-0047

Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE AMERICAN INSTITUTE OF ARCHITECTS INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter directly delivered to a 0 separate political organization If none. enter - 0 -(1) ARCHIPAC 1735 NEW YORK AVE NW 35-2416199 WASHINGTON, DC 20006

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>				
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768					
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,				
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence public o									
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)							
c	Total lobbying expenditures (add lines 1a and 1b	o)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax								
	Not over \$500,000	20% of the amount on lir	ne 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00						
	Over \$1,000,000 but not over \$1,500,000	er \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00						
	Over \$17,000,000									
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)								
h	Subtract line 1g from line 1a If zero or less, ente									
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -								
j	If there is an amount other than zero on either lin section 4911 tax for this year?	Form 4720 repo	rtıng	┌ Yes ┌ No						
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five				
	Lobbying Expe	enditures During	4-Year Avera	ging Period						
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total				
2a	Lobbying nontaxable amount									
ь	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT			_
Eor e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	( a	1)	(Ł	)
activ		Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)	)(5), o	r sect	ion
				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			<b>3</b> Ye	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		15,8	398,87
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			232,36
ь	Carryover from last year	2b			373,19
C	Total	2c			505,55
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		1,	589,88
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		2,(	015,67
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1  Also, complete this part for any additional information	p lıst),	Part II	-A , lines	1 and
	Return Reference Explanation				
PAR	T I-A, LINE 1 ACTIVITY CONDUCTED THROUGH A SECTION 527 POLITICAL AC	TION	СОММІ	TTEE	

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493310019525

OMB No 1545-0047

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

tema	al Revenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.irs</u>	s.gov/1	form 990.	Inspect	ion
	me of the organ			Emp	loyer ident i	fication numbe	r
ſĦĬ	E AMERICAN INSTIT	UTE OF ARCHITECTS INC		53-0	0025930		
Pa		nizations Maintaining Donor Adv				<b>nts.</b> Complet	e ıf the
	organı	zation answered "Yes" to Form 990		<u> </u>	/I > F		
1	Total number a	at and of year	(a) Donor advised funds	1	( <b>b)</b> Funds a	nd other accou	nts
2		ue of contributions to (during year)					
3		ue of grants from (during year)					
4		ue at end of year					
5	_	zation inform all donors and donor advisc organization's property, subject to the or		or advi	sed	☐ Yes	┌ No
6	used only for o	zation inform all grantees, donors, and do charitable purposes and not for the benef vermissible private benefit?				┌ Yes	┌ No
Pa	rt III Conse	ervation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Par	t IV, line 7.	
<b>1</b> 2	Preservati Protection Preservati Complete line	conservation easements held by the organ of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a the last day of the tax year	or education) Preservation of an Preservation of a G	certified	d historic st	ructure	
		,			Held at	the End of the	Year
а	Total number	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
c	Number of con	nservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
d		nservation easements included in (c) acq cure listed in the National Register	uired after 8/17/06, and not on a	2d			
3		nservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ie organizat	ion during	
	the tax year 🕨	<u>-                                      </u>					
4	Number of sta	tes where property subject to conservati	on easement is located 🗠				
5	_	nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of	violations,	and <b>F Yes</b>	┌ No
5	Staff and volur	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	nents d	luring the ye	ear	
7	A mount of exp	penses incurred in monitoring, inspecting	, and enforcing conservation easements	s durınç	g the year		
3	Does each cor	nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	l) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(	(ı) <b>\ \ Yes</b>	┌ No
9	balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial				
Pa I		nizations Maintaining Collection lete if the organization answered "Y		or Otl	her Simil	ar Assets.	
1a	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furth		
b	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to theso	ts held for public exhibition, education,				С
	(i) Revenue in	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets inc	cluded in Form 990, Part X			<b>►</b> \$		
2	If the organiza	ition received or held works of art, histori unts required to be reported under SFAS					
а	Revenue inclu	ded in Form 990. Part VIII. line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

Par	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	storical 1	<u>reası</u>	<u>ıres, or Ot</u>	<u>:her S</u>	<u>imilar As</u>	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any o	the foll	lowing that a	re a sıg	ınıfıcant use	e of its	
а	Public exhibition		d	┌ Loai	norexc	hange progra	ams			
b	Scholarly research		е	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın ho	w they furtl	ner the (	organızatıon'	s exem	pt purpose	ın	
5	During the year, did the organization solicit							r	_	_
Do	assets to be sold to raise funds rather than t							! ta Faa (	┌ Yes	☐ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	res	to Form :	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ets not		┌ Yes	
b	If "Yes," explain the arrangement in Part XI	I and complete the	follo	wing table						
								ıΑ	nount	
C	Beginning balance					:	1c			
d	Additions during the year					<u>  :</u>	1d			
е	Distributions during the year					<u>  :</u>	le			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21,	for escrow	orcust	odial accoun	t lıabılı	ty?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anation has	s been p	provided in P	art XII	I		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year		wo years back	(d)Thre		<b>(e)</b> Four	years back
1a	Beginning of year balance	16,756,554		15,263,61		13,925,220		13,997,658		12,206,844
b	Contributions	0		15,87	3	10,812		36,572		653,043
C	Net investment earnings, gains, and losses	498,103		1,638,03	2	1,485,732		127,910		1,444,350
d	Grants or scholarships									
e	Other expenditures for facilities	386,600		160,96	2	158,153		236,920		306,579
_	and programs	300,000		100,50		130,133		250,520		
Т	Administrative expenses	16,868,057		16,756,55	4	15,263,611		13,925,220		13,997,658
g	End of year balance							13,923,220		13,997,036
2	Provide the estimated percentage of the cur		ce (lir	ne 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment	74 400 %								
b	Permanent endowment ► 5 710 %									
C	remporarily restricted endowment	890 %								
	The percentages in lines 2a, 2b, and 2c sho	·								
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon	that are he	ld and a	admınıstered	for the		Ye	s No
	(i) unrelated organizations							3a		No
	(ii) related organizations							3a	• •	No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Schedule R	?			3	ь	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme		the o	rganızatı	on ansv	wered 'Yes'	to Fo	rm 990, Pa	art IV,	line
	11a. See Form 990, Part X, line  Description of property	10.		(a) Cost of basis (inve		(b)Cost or oth basis (other		) Accumulated depreciation	(d) i	Book value
12	and					1,232,	616		-	1,232,616
	Suldings		•			1,232,	010			1,232,010
	Leasehold improvements		•			22,348,	518	10 575 50	14	2 772 014
	Equipment		•			5,127,	_	19,575,50 4,784,74	_	2,773,014 343,089
						10,835,		4,784,74		6,028,190
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990, Part	X, colu	umn (B). lın	e 10(c).			4,807,88	+	10,376,909
		,	,	(-)/	- ( -/*/	·		Schedule I	. (5	

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
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
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>F</b>	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	***********************************

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 2D - OTHER

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line		ıts Wi	ith Rev	enue p	er R	<b>eturn</b> Complete If
1	<u> </u>	r support per audited financial statements				ī	1	63,729,861
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses)	on investments	2a		-1,8	77,393		
b	Donated services and use of fa	acilities	2b					
c	Recoveries of prior year grants	5	2c					
d	Other (Describe in Part XIII )		2d		2,0	57,599		
e	Add lines <b>2a</b> through <b>2d</b> .						2e	180,206
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	63,549,655
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )		4b					
c	Add lines <b>4a</b> and <b>4b</b>						4c	0
5	Total revenue Add lines 3 and	<b>14c.</b> (This must equal Form 990, Part I, line	12)			-	5	63,549,655
Par		xpenses per Audited Financial St swered 'Yes' to Form 990, Part IV, lin		nts W	/ith Exp	enses	s per	Return. Complete
1	Total expenses and losses per	audited financial statements					1	62,741,474
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25						
а	Donated services and use of fa	acilities	2a					
b	Prior year adjustments		2b					
c	Otherlosses		2c					
d	Other (Describe in Part XIII )		2d		2,0	57,599		
e	Add lines $2a$ through $2d$						2e	2,057,599
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	60,683,875
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII )		4b					
C	Add lines <b>4a</b> and <b>4b</b>						4c	0
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, lin	ne 18 )				5	60,683,875
Par	t XIII Supplemental Inf	ormation						
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and						de any additional
	Return Reference	Explanation						
PART	V, LINE 4	AIA'S ENDOWMENT CONSISTS OF PER SCHOLARSHIPS AND THE AIA LIBRAR UNRESTRICTED NET ASSETS FOR THE QUASI-ENDOWMENT	Y THE	INSTI	ГИТЕ НА	S ALSO	ALLC	CATED CERTAIN
PART	X, LINE 2	THE INSTITUTE BELIEVES THAT IT HAT TAKEN, AND THEREFORE, DOES NOT HEMATERIAL TO THE FINANCIAL STATES THROUGH 2014 TAX YEARS ARE OPEN	HAVE A MENTS	NY UN AT A	CERTAII MINIMU	N TAX P M, THE	OSIT: DECE	IONS THAT ARE MBER 31, 2011
PART	XI, LINE 2D - OTHER	ADJUSTMENT FOR RENT EXPENSE REP	ORTED	INPA	RT VIII	2,057,5	99	

ADJUSTMENT FOR RENT EXPENSE REPORTED IN PART VIII 2,057,599

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310019525

SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Sa-0025930   Sa-	Name of the organization THE AMERICAN INSTITUTE OF ARC	HITECTS INC			Employer ident	ification number
Tyes" to Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	THE AMERICAN INSTITUTE OF ARC	HITECISING			53-0025930	
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?				<b>e United States.</b> Co	omplete if the organiza	ation answered
assistance outside the United States.  3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices in the region in the region (c) Number of offices in the region (by type) (e.g., undraising, program service, sinvestments, grants to recipients located in the region)  (1) See Add'l Data (2) (3) (4) (5)  3a Sub-total (5) (6) Number of employees, agents, and independent contractors in region (7) (8) Activities conducted in region (by type) (e.g., investments, grants to recipients located in the region)  (9) If activity listed in (d) is a program service (s) in region (service(s) in region)  (1) See Add'l Data (1) (2) (3) (4) (5) (5) (6) Activities conducted in region (by type) (e.g., investments, grants to recipients located in the region)  (1) See Add'l Data (1) (2) (3) (4) (4) (5) (5) (6) Activities conducted in region (by type) (e.g., investments, grants to recipients located in the region)  (1) See Add'l Data (1) (2) (3) (4) (4) (5) (5) (6) Activities conducted in region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region)  (1) See Add'l Data (1) (2) (3) (4) (4) (5) (5) (6) Activities conducted in region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g., investments, grants to recipients located in the region (by type) (e.g.,	and other assistance, the gra	ntees' eligibili	ty for the gran	ts or assistance, and	the selection criteria	✓ Yes
(a) Region (b) Number of offices in the region (c) Number of employees, alindependent contractors in region (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)  (1) See Add'l Data (2) (3) (4) (5)  3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  (b) Number of offices in the region (c) Number of employees, fundraising, program services, investments, grants to recipients located in the region  (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region  (f) Total expenditures for and investments in region  (f) Total expenditures for and investments in region  (f) Total expenditures for and investments in region  (f) Total expenditures approached specific type of service(s) in region  (g) If activity listed in (d) is approached sprograms exprise, describe approached in the region  (g) If activity listed in (d) is approached sprograms exprise, describe approached in the region  (f) Total expenditures for and investments in region  (g) If activity listed in (d) is approached approached to region approached approached in the region  (g) If activity listed in (d) is approached approac			ganızatıon's pr	ocedures for monitorii	ng the use of its grant	s and other
offices in the region of service	3 Activites per Region (The follow	ing Part I, line 3	table can be du	plicated if additional spa	ce is needed )	
(2) (3) (4) (5)  3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  0 0 0 1,340,632	(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	a program service, describe specific type of	for and investments
(3) (4) (5)  3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  0 0 0 1,340,632	(1) See Add'l Data					
(4) (5)  3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  0 0 0 928,298 412,334	( 2)					
(5)  3a Sub-total  b Total from continuation sheets to Part I  c Totals (add lines 3a and 3b)  0 0 0 928,298  412,334	(3)					
3a Sub-total       0       0       928,298         b Total from continuation sheets to Part I       0       0       412,334         c Totals (add lines 3a and 3b)       0       0       1,340,632	(4)					
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 0 1,340,632	(5)					
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 0 1,340,632	<b>3a</b> Sub-total	0	0			928,298
		0	0			412,334
F B	c Totals (add lines 3a and 3b)	0	0			1,340,632

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Pait III call be	e duplicateu ii additio	<u>liai space is ii</u>	eeueu.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) DELANO ALDRICH EMERSON GRANT	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2	16,000	WIRE			
( 2)							
(3)							
(4)							
(5)			1		†		
(6)	+				†		
(7)					†		
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
(16)							
(17)							
(18)							
						Sched	ule F (Form 990) 2014

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<b>~</b>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	<u>\</u>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	▼	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	<u> </u>	Yes	Г	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANT RECIPIENTS ARE REQUIRED TO PROVIDE INTERIM REPORTING AND DELIVERY OF A FINAL REPORT THE REPORTING DOCUMENTATION MUST INCLUDE FINANCIAL DATA, SUBSTANTIVE NARRATIVE, WORK SAMP LE, AND LESSONS LEARNED THEY MUST PRODUCE A RESULT REPORT AT THE END OF THE PROJECT DESCR IBING THE PROJECT RESULT AND FINAL FUND USAGE

### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CONSULTING	2,691
EAST ASIA AND THE PACIFIC	0	0		MEETING EXPENSE /DUES SHARE, TRAVEL WITHIN REGION	177,092
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0		PROFESSIONAL DUES AND MEETING EXPENSE, TRAVEL WITHIN REGION	526,109

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANT-MAKING		16,000		
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	MEETING EXPENSE	86,558		
NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	SERVICES AND MEETING EXPENSE	64,381		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL DUES	10,505		
SOUTH ASIA	0	0		MEETING EXPENSE, TRAVEL WITHIN REGION	44,962		
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0		SOFTWARE MAINTENANCE AND MEETING EXP	412,334		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

(Form 990)

DLN: 93493310019525

OMB No 1545-0047

2014

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

		Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.						
Department of the Treasury Internal Revenue Service	reasury Attach to Form 990.						Open to Public Inspection	
Name of the organization			-			Employer identification	on number	
THE AMERICAN INSTITUTE OF A	RCHITECTS INC					53-0025930		
Part I General Informat	ion on Grants and	d Assistance				•		
<ul><li>Does the organization mainta the selection criteria used to</li><li>Describe in Part IV the organ</li></ul>	award the grants or as	sistance?					✓ Yes   「	
				<b>Governments.</b> Com rt II can be duplicate			s" to	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance	
See Addıtıonal Data Table								

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) TUTTLE GRANTS	5	17,200			
(2) UPJOHN GRANT	1	25,000			
(3) INNOVATION GRANT	1	4,000			

Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
	GRANT RECIPIENTS ARE REQUIRED TO PROVIDE INTERIM REPORTING AND DELIVERY OF A FINAL REPORT THE REPORTING DOCUMENTATION MUST INCLUDE FINANCIAL DATA, SUBSTANTIVE NARRATIVE, WORK SAMPLE, AND LESSONS LEARNED THEY MUST PRODUCE A RESULT REPORT AT THE END OF THE PROJECT DESCRIBING THE PROJECT RESULT AND FINAL FUND USAGE								
	DURING 2014, AIA ALSO MADE A GRANT TO THE AMERICAN ARCHITECTURAL FOUNDATION IN THE AMOUNT OF \$400,000 THIS CASH- BASIS AWARD WAS PART OF A MULTI-YEAR GRANT THAT WAS RECORDED ON AIA'S BOOKS IN A PRIOR YEAR								

Schedule I (Form 990) 2014

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
AAO224 S MICHIGAN AVE STE 116 CHICAGO,IL 606042527	45-2174550	501C3	30,000				PROGRAM SUPPORT

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ACE MENTOR150 S WASHINGTON STREET STE 303 FALLS CHURCH,VA 22046	51-0465877	501C3	5,000				PROGRAM SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ACSA1735 NEW YORK AVE WASHINGTON, DC 20006	52-0939894	501C3	47,000				PROGRAM SUPPORT		

<u> Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIA CALIFORNIA1303 J STREET STE 200 SACRAMENTO,CA 95814	94-1270079	501C6	16,000				PROGRAM SUPPORT				

<u>  Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIA FLORIDA104 E JEFFERSON STREET TALLAHASSEE,FL 32301	59-0828819	501C6	8,500				PROGRAM SUPPORT				

<u> Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AIA FOUNDATION1735 NEW YORK AVE NW WASHINGTON, DC 20006	59-3819154	501C3	457,056				PROGRAM SUPPORT			

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIA GEORGIA113 A PEACHTREE STREET NE ATLANTA,GA 303031803	23-7082160	501C6	16,000				PROGRAM SUPPORT				

<u>  Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIA HOUSTON315 CAPITOL STREET NO 120 HOUSTON,TX 770022827	74-1469145	501C6	8,500				PROGRAM SUPPORT				

<u> Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIA IOWA400 LOCUST STREET DES MOINES,IA 50309	42-0920934	501C6	14,000				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AIA KENTUCKYPO BOX 911128 LEXINGTON,KY 405911128	61-6031835	501C6	17,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AIA MICHIGAN553 EAST JEFFERSON AVE DETROIT,MI 482264324	38-1884431	501C6	16,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AIA NEW JERSEY SOCIETY OF ARCHETECTS414 RIVER VIEW PLAZA TRENTON,NJ 08611	22-1464757	501C6	6,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AIA NEW YORK536 LAGUARDIA PLACE NEW YORK, NY 10012	13-1505524	501C6	17,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AIA OREGON403 NW 11TH AVE PORTLAND,OR 97209	93-0575922	501C6	8,500				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AIA WASHINGTON STATE 724 COLUMBIA STREET NW NO 120 OLYMPIA,WA 98501	91-0778946	501C6	16,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AIAS INC1735 NEW YORK AVE NW WASHINGTON, DC 20006	52-1239053	501C3	123,790				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAE FOUNDATION907 SW START STREET PORTLAND,OR 97205	27-3053084	501C3	30,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CARNEGIE MELLON UNIVERSITY5553 DARLINGTON RD PITTSBURGH,PA 15217	25-0969449	501C3	20,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COLLEGE OF FELLOWS1735 NEW YORK AVE NW WASHINGTON, DC 20006	71-0887547	501C3	30,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IOWA STATE UNIVERSITY OF SCIENCE3606 ADMIN SVCS BLDG AMES,IA 500113606	42-6004224	115	7,500				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
J KRIEGH ARCHITECTS INC 811 FIRST AVE STE 380 SEATTLE, WA 98110	55-0903379	FOR-PROFIT	30,000				UPJOHN GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MIT CENTER FOR ARCHITECTURE77 MASSACHUSETTS AVE ROOM 10-400 CAMBRIDGE, MA 021394307	04-2103594	501C3	35,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NAAB1735 NEW YORK AVE NW WASHINGTON, DC 20006	52-0075386	501C3	448,882				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NOMA DC2366 SIXTH STREET N W ROOM 100 WASHINGTON,DC 20059	14-1855267	501C6	146,000				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NORTH CAROLINA STATE UNIVERSITY COLL OF DESIGNCAMPUS BOX 7205 RALEIGH,NC 27695	56-6000756	115	20,000				PROGRAM SUPPORT				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEXAS A&M UNIVERSITY 200 TECHNOLOGY WAY SUITE 1162 COLLEGE STATION,TX 77845	74-1185725	501C3	7,500				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEXAS TECH UNIVERSITY BOX 44105 LUBBOCK,TX 794091105	75-6002622	115	7,500				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF KENTUCKY 128 FUNKHOUSER BUILDING LEXINGTON, KY 405060054	61-6001218	115	5,000				PROGRAM SUPPORT				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF MICHIGAN 2000 BONISTEEL BOULEVARD ANN ARBOR,MI 48109	38-6006309	115	20,000				UPJOHN GRANT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF NEBRASKA-LINCOLN312 N 14TH STREET LINCOLN,NE 68588	47-0049123	501C3	7,500				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF UTAH N BLAIR201 S PRESIDENTS CIR RM 406 SALT LAKE CITY,UT 841129020	87-6000525	115	5,000				PROGRAM SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WENTWORTH INSTITUTE OF TECHNOLOGY INC550 HUNTINGTON AVENUE BOSTON,MA 02115	04-1958460	501C3	5,000				PROGRAM SUPPORT			

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THE AMERICAN INSTITUTE OF ARCHITECTS INC

DLN: 93493310019525

OMB No 1545-0047

Open to Public

Inspection

## Schedule J

**Compensation Information** (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** 

53-0025930

Pa	rt I Questions Regarding Compensation	on	100 0020100			
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex			2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compe	that appl				
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplem	nental non	equalified retirement plan?	4b		No
c				4c		No
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
ь	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII	, paid or a		8		
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	<b>(F)</b> Compensation in
(A) Name and Trace	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
,	AIA'S CEO IS PERMITTED TO TRAVEL FIRST CLASS ON LONGER INTERNATIONAL FLIGHTS SPOUSAL TRAVEL IS ALOWED FOR AIA'S CEO AND PRESIDENT
PART I, LINE 4A	KEVIN NOVAK, SEVERANCE \$126,352 PAUL MENDELSOHN, SEVERANCE \$141,826 LISA HOLLINGSHED-JOHNSON, SEVERANCE \$169,339

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
1 ROBERT A IVY JR FAIA, EXEC VICE PRESIDENT/CEO	(I) (II)	490,362	0 0	22,834 0	20,800 0	18,731 0	552,727 0	0
1 RICHARD JAMES, CHIEF OPERATING OFFICER	(I) (II)		0	25,773 0	19,886 0	14,555 0	283,520	0
2 KENNETH ROSS, SVP, DESIGN & PRACTICE	(I) (II)	295,385 0	31,400 0	22,834	20,800 0	21,181 0	391,600 0	0
3 SUSAN MCDAID, SVP, MEMBER & COMP RSRCS	(I) (II)		23,100	19,306 0	18,911 0	11,798 0	286,810	0 0
4 JAY STEPHENS, SVP & GENERAL COUNSEL	(I) (II)		23,170 0	20,272 0	18,999 0	21,841 0	297,282	0
5 KATHRON COVALESKI, SVP, STRAT MKTG, COMMON & C	(I) (II)		22,320 0	1,806 0	18,276 0	19,210 0	283,764 0	0 0
6 KEVIN NOVAK, VP, INT WEB STRAT & TECH	(I) (II)		0	126,562	6,214 0	745 0	211,195	0 0
<b>7</b> PAUL MENDELSOHN, VP, GOVT & COMMUN REL	(1) (11)		0	156,215 0	6,685 0	6,277 0	236,731	0
8 LISA GREEN, VP, FINANCE & ACCOUNTING	(1) (11)		20,500	420 0	16,810 0	31,757 0	267,223 0	0
9 TERRI STEWART, SVP, DESIGN & PRACTICE OPS	(I) (II)	185,955	18,600 0	3,579 0	15,565 0	4,740 0	228,439	0
10 PHILIP WURTZ, VP, STRATEGIC COMMUN & MKT	(I) (II)		16,000 0	20,026	14,760 0	21,691 0	232,896	0
11 DEBORAH DEBERNARD, SVP, GLOBAL INNOVATION	(I) (II)	206,572	18,000	1,806 0	16,817 0	19,360 0	262,555	0
12 LISA HOLLINSHED- JOHNSON, MGNG DIR, IWST OPERATIONS	(I) (II)		0	182,440 0	10,576 0	11,944 0	319,086 0	0
13 MAAN HASHEM, MGNG DIR, SOFTWARE & PRODU	(I) (II)	) 177,634 ) 0	15,765 0	878 0	15,042 0	29,624 0	238,943	0
14 PHILIP O'NEAL, MGNG DIR, IT	(ı) (ıı)	179,523	9,100	1,626	14,932 0	14,404	219,585	0
15 JEFFREY RAYMOND, MGNG DIR, WEB/TECH GOV	(I) (II)		7,370 0	383 0	15,097 0	27,227 0	230,799	0 0
16 KENNETH COBLEIGH, MGNG DIRECTOR & COUNSEL	(I) (II)	) 172,103 0	10,925	1,672 0	14,475 0	28,083 0	227,258 0	0

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DLN: 93493310019525

**Employer identification number** 

53-0025930

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

THE AMERICAN INSTITUTE OF ARCHITECTS INC

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	AIA'S BOARD HAS AN EXECUTIVE COMMITTEE THAT IS COMPOSED OF ELECTED OFFICERS OF AIA AND THE NON-VOTING AIA EXECUTIVE VICE PRESIDENT/CEO ADDITIONAL MEMBERS ARE THE MOST SENIOR ASSOCIATE DIRECTOR, AND THE IMMEDIATE PAST PRESIDENT OF THE COUNCIL OF ARCHITECTURAL COMPONENT EXECUTIVES THE EXECUTIVE COMMITTEE HAS FULL AUTHORITY, RIGHT AND POWER TO ACT FOR THE BOARD BETWEEN BOARD MEETINGS ON ALL MATTERS
	EXCEPT THAT (A) THE COMMITTEE MAY NOT PURCHASE, SELL, LEASE, OR PLEDGE ANY REAL PROPERTY, (B) FORM AN AFFILIATION, OR (C) FIX ADMISSION FEES AND ANNUAL DUES, UNLESS THE AUTHORITY TO DO SO HAS BEEN DELEGATED TO IT BY A TWO-THIRDS VOTE OF THE FULL BOARD ADDITIONALLY, THE EXECUTIVE COMMITTEE CANNOT CHANGE THE RULES OF THE BOARD OR THE BYLAWS, OR ELECT A SUCCESSOR TO ANY OFFICER WHOSE OFFICE BECOMES VACANT

THE EXECUTIVE COMMITTEE WAS ELIMINATED DUE TO GOVERNANCE CHANGES IN DECEMBER 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS WERE AMENDED TO CHANGE THE AIA'S GOVERNANCE STRUCTURE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERSHIPARCHITECT MEMBER-INDIVIDUALS LICENSED TO PRACTICE ARCHITECTURE IN A U S STATE OR TERRITORYALLIED MEMBER-MEMBER WHO DOES NOT QUALIFY AS ARCHITECT OR ASSOCIATE MEMBER AND IS EMPLOYED OUTSIDE THE ARCHITECTURE PRACTICE BUT IN A POSITION ALLIED TO THE FIELD OF ARCHITECTUREASSOCIATE MEMBER-INDIVIDUALS WHO MEET ONE OF THE FOLLOWING CRITERIAPARTICIPATING IN CAREER RESPONSIBILITIES RECOGNIZED BY LICENSING AUTHORITIES AS CONSTITUTING CREDIT TOWARD LICENSURE (I.E., INTERNARCHITECT)WORKING UNDER THE SUPERVISION OF AN ARCHITECT IN A PROFESSIONAL OR TECHNICAL CAPACITYWORKING AS A FACULTY MEMBER IN A UNIVERSITY PROGRAM IN ARCHITECTUREHOLDING A PROFESSIONAL DEGREE IN ARCHITECTURE INTERNATIONAL ASSOCIATES-INDIVIDUALS WHO HAVE AN ARCHITECTURE LICENSE OR EQUIVALENT FROM A NON-U S LICENSING AUTHORITY

Return Reference	Explanation
•	THE AIA BOARD IS SELECTED BY THE MEMBERS AS FOLLOWSOFFICERS PRESIDENT, FIRST VICE PRESIDENT, FOUR VICE PRESIDENTS, SECRETARY, AND TREASURER, ALL OF WHOM ARE SELECTED BY THE DELEGATES AT THE ANNUAL MEETING (CONVENTION)ONE REPRESENTATIVE FROM THE COUNCIL OF ARCHITECTURAL COMPONENT EXECUTIVES (CACE), SELECTED FROM ITS MEMBERSHIPONE REPRESENTATIVE FROM THE NATIONAL ASSOCIATES COMMITTEE (NAC), SELECTED FROM ITS MEMBERSHIPONE STUDENT DIRECTOR, SELECTED BY THE MEMBERSHIP OF THE AMERICAN INSTITUTE OF ARCHITECTURE STUDENTSONE PUBLIC DIRECTOR, SELECTED BY THE BOARDONE DIRECTOR APPOINTED BY THE PRESIDENTEXECUTIVE VICE PRESIDENT/CEO (UNDER CONTRACT, HIRED BY THE BOARD EXECUTIVE COMMITTEE)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN MOST INSTANCES, DECISIONS TO AMEND THE INSTITUTE'S BYLAWS ARE SUBJECT TO APPROVAL BY A TWO-THIRDS MAJORITY OF ALL VOTES ACCREDITED AT MEMBERSHIP MEETINGS OF THE INSTITUTE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ASSOCIATION'S INTERNAL PROCESS FOR REVIEW OF TAX FORMS IS EXTENSIVE FOR THE FORM 990, THE ASSOCIATION'S CONTROLLER (A CPA) DRAFTS THE FORM WITH INPUT FROM THE ACCOUNTING AND LEGAL STAFF A DRAFT 990 IS THEN PROVIDED BACK TO THE AIA FROM THE OUTSIDE AUDITING FIRM THE CONTROLLER THEN HAS RESPONSIBILITY TO CIRCULATE THE DRAFTS TO THE CHIEF OF STAFF, THE GENERAL COUNSEL AND OTHERS AND TO INCORPORATE APPROPRIATE CORRECTIONS INTO THE 990 THE FINAL DRAFT IS THEN PREPARED BY THE OUTSIDE AUDITING FIRM THE BOARD OF DIRECTORS DELEGATED THE REVIEW OF THE 990 TO THE COMPENSATION COMMITTEE WHICH CONSISTS OF THE PRESIDENT, PRESIDENT-ELECT, SECRETARY, AND TREASURER THE VP OF FINANCE REVIEWS THE 990 WITH THE COMPENSATION COMMITTEE AND PROVIDES THEM WITH A COPY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	FROM AIA'S CONFLICT OF INTEREST POLICY 1 DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE MEMBERS OF THE BOARD OF DIRECTORS (AND/OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS) CONSIDERING THE PROPOSED TRAINSACTION OR ARRANGEMENT 2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HESSHES SHALL LEAVE THE BOARD (OR COMMITTEE) MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD (OR COMMITTEE) MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD (OR COMMITTEE) MEETING, BUT AFTER THE PRESENTATION HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST A BUT THE PRESENTATION HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST B THE PRESSION OFFICER OF THE BOARD (OR CHAIR OR ACTING CHAIR OR THE COMMITTEE) SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE ROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXPECISING DUE DILIGENCE. THE BOARD (OR COMMITTEE) SHALL DETERMINE WHETHER THE INSTITUTE CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR BUTTLY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR BUTTLY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT THE DISTITUTE SEST INTEREST, FOR ITS AND ACTION OF ARRANGEMENT FROM A PERSON OR BUTTLY THAT WOULD NOT GIV

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE AIA COMPENSATION PROCESS FOR THE CEO IS AS FOLLOWS 1 EACH YEAR THE CEO PREPARES A SELF-EVALUATION AND IT IS SENT TO THE AIA BOARD 2. THE MANAGING DIRECTOR OF HUMAN RESOURCES SENDS A CONFIDENTIAL CEO ASSESSMENT SURVEY TO EACH MEMBER OF THE AIA BOARD 3. THE MANAGING DIRECTOR OF HUMAN RESOURCES COMPILES THE SURVEY RESULTS AND PROVIDES A REPORT OF THE FINDINGS TO THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS. THE PRESIDENT SHARES THEFINDS WITH THE AIA BOARD COMPENSATION COMMITTEE 4. THE ANNUAL ASSESSMENT IS CONDUCTED BY THE AIA BOARD THE COMPENSATION DECISION DADE BY THE COMPENSATION COMMITTEE 4. THE ANNUAL ASSESSMENT IS CONDUCTED BY THE AIA BOARD THE COMPENSATION DECISION DADE BY THE COMPENSATION COMMITTEE DEFINED AS THE PRESIDENT, FIRST VICE PRESIDENT, TREASURER AND SECRETARY TO FACILITATE CONTINUITY, THE FIRST VICE PRESIDENT ELECT WILL BE INVITED AS A GUEST 5. EACH YEAR THE MANAGING DIRECTOR OF HUMAN RESOURCES GIVES A REPORT TO THE AIA BOARD COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON COMPENSATION FOR THE CEO'S GOALS AND OBJECTIVES AND THE COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON THE COORDINATE OF THE AIA BOARD COMPENSATION FOR THE UPCOMING YEAR 7. THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE CEO'S GOALS AND OBJECTIVES AND THE COMPENSATION FOR THE UPCOMING YEAR 7. THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE CEO ORDOR FOR THE CEO ORDOR FOR THE COMPENSATION OF THE COMPENSATION FOR THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE CEO ORDOR FOR THE CEO ORDOR FOR THE COMPENSATION OF THE AIA COMPENSATION FOR THE COMPENSATION FOR THE COMPENSATION FOR THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE CEO ORDOR FOR THE COORDINATE OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE CEO AID A COOPY IS SENT TO THE MANAGING DIRECTOR OF HUMAN RESOURCES TO INSERT INTO THE PRESOURCE TO THE AID ADMITTER OF THE AMERICA

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AIA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART VI, LINE 10	EXPLANATION REGARDING AIA COMPONENTS AIA DOES NOT HAVE LOCAL CHAPTERS OVER WHICH IT EXERCISES LEGAL AUTHORITY ITS COMPONENTS ARE CHARTERED BY AIA BUT ARE SEPARATE LEGAL ENTITIES THAT ARE SELF-MANAGED

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

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DLN: 93493310019525

OMB No 1545-0047

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## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization THE AMERICAN INSTITUTE OF ARCHITECTS INC **Employer identification number** 

53-0025930

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.													
(a)  Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity								
(1) 1735 NY AVE LLC 1735 NEW YORK AVE NW	REAL ESTATE HOLDINGS	DC	2,621,276		AMERICAN INSTITUTE OF ARCHITECTS INC								

WASHINGTON, DC 20006 32-0292355 (2) AMERICAN INSTITUTE OF ARCHITECTS INTERNATIONAL LLC CHINESE CHAPTER DC AMERICAN INSTITUTE OF 25,475 1735 NEW YORK AVE NW **OPERATIONS** ARCHITECTS INC WASHINGTON, DC 20006 47-2553068

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	512(b)
					Yes	No
EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE	DC	501(C)(3)	509(A)(1)	AMERICAN INSTITUTE OF ARCHITECTS INC	Yes	
POLITICAL ACTION COMMITTEE	DC	527		AMERICAN INSTITUTE OF ARCHITECTS INC	Yes	
	Primary activity  EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE  POLITICAL ACTION	Primary activity  Legal domicile (state or foreign country)  EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE  POLITICAL ACTION  DC	Primary activity  Legal domicile (state or foreign country)  EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE  POLITICAL ACTION  Legal domicile (state or foreign country)  501(C)(3)  501(C)(3)	Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE  POLITICAL ACTION  DC  Exempt Code section  Public charity status (if section 501(c)(3))  Function 501(c)(3)  Function 501(c)(	Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  EDUCATE THE PUBLIC ABOUT THE FUTURE OF ARCHITECTURE  DC  501(C)(3)  509(A)(1)  AMERICAN INSTITUTE OF ARCHITECTS INC  POLITICAL ACTION  DC  527  AMERICAN INSTITUTE OF	Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(3)  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(3)  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(3)  Pessection 501(c)(3)  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(3)  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(3)  Pessection 501(c)(3)  Public charity status (if section 501(c)(3))  Pessection 501(c)(3)  Pessection 501(c)(4)  Pessection 501(c)(4)  Pessection 501(c

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV because it had one or more related organizations treated as a partnership during the tax year.	۷, line 3	4							
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.				
						 	 		С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

No

Yes

Part V	Transactions With Related Organizations	Complete if the organization	n answered "Yes" on Form 990	Part IV, line 34, 35b, or 36.

<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
c	Gift, grant, or capital contribution from related organization(s)	L						
d	Loans or loan guarantees to or for related organization(s)							
e	Loans or loan guarantees by related organization(s)							

- **f** Dividends from related organization(s)
- **g** Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2	If the answer to any of the above is "Yes,	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AIA FOUNDATION	В	457,056	COST
(2) AIA FOUNDATION	0	454,614	FMV (IN-KIND)
(3) ARCHIPAC (PAC ADMIN EXPENSE)	L	441,545	COST

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
/		<b></b> .	<u> </u>							

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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