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Department of the

DLN: 93493315023776

OMB No 1545-0047

# **Return of Organization Exempt From Income Tax**

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

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/foim990">www.IRS gov/foim990</a>

Treasu	ry	t of the venue Sei		out Form 990 and its instructions is at $\underline{\nu}$	vww IRS o	10v/form990		Open to Public Inspection
			calendar year, or tax year beginr	ning 01-01-2015 , and ending 12-31-20	015			
		applicable	C Name of organization			D Emp	loyer id	lentification number
_		applicabl s change	THE AMERICAN INSTITUTE OF AR	CHITECTS			-	
		change				53-0	0259	30
In	itial r	eturn	Doing business as					
☐ Fi			Number and street (or B.O. boy if	f mail is not delivered to street address) Room/:	cuito	E Telep	hone nu	mber
_		inated	1735 NEW YORK AVENUE NW	mail is not delivered to street address) Roomy:	suite	(202	1)626	-7370
		ed return ion pendii	City or town state or province or	ountry, and ZIP or foreign postal code		(202	. , 020	-7370
I Ap	Jilcat	ion penaii	WASHINGTON, DC 200065209	ountry, and zer or roleigh poster code		<b>G</b> Gross	receipt	s \$ 131,035,594
			<b>F</b> Name and address of princ	cupal officer	1 >			<u> </u>
			ROBERT IVY FAIA	cipai onicei	H(a)	Is this a grou	•	
			1735 NEW YORK AVENUE			subordinates No	,	☐ Yes 🗸
			WASHINGTON, DC 20006	5209	Н(ь)	Are all subor	dinates	Yes No
I la	x-exe	empt stati	$501(c)(3)$ $\sqrt{}$ 501(c)(6)	<b>◄</b> (insert no ) 4947(a)(1) or 527		included?		•
J W	ebsi	te:► W	/WW AIA ORG		Π,	*		t (see instructions)
						Group exemp		
<b>K</b> For	n of o	organizati	on 🗸 Corporation Trust Asso	ociation Other ►	L Yea	ar of formation	185/	M State of legal domicile N'
Do.	-+ T	<b>.</b>	mmary					
Pa			rilliary escribe the organization's missi	on or most significant activities				
Activities & Governance		OF THE SCIENT BUILDI	STATE OF NEW YORK ITS MI TIFIC, AND PRACTICAL EFFIC NG, COORDINATE THE BUILD	ITTECTS (AIA) IS A NONPROFIT ASS SSION IS TO UNITE ARCHITECTS IN IENCY OF THE PROFESSION, ADVAN ING INDUSTRY AND THE PROFESSIO E PROFESSION OF EVER-INCREASIN	N FELLOW NCE THE DN OF AF	/SHIP, PROM SCIENCE AN RCHITECTUR	OTET DART ETOI	HE AESTHETIC, OF PLANNING AND
Ver								
9	,	Chaal	this hav b T if the evansition	discontinued to apprations or dispose	d of moore	than 3.50/ of .	ta nat	22222
ಸ	~	Спеск	this box   If the organization	discontinued its operations or disposed	a of filore	UIIAII 25% OI I	is net	assets
<b>16</b> S	3	Numbe	r of voting members of the gover	rning body (Part VI, line 1a)			з	16
¥			•	s of the governing body (Part VI, line 1b			4	10
Act			•	n calendar year 2015 (Part V, line 2a)	•		5	252
			, ,	necessary)			6	600
				Part VIII, column (C), line 12			7a	2,081,892
				from Form 990-T, line 34			7b	(
	_					Prior Year	1	Current Year
	8	Con	tributions and grants (Part VIII	, line 1h)			,128	72,131
알	9		- '	, line 2g)	•	57,018		60,618,393
Ravenue	10	_	,	mn (A), lines 3, 4, and 7d)	•	3,297		2,134,226
æ	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	3,181		3,322,136
	12		, , ,	11 (must equal Part VIII, column (A), li	ne —			<u> </u>
	12	12)	Trevenue and imes o emough i	ir (mase equal) are viri, column (A), n		63,549	,655	66,146,886
	13	Grai	nts and similar amounts paid (Pa	art IX, column (A), lines 1–3)		1,823	,668	1,664,421
	14	Ben	efits paid to or for members (Par	t IX, column (A), line 4)			0	C
	15	Sala	ries, other compensation, emplo	oyee benefits (Part IX, column (A), lines	,	24,245	796	26,394,463
Ses		5 <b>- 1</b>	0)			24,243	,,,,,,,	20,334,403
Expenses	168	a Pro	essional fundraising fees (Part I	(X, column (A), line 11e)	•		0	С
꿃	ь	Total	fundraising expenses (Part IX, column	(D), line 25) ▶ <u>0</u>				
_	17	O th	er expenses (Part IX, column (A	), lines 11a-11d, 11f-24e)		34,614	,421	35,464,129
	18	Tota	l expenses Add lines 13–17 (m	nust equal Part IX, column (A), line 25)		60,683	,875	63,523,013
	19	Rev	enue less expenses Subtract lin	ne 18 from line 12		2,865	,780	2,623,873
8 8					Begin	ning of Curren	t Year	End of Year
Net Assets or Fund Balances								
Ba	20		ll assets (Part X, line 16)		•	70,074	-	72,628,392
돌	21		ıl lıabılıtıes (Part X, lıne 26) .			43,748		45,583,481
	22			ct line 21 from line 20		26,325	,966	27,044,911
my k	r pei nowl	nalties o edge an		examined this return, including accompa omplete Declaration of preparer (other				
		**	<b>*</b> ** *			2016-11-10		
Sigr		Sig	gnature of officer			Date		
Here		, R	DBERT IVY FAIA Executive VP/CEO					
			pe or print name and title					
			Print/Type preparer's name	Preparer's signature	Date 2016-11-0	Check I if	PTIN	90720
Paid	k		Deborah G Kosnett	Deborah G Kosnett	2010-11-0	self-employed	1   1002	.501ZU

Firm's address ▶ 2021 L Street NW Suite 400

Washington, DC 20036

Firm's name Tate and Tryon

Preparer

**Use Only** 

Firm's EIN ► 52-1855942

Phone no (202) 293-2200

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

	( )			. age -
Pai	t 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 $I$ $\square$	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 $I$	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,			

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

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

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 🔀

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🔀

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

14a Did the organization maintain an office, employees, or agents outside of the United States? ...

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 👺 . . . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

ıts total assets reported ın Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🥦

**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 . . . . . . . . . . . . 🔧 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Yes

Nο

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Form 990 (2015)

11a

11b

11c

**11**d

11e

**11**f

12a

12b

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14a

14h

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19

20a

20b

Yes

Yes

Yes

Yes

Page 4

Νo

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? If "Yes," complete Schedule J	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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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 . . . . . . . . . . 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

24b 24c

24d

25a

25h

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28a

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Νo

Nο

Nο

Nο Nο Νo

Nο

29

	990 (2015)			Page
Pai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 314			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 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	by this return	2b		
3a	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
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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	
b	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
10	Section 501(c)(7) organizations. Enter			
a	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	]		
11	Section 501(c)(12) organizations. Enter			
а	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 )			
12a	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			
13	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	<b>13</b> a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	135	   <sub>142</sub>	 	No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		INO
_	. , , , , , , , , , , , , , , , , , , ,		i l	ı

year by the following The governing body? .

Section C. Disclosure

Part

990 (2015)	Page <b>6</b>
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. Check if Schedule O contains a response or note to any line in this Part VI . . . . . Section A. Governing Body and Management Yes

No 1a Enter the number of voting members of the governing body at the end of the tax 1a 16 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

Enter the number of voting members included in line 1a, above, who are ındependent

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization have members or stockholders? . . . . . . . . .

**10a** Did the organization have local chapters, branches, or affiliates? .

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

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 . . . . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

f b Other officers or key employees of the organization  $\ldots \ldots \ldots \ldots$ 

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

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

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? . . . . . . . . . . . . . . . . . .

(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)

▶LISA Green 1735 NEW YORK AVENUE NW WASHINGTON, DC 200065209 (202) 626-7300

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

1 h

10

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

2 3 4

5

7a

10a

10b

11a

12a

12h

**12**c

13

14

15a

15b

**16**a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Νo Νo Νo

Yes	
Yes	
Yes	
Yes	
Yes	
	No

No Νo

Νo

Nο

Νo

Form 990 (2015)

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d in is l	one l both	oox, an d	officer	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) Average 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)						( <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)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			•			<b> </b>				
c Total from continuation s d Total (add lines 1b and 10	•			٠.		. •		4,445,241	0	666,021

\$100,000 of reportable compensation from the organization  $\triangleright$  65

Total number of individuals (including but not limited to those listed above) who received more than

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . Νo 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 J for such Yes 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 J for such person . . . . . 5 Nο

#### Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

INFORMA EXHIBITIONS US

THE PURPOSE INSTITUTE

IRVING, TX 75038

828 W 6TH STREET AUSTIN, TX 78703

6191 N STATE HWY 161 STE 500

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (A)

Name and business address	Description of services	Compensation
DIGITAL PRISM ADVISORS LLC	DT consulting services (IT)	2,361,653
52 BERGEN RIDGE RD NORTH BERGEN, NJ 070471600		
SAPIENT GOVERNMENT SERVICES	IT CONSULTANTS	1,983,571
1515 N COURTHOUSE RD ST 40 ARLINGTON, VA 22201		

GSS AMERICA INFOTECH LTD software services 1699 wall street ste 201 MT PROSPECT, IL 60056

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  42

1,468,586

1,039,016

880,547

event manager/ convention

public relations consultant

Yes

No

Form 99								Page
Part V	1111	Statement o		oco or poto to ony lin	o in this Dart VIII			Г
		Check IT Schedi	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w &	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
يا آيا	С	Fundraising eve	ents <b>1c</b>					
ifts. ar A	d	Related organiz	zations 1d					
m G	e	Government grant	s (contributions) <b>1e</b>	15,636				
ons Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	56,495		i		
buti the		similar amounts no						
	g	1a-1f \$						
Cont	h	Total. Add lines	s 1a-1f	· · · •	72,131			
<u>ə</u>				Business Code				
¥.	2a	PUBLICATIONS & R		900099	21,992,223	21,992,223		
Program Service Revenue	Ь	MEMBERSHIP DUE		900099	16,711,527	16,711,527		
	C	CONFERENCES & 1	<del></del>	900099	10,939,166	10,939,166		
	d	Professional Devel	opment	900099	7,662,653	7,662,653	042.006	
	e f	Member Services	am service revenue	900099	3,303,451 9,373	2,389,565	913,886	
	'	. •				9,373		
	g 2		s 2a-2f	+	60,618,393			
	3		ome (including dividend ar amounts)	s, interest,	1,265,809			1,265,80
	4	Income from inves	stment of tax-exempt bond p	proceeds				
	5	Royalties	() Dool	(u) Para anal	2,221,581			2,221,58
	6a	Gross rents	(ı) Real 2,421,174	(II) Personal				
	ь	Less rental expenses	2,135,132					
	С	Rental income	286,042					
	d	or (loss) Net rental inco	me or (loss)		286,042		575,112	-289,07
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	63,621,993					
	ь	Less cost or other basis and	62,753,576					
		sales expenses Gain or (loss)	868,417					
	d	Net gain or (los			868,417			868,41
Other Revenue	8a	Gross income f events (not inc	rom fundraising luding s reported on line 1c)	ŕ				
ther	ь	Less direct ex	a penses b					
0	С		loss) from fundraising ( ا	events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 <b>a</b>					
	ь		penses b					
	C	Net income or t	loss) from gamıng actı) -	vittes				
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inve					
	11-	Miscellaneous		Business Code 812930	436,643		305,952	130,69
	11a b	GARAGE RENT		531390	286,942		286,942	
	C	FACILITIES RI miscellaneous	-	900099	50,787	50,787		
	d	All other reven			40,141	·		40,14
	e	Total. Add lines	L		814,513			
	12	Total revenue.	See Instructions	🗚	·	E0 7EE 301	3.004.000	4 227 52
				-	66,146,886	59,755,294	2,081,892	4,237,56

### Part IX Statement of Functional Expenses

	•		
Section $501(c)(3)$ and $501(c)(4)$	) organizations must complete al	II columns All other organization	ns must complete column (A.)

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

	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D</b> ) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,593,421	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	51,000			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,995,720			
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	17,205,060			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,224,628			
9	Other employee benefits	2,544,559			
10	Payroll taxes				
		1,424,496			
11	Fees for services (non-employees)				
a	Management	1,460,047			
Ь	Legal	305,616			
c	Accounting	122,000			
d	Lobbying	264,836			
e	Professional fundraising services See Part IV, line 17	151 100			
f -	Investment management fees	164,138			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,905,688			
12	Advertising and promotion	4,734,153			
13	Office expenses	1,259,167			
14	Information technology	5,478,302			
15	Royalties				
16	Occupancy	380,655			
17 18	Payments of travel or entertainment expenses for any federal,	3,854,437			
10	state, or local public officials	4 101 202			
19	, , , , , , , , , , , , , , , , , , , ,	4,101,293			
20 21	Interest	260,041			
22	Depreciation, depletion, and amortization	846,032			
23	Insurance	541,256			
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)	341,230			
а	COST OF GOODS SOLD	5,127,645			
b	BANK & Merchant profess	1,752,685			
c	AMORTIZATION	1,606,851			
d	taxes (non income)	466,201			
e	All other expenses	-166,914			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	63,523,013			
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)				

(B)

End of year

673,617

10.382.780

1,071,479

139,734

6,721,324

14,751,627

38,260,568

627,263

72,628,392

7,164,510

27,615,792

10,469,845

45,583,481

23, 194, 467

2,885,946

27,044,911

72,628,392 Form 990 (2015)

964,498

333,334

(A)

Beginning of year

86,240

2

3

5

q

**10**c

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30 31

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33

8.919.522

1,032,465

142,415

6,943,478

10,376,909

41,877,818

695,980

70,074,827

6,175,023

1,166,667

25, 142, 781

11,264,390

43,748,861

22,356,333

3,005,135

26.325.966

70,074,827

964,498

45,503,719

30,752,092

10a

10b

Part X	Balance Shee
	Check if Schedu

	· · · · · · · · · · · · · · · · · · ·
Part X	Balance She
	Check if Schedu

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10a

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Net Assets or Fund Balances

Form 990 (	(2015)	
Part X	Balance	Sheet

	(/	
Part X	Balance	Sheet

-	•	
	Balance	Sheet

Part X	Balance	Sheet

Balance	Sheet

Ва	lar	ıce	Sh	eet	
~ L	1.				,

Part X	<b>Balance Sheet</b>
	Check if Schedule

O contains a response or note to any line in this Part X . . .

II of Schedule L

Grants payable

Deferred revenue . . .

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Tax-exempt bond liabilities . .

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here >

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Investments—publicly traded securities . .

Intangible assets . . . . . .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Pledges and grants receivable, net .

Accounts receivable, net . .

Revenue less expenses Subtract line 2 from line 1 . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

66,146,886

63,523,013

2,623,873

26,325,966

-1,904,928

27,044,911

Yes

Yes

Yes

2a

2b

2c

3a

3b

▽

No

Νo

Νo

Form 990 (2015)

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Total revenue (must equal Part VIII, column (A), line 12) . . . . 1 Total expenses (must equal Part IX, column (A), line 25) . . . . 2

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS

INC

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

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) public relations - AIA provides a wealth of information to the public on architecture and architects AIA's Center for Communities by Design, for example, provides information on how architecture can influence the quality of life in our nation's communities. Additionally, the AIA is engaged in a media campaign that explains the importance of architects to society.

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
GOVERNMENT AFFAIRS -- THE AIA REPRESENTS THE INTERESTS OF ARCHITECTS BEFORE FEDERAL, STATE, AND LOCAL
GOVERNMENTS AND OTHER POLICY-MAKING BODIES THIS OUTREACH, COUPLED WITH SUSTAINED MEMBER PARTICIPATION

AND ACTIVE INVOLVEMENT IN THE POLITICAL PROCESS, ENABLES THE AIA TO ADVOCATE ON BEHALF OF LEGISLATIVE, REGULATORY, AND RELATED ISSUES IMPORTANT TO AIA MEMBERS

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	The AIA National Convention offers mor well as informational exhibits showcasing			expo
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

SCHOLARSHIPS, GRANTS, CONTRIBUTIONS - AIA PROVIDES SCHOLARSHIPS, GRANTS AND OTHER CONTRIBUTIONS TO PROMOTE THE ARCHITECTURAL PROFESSION

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(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- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Russell A Davidson President (as of 12/15)	10 00	×		х				7,000	0	
William J Bates VICE PRESIDENT	10 00	×		х				575	0	
Francis M Pitts VICE PRESIDENT	10 00	x		х				575	0	
Thomas V Vonier First Vice President (as of 12/15)	10 00	×		x				575	0	
Stuart Coppedge Treasurer (as of 12/15)	10 00	×		x				0	0	
John A Padilla SECRETARY	10 00	×		×				3,000	0	
Torrey Stanley Carleton Hon	2 00	×						0	0	

2 00

2 00

2 00

Х

Х

Director (as of 12/15)

Director (as of 12/15)

Director (as of 12/15)

Donald I King Director (as of 12/15)

Amanda Harrell-Seyburn

L Jane Frederick

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

(A) (B) (C) (D) (E)

PRESIDENT (thru 12/15)

VICE PRESIDENT (thru 12/15)

TREASURER (thru 12/15)

James E Rains

John P Grounds

Jorge A Bermudez

Director (thru 12/15)

Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	unle:	ore to see officer of the strategies of the stra	han erso cer	not one n is and trus	tee)	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		a.	Trustee			ensated			
Thierry Paret Director (as of 12/15)	2 00	×					0	0	
Burton Roslyn Director (as of 12/15)	2 00	×					0	0	
Anthony Schirnpa Director (as of 12/15)	2 00	×					0	0	(
Jennifer Workman Director (as of 12/15)	2 00	×					0	0	
Danielle Mitchell Student Director (as of 12/15)	2 00	×					0	0	
Julie D Taylor Director (as of 12/15)	2 00	×					0	0	
Elizabeth Chu Richter	15 00	х		х			25,405	0	

10 00

10 00

2 00

Х

Х

Х

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Χ

575

3,000

0

(F)

Name and Title	A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Haley M Gipe Director (thru 12/15)	2 00	×						0	0	
Charles Klecha Director (thru 12/15)	2 00	×						0	0	
Tina Litteral Director (thru 12/15)	2 00	×						0	0	
Frederick Steiner Director (thru 12/15)	2 00	×						0	0	
Robert Ivy EVP/CEO	40 00			x				628,888	0	119,070
Abigail Gorman Chief of Staff	40 00			x				360,424	0	49,65
Kenneth Ross Sr VP , Advocacy & Strategy	40 00				x			353,488	0	41,00
Deborah Debernard Sr VP , Global Innovation	40 00				х			304,270	0	37,180
Kathron Covaleskı Sr VP , Brand & Engagement	40 00				×			250,178	0	37,309

40 00

263,032

0

39,37

Jay Stephens

Sr VP , General Counsel

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

Compensated Employees, and Inde	pendent Co	ntra	ctor	S				•	•	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(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- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Susan McDaid Sr VP , Member & Component Resources	40 00				×			260,143	0	31,75
Tern Stewart Sr VP , Knowledge & Practice	25 00				x			242,945	0	18,00
Lisa Green VP , Finance & Administration	40 00				×			223,607	0	44,17
Michael Carr Sr VP , Information Technology	40 00				×			358,259	0	32,20
Philip Wurtz VP , Special Initiatives	40 00				×			203,886	0	35,15
Jeffrey Raymond	40 00									

40 00

40 00

40 00

40 00

. . . . . . . . . . . . . . . . . . .

Managing Director, Digital Transformation

Managing Director, Contract Documents

Managing Director, Infrastructure & Support

Managing Director, New Business Development

Managing Director, Components Collab & Resources

Kenneth Cobleigh

Philip O'Neal

Maan Hashem

Paula Clements

42,70

41,99

28,81

42,21

25,40

0

0

0

0

213,978

192,527

189,621

180,096

179,194

Χ

Χ

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315023776 Political Campaign and Lobbying Activities OMB No 1545-0047 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ 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 Open to Public Department of the **Inspection** www.irs.gov/form990. Treasurv Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number THE AMERICAN INSTITUTE OF ARCHITECTS INC 53-0025930 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 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 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 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 2 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3 Did the filing organization file Form 1120-POL for this year? Yes 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 (d) A mount paid from (a) Name (b) Address (c) EIN (e) A mount of political filing organization's contributions received funds If none, enter and promptly and 0 directly delivered to a

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization fileForm 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

(a) Name

(b) Address

(c) EIN

(d) Amount paid from filing organization's funds. If none, enter-o-and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization. If none, enter-o-and promptly and directly delivered to a separate political organization in Finding organization.

(1) ARCHIPAC

1735 NEW YORK AVE NW WASHINGTON, DC 20006

35-2416199

44

56

66

#### under section 501(h)). Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

В	Check In the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Not over \$500,000

Over \$17,000,000

The lobbying nontaxable amount is:

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** 

**(b)**2013

(a)2012

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

\$1,000,000

Subtract line 1f from line 1c If zero or less, enter -0-

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

2a

Calendar year (or fiscal year

beginning in)

(b)

Page 3

#### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT

through the use of Volunteers?

c Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

1

f

Part III-A

Part III-B

a Current vear

c Total

Carryover from last year

political expenditure next year?

1

2

3

1

2

3

filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Were substantially all (90% or more) dues received nondeductible by members?

Taxable amount of lobbying and political expenditures (see instructions)

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

legislation, including any attempt to influence public opinion on a legislative matter or referendum,

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

**b** If "Yes," enter the amount of any tax incurred under section 4912

line 3, is answered "Yes."

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

(a) No Yes

A mount

Yes

Yes

16,711,527

2,451,844

2,015,672

4.467.516

1.671.153

2,796,363

1

2

1

2a

2b

2c

3

4

5

No

Νo

Νo

Part IV Supplemental Information

- CHC-10 - Cuppientental Inte						
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 ar 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information						
Return Reference	Explanation					
Part I-A, Line 1	ACTIVITY CONDUCTED THROUGH A SECTION 527 POLITICAL ACTION COMMITTEE					
	Schedule C (Form 990 or 990EZ) 2015					

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

**SCHEDULE D** 

DLN: 93493315023776 OMB No 1545-0047

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

(Form 990)

Department of the

	al Revenue Service   ne of the organization			Emple	oyer identification numb	er
THE	AMERICAN INSTITUTE OF ARCHITECTS					
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answered			Funds o	or Accounts.	
		(a) Donor advised fun			Funds and other account	s
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor actions are the organization's property, subject to the			onor advis	ed <b>Yes</b>	┌ No
5	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit?				purpose <b>Yes</b>	∏ No
Pa	t III Conservation Easements. Complet	e if the organization	n answered "Yes	" on Form	n 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the	organization (check a	ll that apply)			
	Preservation of land for public use (e g , recreated ducation)	ation or [	Preservation o	f an histori	ically important land area	a
	Protection of natural habitat	Γ	Preservation o	f a certifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conserv	ation contribution i	n the form	of a conservation	
	Total number of concentration assembnts			-	Held at the End of th	e Year
a b	Total number of conservation easements  Total acreage restricted by conservation easemen	nts		2a 2b		
c	Number of conservation easements on a certified h		ıded ın (a)	2c		
d	Number of conservation easements included in (c) historic structure listed in the National Register		• •	2d		
3	Number of conservation easements modified, trans	sferred, released, extin	nguished, or termin	ated by the	e organization during the	
	tax year ▶					
1	Number of states where property subject to conse	rvation easement is lo	cated ▶			
5	Does the organization have a written policy regard violations, and enforcement of the conservation ea	ing the periodic monito			□ Yes □ N	lo
5	Staff and volunteer hours devoted to monitoring, in year	ispecting, handling of v	violations, and enfo	rcing cons	ervation easements duri	ng the
	<b>&gt;</b>					
7	A mount of expenses incurred in monitoring, inspect  \$ \bigset\$	ting, handling of violat	tions, and enforcing	j conserva	tion easements during th	ne year
3	Does each conservation easement reported on line (B)(I) and section $170(h)(4)(B)(II)$ ?	e 2(d) above satisfy the	e requirements of s	ection 17	0(h)(4) <b>Yes N</b>	lo
•	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the or		•	se statement, and	
ar	Complete if the organization answered	ions of Art, Histor			er Similar Assets.	

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X **▶** \$ \_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

	(continued)											
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other re	ecords	, chec	k any	of the	following that	are	a significant	use	of its	
а	Public exhibition			d	∏ Lo	oan or	exchange pro	gra	ms			
b	Scholarly research			e	Г о	ther						
c	Preservation for future generations	5										
4	Provide a description of the organization Part XIII	n's collections and e	xplaın	how t	hey fur	thert	he organizatio	n's	exempt purpo	ose in		
5	During the year, did the organization so assets to be sold to raise funds rather t	han to be maintained								Yes	N	lo
Pa	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		n For	m 99	0, Pai	rt IV,	line 9, or re	epoi	rted an amo	ount	on For	m 990,
<b>1</b> a	Is the organization an agent, trustee, cu included on Form 990, Part X?	ustodian or other inte	ermedı	ıary fo	r contr	ibutio	ons or other as	set		Yes	┌ N	lo
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the	e follov	ving ta	ble		Γ		A mou	nt	
c	Beginning balance						1.	c				
d	Additions during the year						10	d				
e	Distributions during the year						10	e				
f	Ending balance						11	f				
<b>2</b> a	Did the organization include an amount	on Form 990, Part X	, line 2	21, for	escro	word	ustodial acco	unt	liability?	Yes	□N	lo
b	If "Yes," explain the arrangement in Pai	rt XIII Check here i	f the e	xplana	ation h	as be	en provided in	Par	tXIII			
Pa	rt V Endowment Funds. Compl											
		(a)Current year	(b)	<b>)</b> Pnor y		b (c)	Two years back	(d)	Three years ba			ears back
1a	Beginning of year balance	16,869,057		16,7	56,554		15,263,611		13,925,2	_		13,997,658
b	Contributions				1,000		15,873		10,8	12		36,572
c	Net investment earnings, gains, and losses	51,740		4	198,103		1,638,032		1,485,7	32		127,910
d	Grants or scholarships											
e	Other expenditures for facilities and programs	360,500		3	86,600		160,962		158,1	53		236,920
f	Administrative expenses											
g	End of year balance	16,560,297		16,8	869,057		16,756,554		15,263,6	11		13,925,220
2	Provide the estimated percentage of the	e current year end ba	alance	(line :	Lg, col	umn (	a)) held as			-		
а	Board designated or quasi-endowment <b>i</b>	74 990 %										
b	Permanent endowment ► 5 830 %											
c	Temporarily restricted endowment ►	19 180 %										
	The percentages on lines 2a, 2b, and 20	c should equal 100%	6									
3а	Are there endowment funds not in the pe	ossession of the orga	anızatı	ion tha	it are l	neld a	nd administer	ed fo	or the			
	organization by  (i) unrelated organizations									3a(i	Yes	No No
	(ii) related organizations				• •					3a(ii		No
b	If "Yes" on 3a(II), are the related organi									3b	1	
4	Describe in Part XIII the intended uses	of the organization's	s endo	wmen	t funds	;						
Pa	rt VI Land, Buildings, and Equi			- 000	D =		11. C		000 D-	- V	l 1 C	,
	Complete if the organization  Description of property	answered Yes to	FOFT	11 990	, Part (a)	10, 1	(b)	FOI	Accumulat			ok value
	,				r other vestmer		Cost or other ba (other)	asıs	(c)depreciati	on		
1a	Land			(	Vestinei	10,	1,232,	616				1,232,616
	Buildings		-				-, <b>-</b> /	-				, ,,-20
_	Leasehold improvements						23,931,	841	20,103	3.081		3,828,760
	Equipment						5,490,	-	5,203	_		286,290
	Other		-				2,:30,		-,			,
							14,849,	230	5,445			9,403,961
Tota	<b>al.</b> Add lines 1a through 1e <i>(Column (d) mi</i>	ust equal Form 990, Pa	art X, c	column	(B), III	ne 10(	(c))			•		14,751,627

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

	(Form 990) 2015  Investments—Other Securities. Cor	mplete if the or	ganıza	ation answered 'Y	es' on Forr	Page n 990, Part IV, line 11b
	See Form 990, Part X, line 12.  (a) Description of security or category			(b)Book value		Method of valuation
(1)Emancia	(including name of security) al derivatives				Cost or	end-of-year market value
	-held equity interests					
( <b>3)</b> O ther						
					-	
					+	
					1	
	nn (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.	•				
Pait VIII	Complete if the organization answered	'Yes' on Form	990, F	Part IV, line 11c.5	ee Form 9	90, Part X, line 13.
	(a) Description of investment			(b) Book value	(c)	Method of valuation
					Cost or	end-of-year market value
Total (Colum	mn (b) must equal Form 990, Part X, col (B) line 13 )	-			+	
	Other Assets. Complete if the organization	n answered 'Yes'	on For	m 990, Part IV, line	⊥ : 11d See Fo	rm 990, Part X, line 15
	(a) Descr	ription				(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line 1	5)				
Part X						ne 11e or 11f.
	See Form 990, Part X, line 25.	(b) Book va				
1.	(a) Description of liability	(B) BOOK VA	iiue			
Federal inc	ome taxes					
		+				
		<u></u>				
			_			

1 2

b

1

2

h

c

d

е

h

c

Part XIII

information

Part V. Line 4

3

Part XII

Page 4

230,204

66,146,886

66,146,886

65,658,145

2,135,132

63,523,013

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . . 2a -1,904,928 2b

Donated services and use of facilities . b c Recoveries of prior year grants . **2**c Other (Describe in Part XIII) d 2d

Add lines 2a through 2d . . . . . Subtract line 2e from line 1 . . . . . 3

Amounts included on line 1 but not on Form 990, Part IX, line 25 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . . . . . . .

**Supplemental Information** 

Other (Describe in Part XIII ) . . .

Subtract line 2e from line 1 . . . . .

Add lines 2a through 2d . . .

Add lines 4a and 4b .

Return Reference

Add lines 4a and 4b . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b.

scholarships through a quasi-endowment

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total revenue, gains, and other support per audited financial statements

Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2c

2d

AIA's endowment consists of permanently restricted funds established for scholarships and the AIA Library The Institute has also allocated certain unrestricted net assets for the purpose of funding

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . .

4c

2e 3

2e

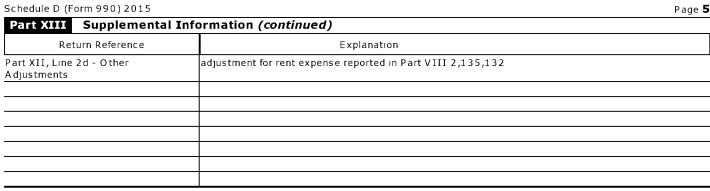
3

2,135,132

2.135.132

4c 63,523,013

Schedule D (Form 990) 2015



efile GRAPHIC print - Do	O NOT PROCESS	As Filed Dat	ta -	DLI	N: 93493315023776
SCHEDULE F (Form 990)	Statement of A	Activities (	Outside the Unit	ed States	OMB No 1545-0047
(1 5/11/ 990)	► Complete i	Part IV, line	n answered "Yes" to Form 14b, 15, or 16.	990,	2015
Department of the Treasury Internal Revenue Service	nformation about Schedu		o Form 990. nd its instructions is at <i>w</i>	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization THE AMERICAN INSTITUTE OF INC	OF ARCHITECTS			53-002593	entification number
	mation on Activition organization answer		ne United States. orm 990, Part IV, line	14b.	
1 For grantmakers. Doe and other assistance, t used to award the gran	the grantees' eligibili			_	
2 For grantmakers. Des assistance outside the		ganızatıon's p	rocedures for monitori	ng the use of its gr	
3 Activites per Region (Th	e following Part I, line 3	table can be di	uplicated if additional spa	ace is needed )	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region	
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
	1	1			764,65
b Total from continuation s to Part I	heets 0	0			280,12
c Totals (add lines 3a and 3		1		 No 50082W <b>Sch</b>	1,044,780 nedule F (Form 990) 2015

(i) Method of

valuation

(book, FMV,

appraisal, other)

(2) (3) (4) Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

arant

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

1	(a) Name of	(b) IKS code
	organization	section
		and EIN (if
		applicable)
(	1)	

(h) IDC code

(c) Region

(f) Manner of

cash

disbursement

(g) A mount

of non-cash

assistance

(h) Description

of non-cash

assistance

(e) A mount of

cash grant

(6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

Part III can be	duplicated if additio	nal space is ne	eeded.				·
(a) Type of grant or assistance	(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	20,000	WIRE			
( 2)							
( 3)							
(4)							
(5)							

Sch	edule F (Form 990) 2015			Рa	ge <b>4</b>
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the 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)	Г	Yes	l <b>√</b>	No
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)	Г	Yes	<b>▽</b>	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)	Г	Yes	✓	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	<b>▽</b>	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)	Γ	Yes	ᅜ	Νo

✓ Yes

Schedule F (Form 990) 2015

Νo

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)

Page 5

Schedule F (Form 990) 2015

330 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**

Europe (Including Iceland &

Greenland)

Software ID: Software Version:

**EIN:** 53-0025930

THE AMERICAN INSTITUTE OF ARCHITECTS

expense /dues share

professional dues and

|meeting expense

365,335

INC

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

0

0

(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	86
East Asia and the Pacific	0	0	PROGRAM SERVICES	Exchange / meeting	206,606

PROGRAM SERVICES

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) 20,000

PROGRAM SERVICES

Iservices and meeting

expense

60,921

13,853

Europe (Including Iceland & Greenland)	0	0	GRANT-MAKING	GRANTMAKING	
Middle East and North	1	1	PROGRAM SERVICES	meeting expense	

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

Africa North America

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) South America PROGRAM SERVICES professional dues 18,532 South Asia PROGRAM SERVICES 79,322 lmeetina expense Sub-Saharan Africa PROGRAM SERVICES software maintenance 280,125

and meeting exp

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315023776 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE AMERICAN INSTITUTE OF ARCHITECTS 53-0025930 INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 22 3.0 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

(c)A mount of

cash grant

(b) Number of

recipients

Schedule I (Form 990) 2015

(a) Type of grant or assistance

(f)Description of non-cash assistance

Page 2

(1) Tuttle Grant	1	6,000		
(2) UPJOHN GRANT	1	25,000		
(3) HOUZZ FOA PRIZE	4	20,000		

(d)A mount of

non-cash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

#### 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, Part I, Line 2

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

schedulE I, parT II DURING 2015, 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) 2015

#### **Additional Data**

AIA ILLINOIS

PLAZA NORTH

AIA CALIFORNIA 1303 J STREET

1 OLD STATE CAPITOL

SPRINGFIELD, IL 62701

SACRAMENTO, CA 95814

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) EIN	(c) IRC 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)		(h) Purpose of grant or assistance		
ACE MENTOR PROGRAM OF	51-0465877	501c3	10,000				Program Support		

16,000

16,000

Program Support

Program Support

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-ca
ACE MENTOR PROGRAM OF AMERICA INC 2777 SUMMER ST SUITE	51-0465877	501c3	10,000			

ACE MENTOR PROGRAM OF AMERICA INC 2777 SUMMER ST SUITE 401 STAMFORD,CT 06905	51-0465877	501c3	10,000	

501c6

501c6

or government				assistance	
ACE MENTOR PROGRAM OF AMERICA INC 2777 SUMMER ST SUITE	51-0465877	501c3	10,000		

51-0166543

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) . . . . . . F2 022F660 -046 - - - -Support

_	421 7TH STREET NW WASHINGTON,DC 20004			·		
	ATA FLORIDA	59-0828819	50166	16.000		Program Suni

501c3

AIA FOUNDATION

1735 NEW YORK AVE NW WASHINGTON, DC 20006 59-3819154

WASHINGTON, DC 20004					
AIA FLORIDA	59-0828819	501c6	16,000		Program Support
104 E JEFFERSON STREET					
TALLAHASSEE EL 32301					

305,500

Program Support

WASHINGTON, DC 20004					
AIA FLORIDA 104 E JEFFERSON STREET	59-0828819	501c6	16,000		Program Suppor

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) pport

1410 INDIANAPOLIS,IN 46204					
AIA INDIANA 201 N ILLINOIS ST STE	35-1118574	501c6	14,115		Program Supp

501c6

TOPEKA, KS 66603 AIA LOUISIANA

**521 AMERICA STREET** BATON ROUGE, LA 70802 72-0540772

INDIANAPOLIS,IN 46204					
AIA KANSAS 700 SW JACKSON STREET NO 209	48-0616441	501c6	16,500		Progran

INDIANAPOLIS,IN 46204					
AIA KANSAS 700 SW JACKSON STREET	48-0616441	501c6	16,500		Program Support
700 SW JACKSON STREET					

18,249

Program Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ATA MADVIAND 52-1697502 50166 11 000 Drogram Support

86 MARYLAND AVE ANNAPOLIS,MD 21401	32-100/302	30100	11,000		Program Support
AIA MICHIGAN SOCIETY OF ARCHITECTS	38-1884431	501c6	15,000		Program Support

16,000

Program Support

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

501c6

553 FAST JEFFERSON AVE DETROIT, MI 48226

23-7049200

AIA MONTANA

PO BOX 20996 BILLINGS, MT 59104

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

AIA NEBRASKA	47-6033666	501c6	17,000		Program Support
PO BOX 80045					
LINCOLN,NE 68501					
AIA NEW MEXICO	51-0174808	501c6	16,000		Program Support

501c6

56-0732091

AIA NORTH CAROLINA

14 E PEACE STREET RALEIGH, NC 27604

AIA NEW MEXICO	51-0174808	501c6	16,000		Program Support
PO BOX 16148					
ALBUQUERQUE,NM 87191					

Program Support

18,312

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AIA OHIO 31-4406857 501c6 17,000 Program Support 17 SOUTH HIGH STREET

COLUMBUS,OH 43215					
AIA PENNSYLVANIA 240 N 3RD STREET 12TH FLOOR HARRISBURG,PA 17101	23-1544846	501c6	16,000		Program Support

110

SAN ANTONIO, TX 78215

AIA SAN ANTONIO 74-1486844 501c6 12,000 Program Support 200 E GRAYSON STREET ST

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (h) Purpose of grant (d) A mount of cash (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) AIA SOUTH CAROLINA 57-0515827 501c6 17,000 Program Support

12.500

Program Support

1522 RICHLAND STREET COLUMBIA,SC 29201					
AIA SOUTH DAKOTA PO Box 1596	46-0458526	501c6	8,500		Program Support

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

501c6

SIOUX Falls, SD 57101 AIA VIRGINIA

2501 MONUMENT AVENUE RICHMOND, VA 23220

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AIA WEST VIRGINIA 55-0637605 501c6 5,000 Program Support PO BOX 813

CHARLESTON, WV 25323					
AIAS 1735 NEW YORK AVE NW WASHINGTON,DC 20006	52-1239053	501c3	110,000		Program Support
ALPHA RHO CHI FOUNDATION	36-3697197	501c3	10,000		Program Support

452062612

ram Support 2101 ST JAMES AVENUE 3 CINCINNATI, OH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AMERICAN INDIAN COUNC 47-4448769 501c6 5,000 Program Support OF ARCH ENG 821 17TH ST SUITE 400

DENVER,CO 80202					
Architecture 2030 936 N 34th St Seattle, WA 98105	26-0251104	501c3	15,000		Program Support
ASSOC GENERAL CONTRACTORS OF	71-0004355	501c6	25,000		Program Support

Support AMERICAN 2300 WILSON BOULEVARD SUITE 400 ARLINGTON, VA 22201

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BALL STATE UNIVERSITY 35-6000221 501c3 7,500 Program Support 2000 W UNIVERSITY AVE

MUNCIE, IN 47306					
BOSTON SOCIETY OF ARCHITECTS 290 CONGRESS STREET ST 200	04-2448949	501c6	5,000		Program Support

BOSTON, MA 21110 CENTER FOR ADVANCED 27-0882384 501c3 20,885 Upjohn Grant DESIGN RESEARCH

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

350 N SAINT PAUL ST DALLAS, TX 75201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **CLEMSON UNIVERSITY** 57-0426335 501c3 14,583 Program Support

FOUNDATION 3-144 LEE HALL BOX 340511 CLEMSON,SC 29634					
COLLECE OF FELLOWS	71 0007547	F01.2	30,000		Drogram Cupr

CLEMSON,SC 29634					
COLLEGE OF FELLOWS 1735 NEW YORK AVE NW	71-0887547	501c3	30,000		Program Support

COLLEGE OF FELLOWS	71-0887547	501c3	30,000		Program Suppo
1735 NEW YORK AVE NW					
WASHINGTON, DC 20006					

WASHINGTON, DC 20006					
COLUMBIA UNIVERSITY	13-5598093	501c3	5,000		Program S

	WASHINGTON, DC 20006				
COLUMBIA UNIVERSITY   13-5598093   501c3   5,000   Prog	COLUMBIA UNIVERSITY	13-5598093	5,000		Program

COLUMBIA UNIVERSITY	13-5598093	501c3	5,000		Program Support
1140 AMSTERDAM AVE					
NEW YORK, NY 10027					

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CORNELL LINIVERSITY 15-0532082 50163 7 500 l Program Support

341 PINE TREE ROAD ITHACA,NY 14850	13 0332002	30103	7,300		r rogram support
DIVERSIFIED SEARCH 2005 MARKET ST STE 3300	13-4281982	For Profit	5,000		Program Support

PHILADELPHIA, PA 19103 INTL-AIA International 38-3923265 501c6 7,500 Program Support

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

Region

1735 NEW YORK AVE NW WASHINGTON, DC 20006

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MCCLAIN YU 47-1609100 For Profit 26,100 Upjohn Grant ARCHITECTURE AND

25,000

Program Support

DESIGN 2009 RIDGECREST DR SE ALBUQUERQUE,NM 87108					
NAAB 1735 NEW YORK AVE NW	52-0075386	501c3	453,371		Program Support

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

501c3

NATIONAL BUILDING

MUSEUM 401 F STREET NW WASHINGTON, DC 20001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 68-0401509 501c3 5,000 Program Support NEW BUILDINGS INSTITUTE TNC

623 SW OAK STREET PORTLAND, OR 97205					
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE	04-1679980	501c3	28,015		Upjohn Grant

5,000

Program Support

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

501c3

BOSTON, MA 02115
SOCIETY FOR HISTORICAL

13017 WISTERIA DRIVE GERMANTOWN, MD 20874

ARCHEOLOGY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TENNESSEE SOCIETY OF 62-6047868 501c6 14.000 Program Support ARCHITECTS 110F CARTLAND AVE

THE DENNICYLVANIA CTATE	24 6000276		7.500		
THE CENTER FOR HEALTH DESIGN INC 1850 GATEWAY BLVD CONCORD,CA 94520	68-0298038	501c3	25,000		Program Support
NASHVILLE,TN 37206					

16802

Program Support THE PENNSYLVANIA STATE 24-6000376 501c3 7,500 UNIV 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, l non-cash assistance orassistance or government assistance other) TRUSTEES OF PURDUE 35-6002041 501c3 5,228 Program Support UNIVERSITY

401 S GRANT STREET WEST LAFAYETTE, IN 479072024					
UNIVERSITY OF KANSAS 1246 WEST CAMPUS RD	48-1124839	501c3	7,500		Program Support

UNIVERSITY OF KANSAS 1246 WEST CAMPUS RD LAWRENCE,KS 66045	48-1124839	501c3	7,500		Program Support
USINTERNATIONAL COUNCIL ON MONUMENTS AND SITES	23-7366110	501c3	25,000		Program Support

401 F STREET NW WASHINGTON, DC 20001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VIRGINIA POLYTECHNIC 54-6001805 501c3 5,000 Program Support INSTITUTE

800 WASHINGTON STREET SW SUITE 150 BLACKSBURG,VA 24061					
WISCONSIN SOCIETY OF ARCHITECTS	39-0919117	501c6	9,500		Program Support

5,000

Program Support

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

For Profit

321 S HAMILTON STREET

MADISON, WI 53703 ZIGA DESIGN BUILD LLC

130 GREENHAVEN DR SAN ANTONIO, TX 78201

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493315023776 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization THE AMERICAN INSTITUTE OF ARCHITECTS 53-0025930 Part I Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Form 990

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
		(ii)	(iii)	1 other deferred	benefits	(B)(ı)-(D)	column(B) reported

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	1, ,	<b>(F)</b> Compensation in
	Page	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation			1	Form 990

Schedule J (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 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 Part I, Line 1a AIA'S CEO IS PERMITTED TO TRAVEL FIRST CLASS ON LONGER INTERNATIONAL FLIGHTS Spousal travel is allowed for AIA's CEO and President

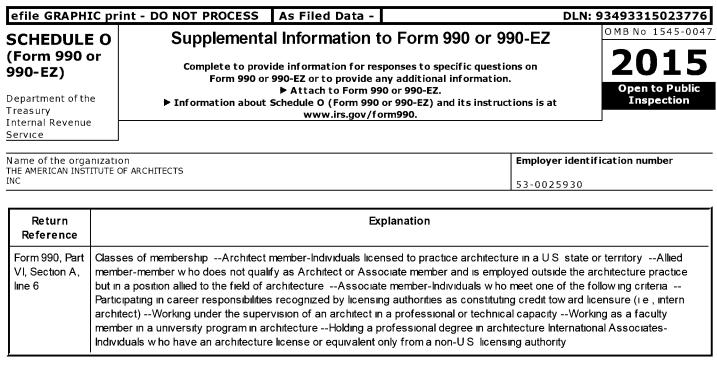
Schedule J (Form 990) 2015

### Software ID: Software Version:

**EIN:** 53-0025930

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

Form 990, Schedule J,	Part 1							
(A) Name and Title		(B) Breakdown of  (i)  Base  Compensation	f W-2 and/or 1099-MI (ii) Bonus & Incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		Compensation	compensation	compensation				<b>-</b>
1Robert IvyEVP/CEO	(1)	504,083	101,471	23,334	100,613	19,931	749,432	0
	(11)	0	0	0	0		-	0
1Abigail GormanChief of Staff	(1)	319,458	40,000	966	21,200	29,927	411,551	0
	(11)	0	0	0	0			0
2Kenneth Ross	(1)	304,429	25,725	23,334	21,200	21,281	395,969	0
Sr VP , Advocacy & Strategy	(11)	0	0	0	0	,		0
3Deborah Debernard	(1)	248,864	53,600	1,806	19,929	19,391	343,590	0
Sr VP , Global Innovation	(11)							
<b>4</b> Kathron Covaleskı		0	0	0	0	0	0	0
Sr VP , Brand & Engagement	(1)	228,337	20,035	1,806	18,852	19,931	288,961	0
	(11)	0	0	0	0	- 0	0	0
<b>5</b> Jay Stephens Sr VP , General Counsel	(1)	219,525	20,173	23,334	19,569	21,941	304,542	0
	(11)	0	0	0	0			0
<b>6</b> Susan McDaid Sr VP , Member &	(1)	218,337	22,000	19,806	19,479	13,748	293,370	0
Component Resource	(11)	0	0	0	0			0
<b>7</b> Tem Stewart	(1)	219,105	19,499	4,341	18,000	1,474	262,419	0
Sr VP , Knowledge & Practice	(11)	0	19,499	4,341	18,000		202,419	0
8Lisa Green	(1)	204.477				0	0	
VP , Finance & Administration	(1)	204,477  0	18,500	630	17,314	31,337	272,258	0
	` ′		Ů	Ů	Ö	0	0	0
<b>9</b> Michael Carr Sr VP , Information	(1)	329,055	28,000	1,204	14,933	18,653	391,845	0
Technology	(11)	0	0	0	0			0
<b>10</b> Philip Wurtz VP , Special Initiatives	(1)	167,154	16,087	20,645	15,350	21,841	241,077	0
	(11)	0	0	0	0	-		0
<b>11</b> Jeffrey Raymond Managing Director, Digital	(1)	202,008	11,550	420	16,800	27,360	258,138	0
Transform	(11)	0	0	0	0			0
12Kenneth Cobleigh	(1)	179,248	11,550	1,729	15,375	28,440	236,342	0
Managing Director, Contract Document	(11)	0	11,330	1,729	15,375	20,440	230,342	0
13Philip O'Neal		, <b></b>				0	0	
Managing Director, Infrastructure &	(1)	179,170	8,795	1,656	14,840	15,308	219,769	0
	(11)	0	0	0	0	- 0	- 0	0
14Maan Hashem Managing Director, New	(1)	166,970	12,240	886	16,309	27,673	224,078	0
Business Deve	(11)	0	0	0	0	• •	. 0	0
15Paula Clements Managing Director,	(1)	164,359	10,507	4,328	13,677	12,929	205,800	0
Components Collab	(11)	0	0	0	0			n
			Ĭ			0	0	



Reference	
1	The AIA Board is selected by the members as followsOfficers President, First Vice President, two Vice Presidents (vice presidents will be phased out next year), 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
lille / a	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
	Board (will be phased out next year)As many as Two directors, appointed by the Presidentthree at-large directors, selected by the delegates at the annual meeting (convention)three at-large directors, selected by the institute's strategic

council -- Executive Vice President/CEO (under contract, hired by the Board Executive Committee)

Explanation

Return

Return Reference	Explanation
Form 990, Part VI, Section A,	In most instances, decisions to amend the Institute's Bylaw's are subject to approval by a two-thirds vote at
line 7b	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 immediate past president, the president, and the first vice president/president-elect, as well as the secretary and treasurer. The VP of Finance review s

the 990 with the Compensation Committee and provides them with a copy

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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 (MYEN 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 TRANSACTION OR ARRANGEMENT 2 LEMETRINIA WHETHER A CATEFUL OF INCERSIST WITH THE PROPOSED TRANSACTION OR ARRANGEMENT 2 LEMETRINIA WHETHER A CATEFUL OF DISCUSSION WITH THE PROPOSED TRANSACTION OR ARRANGEMENT 2 LEMETRINIA WHETHER A CATEFUL OF DISCUSSION WITH THE PROPOSED TRANSACTION OR ARRANGEMENT 2 LEMETRINIA WHETHER DESTINATION 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 B. THE PRESIDING OFFICER OF THE BOARD (OR CHAIR OR ACTINIS CHAIR OF THE COMMITTEE) SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT OR ASTERD ASSOCIATION OR ASTERD ASSOCIATION OR ARRANGEMENT OR ASTERD ASSOCIATION OR

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 VICE PRESIDENT OF HUMAN RESOURCES SENDS A CONFIDENTIAL CEO ASSESSMENT SURVEY TO EACH MEMBER OF THE AIA BOARD 3. THE VICE PRESIDENT OF HUMAN RESOURCES COMPLES THE SURVEY RESULTS AND PROVIDES A REPORT OF THE FINDINGS TO THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS. THE PRESIDENT SHARES THE FINDS WITH THE AIA BOARD COMPENSATION COMMITTEE 4. THE ANNUAL ASSESSMENT IS CONDUCTED BY THE AIA BOARD COMPENSATION DEGISION IS MADE BY THE COMPENSATION COMMITTEE DEFINED AS THE PRESIDENT, FIRST VICE PRESIDENT, TREASURER AND SECRETARY TO FACILITATE CONTINUITY, THE FIRST VICE PRESIDENT, FIRST VICE PRESIDENT, TREASURER AND SECRETARY TO FACILITATE CONTINUITY, THE FIRST VICE PRESIDENT ELECT WILL BE INVITED AS A GUEST 5 SEACH YEAR THE VICE PRESIDENT OF HUMAN RESOURCES GIVES A REPORT TO THE AIA BOARD COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON COMPARABILITY DATA FOR THE POSITION 6 THE AIA BOARD COMPENSATION COMMITTEE WHICH PROVIDES INFORMATION ON COMPARABILITY DATA AND APPROVES ANY CHANGES TO THE CEO'S COMPENSATION FOR THE UPCOMING YEAR 7. THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS INFORMS THE COOPENSATION FOR THE UPCOMING YEAR 7. THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS SENDS A CONFIRMING LETTER TO THE CEO AT COMPENSATION 8. THE PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS SENDS A CONFIRMING LETTER TO THE CEO THE CAD COMPENSATION PROVED THE AMERICAN INSTITUTE OF ARCHITECTS SENDS A CONFIRMING LETTER TO THE CEO THE AIA COMPENSATION PROCESS FOR ALL OTHER EMPLOYEES, INCLUDING THE KEY BMLOYEES, I

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

DLN: 93493315023776

## SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

2015

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

THE AMERICAN INSTITUTE OF ARCHITECTS

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

ructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Employer identification number

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) 1735 NY AVE LLC 1735 NEW YORK AVE NW WASHINGTON, DC 20006 32-0292355	REAL ESTATE HOLDINGS	DC	2,635,809	1,717,951	AMERICAN INSTITUTE OF ARCHITECTS INC		
(2) American Institute of Architects International LLC 1735 NEW YORK AVE NW WASHINGTON, DC 20006 47-2553068	Chinese chapter operations	DC	500	23,653	AMERICAN INSTITUTE OF ARCHITECTS INC		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the				n Form 990, Pa	rt IV, line 34 because it h	ad on	e
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity sta (if section 501(c)		Section (13) co	ontrolle tity?
(1)ATA FOUNDATION 1735 NEW YORK AVENUE NW	educate the public about the future of architecture	DC	501(c)(3)	509(a)(1)	AMERICAN INSTITUTE OF ARCHITECTS INC	Yes	No
WASHINGTON, DC 20006 59-3819154							
(2)ARCHIPAC -THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE NW	POLITICAL ACTION COMMITTEE	DC	527		AMERICAN INSTITUTE OF ARCHITECTS INC	Yes	
WASHINGTON, DC 20006 35-2416199							_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	1	Cat No 501	.35Y	1	Schedule R (Form	990) 2	:015

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

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
					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.

	_				01E
B) ed	<del>  ""</del>				- 0001 7
Section 51: (b)(13) controlled entity?  Yes	100				- D / F C
(h) Percentage ownership					Calcadula
(g) Share of end- of-year assets					
(f) Share of total Income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
<b>(b)</b> Primary activity					
(a) Name, address, and EIN of related organization					1

(5)ARCHIPAC (PAC ADMIN EXPENSE)

(6)archIPAC (PAC ADMIN EXPENSE)

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

Part V Transactions With Related Organizations Complete if the or	ganization answered "\	es" on Form 990, Pa	art IV, line 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 During the tax year, did the organization engage in any of the following transactions	with one or more related of	organizations listed in P	arts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ent	ti <b>ty</b> .			1a		No		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	fift, grant, or capital contribution to related organization(s)							
Gift, grant, or capital contribution from related organization(s)								
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No		
f e Loans or loan guarantees by related organization(s)				1e		No		
f Dividends from related organization(s)				<b>1</b> f		No		
g Sale of assets to related organization(s)								
<b>h</b> Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
$\boldsymbol{j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
l Performance of services or membership or fundraising solicitations for related org				11	Yes			
m Performance of services or membership or fundraising solicitations by related organizations.	anızatıon(s)			1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	tion(s)			1n	Yes			
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No		
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No		
r Other transfer of cash or property to related organization(s)				1r		No		
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No		
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete this lir	ne, including covered re	elationships and transaction threshold	ds				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involve	d			
1)AIA FOUNDATION	В	305,500	COST					
2)AIA FOUNDATION	0	542,109	FMV (IN-KIND)					
3)AIA FOUNDATION	N	9,720	FMV (IN-KIND)					
4)AIA FOUNDATION	М	25,096	FMV (IN-KIND)					

529,866

5,760

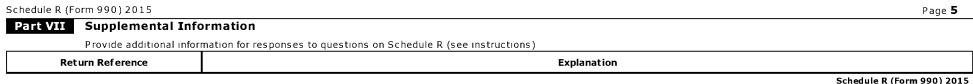
COST

fmv (IN-KIND)

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

revenue) that was not a related organization. See instructions r			ertain invest	ment	partnerships		1 '						
(a) Name, address, and EIN of entity	(b) Primary activity	domicile income (state or (related, foreign unrelated, country) excluded fron tax under sections 512-				total end-	(g) Share of end-of-year assets	(h) Dispropitionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
											_		
											lula D /Fai	لِـــا	



#### **Additional Data**

AIA FOUNDATION

AIA FOUNDATION

ARCHIPAC (PAC ADMIN EXPENSE)

archIPAC (PAC ADMIN EXPENSE)

(2)

(3)

(4)

(5)

Software ID: **Software Version:** 

**EIN:** 53-0025930

Form 990, Schedule R, Part V - Transactions With Related Organizations

	Name of related organization	type(a-s)	A mount Involved	Method of determining amount involved
(1)	AIA FOUNDATION	В	305,500	COST
(1)	AIA FOUNDATION	0	542,109	FMV (IN-KIND)

(b)

Ν

М

Ν

(c)

9,720

25,096

529,866

5,760

(d)

FMV (IN-KIND)

FMV (IN-KIND)

fmv (IN-KIND)

COST

Name: THE AMERICAN INSTITUTE OF ARCHITECTS INC

Name of related organization