

Return of Organization Exempt From Income Tax

2016

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

Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning JAN 1, 2017 and ending JUN 30, 2017

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

HAMPTON ROADS CHAPTER OF AMERICAN
INSTITUTE OF ARCHITECTS

D Employer identification number

54-1192027

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

133 WILLIAMSON PARK LANE

Room/suite

757-356-9971

City or town, state or province, country, and ZIP or foreign postal code

SMITHFIELD, VA 23430

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.AIAHR.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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

► \$ 27,635.

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

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

1	Contributions, gifts, grants, and similar amounts received	1	750.
2	Program service revenue including government fees and contracts	2	3,642.
3	Membership dues and assessments	3	18,561.
4	Investment income	4	523.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events	5c	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions	
c	Less: direct expenses from gaming and fundraising events	6b	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c	
7a	Gross sales of inventory, less returns and allowances	6d	
b	Less: cost of goods sold	7a	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b	
8	Other revenue (describe in Schedule O)	7c	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	SEE SCHEDULE O	8
10	Grants and similar amounts paid (list in Schedule O)	9	4,159.
11	Benefits paid to or for members		27,635.
12	Salaries, other compensation, and employee benefits	10	
13	Professional fees and other payments to independent contractors	11	
14	Occupancy, rent, utilities, and maintenance	12	32,208.
15	Printing, publications, postage, and shipping	13	700.
16	Other expenses (describe in Schedule O)	14	
17	Total expenses. Add lines 10 through 16	15	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	16	7,794.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	17	40,702.
20	Other changes in net assets or fund balances (explain in Schedule O)	18	<13,067. >
21	Net assets or fund balances at end of year. Combine lines 18 through 20	19	145,596.
		20	7,190.
		21	139,719.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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INSTITUTE OF ARCHITECTS

54-1192027

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	33,168.22	20,154.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	112,428.24	119,565.
25	Total assets	145,596.25	139,719.
26	Total liabilities (describe in Schedule O)	0.26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,596.27	139,719.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28 SEE SCHEDULE O

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	2,661.
29	COMMUNITY OUTREACH - ORGANIZATION HOSTS EVENTS SUCH AS ARCHITECTURE WEEK AND GUEST SPEAKERS TO SUPPORT THE ORGANIZATIONS PURPOSE.			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	3.
30	DESIGN HONOR COMPETITION AND AWARDS - HONORS EXCELLENCE IN DESIGN AND THE PROFESSION. PROGRAM RAISES AWARENESS OF THE BUILT ENVIRONMENT.			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	727.
31	Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32 3,391.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICKEY CHAPA				
CO-DIRECTOR MEMBERSHIP	1.00	0.	0.	0.
ERIC KEPLINGER				
PAST PRESIDENT	1.00	0.	0.	0.
MARK TREON				
DIRECTOR KNOWLEDGE	1.00	0.	0.	0.
ANDREW MCKINLEY				
CO-DIRECTOR MEMBERSHIP	1.00	0.	0.	0.
MARCI PARRISH				
EXECUTIVE DIRECTOR	30.00	28,963.	0.	0.
JEREMY MALONEY				
DIRECTOR OUTREACH	1.00	0.	0.	0.
MARLA GODWIN				
BOOKKEEPER	1.00	3,245.	0.	0.
GARETH RATTI				
SECRETARY	1.00	0.	0.	0.
THOMAS ELLIS				
TREASURER	1.00	0.	0.	0.
DAMIAN SEITZ				
PRESIDENT	1.00	0.	0.	0.
SCOTT BOYCE				
VICE PRESIDENT	1.00	0.	0.	0.
JEAN WEBSTER				
CO-DIRECTOR KNOWLEDGE	1.00	0.	0.	0.

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

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input type="checkbox"/> N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a	0
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/> N/A
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/> N/A
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/> N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input type="checkbox"/> N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	► <u>N/A</u>	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	► <u>N/A</u>	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► <u>VA</u>		
42a The organization's books are in care of ► <u>MARIA GODWIN</u>	Telephone no. ► <u>757-356-9971</u>	
Located at ► <u>133 WILLIAMSON PARK LANE, SMITHFIELD, VA</u>	ZIP + 4 ► <u>23430</u>	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <u> </u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <u> </u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	<input type="checkbox"/> <u>N/A</u>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input type="checkbox"/>

Form 990-EZ (2016)

832173 12-08-16

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

HAMPTON ROADS CHAPTER OF AMERICAN
INSTITUTE OF ARCHITECTS

Employer identification number
54-1192027

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
<u>INVESTMENT INCOME</u>	<u>523.</u>

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
<u>MISC. INCOME</u>	<u>4,159.</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
<u>LICENSE</u>	<u>27.</u>
<u>OFFICE SUPPLIES</u>	<u>57.</u>
<u>TRAINING</u>	<u>878.</u>
<u>PROGRAM EXPENSE</u>	<u>3,391.</u>
<u>WEBSITE FEES</u>	<u>367.</u>
<u>BANK FEES</u>	<u>731.</u>
<u>INSURANCE</u>	<u>590.</u>
<u>TRAVEL & MEETINGS</u>	<u>618.</u>
<u>TELEPHONE</u>	<u>562.</u>
<u>INVESTMENT EXPENSES</u>	<u>573.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>7,794.</u>

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
<u>UNREALIZED GAIN/LOSS</u>	<u>7,190.</u>

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(Form 990 or 990-EZ)

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FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITIES	112,428.	119,565.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATIONAL AND NETWORKING
ORGANIZATION FOR ARCHITECTS.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUING EDUCATION - PROVIDED FOR THE BENEFIT OF

RELICENSURE TO ALL MEMBERS. PROGRAM ALSO PROVIDES A.R.E.

EXAM PREP TO ALL INTERN ARCHITECTS (ASSOCIATE MEMBERS) AND

PROVIDES HARDHAT CONSTRUCTION TOURS TO ALL MEMBERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.