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NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS  
536 LA GUARDIA PLACE  
NEW YORK, NY 10012

DEAR HENRY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED DECEMBER 31, 2013 FOR:

NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS AS FOLLOWS...

2013 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2013 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES  
2013 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS  
2013 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING  
2013 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S  
2013 SCHEDULE J - COMPENSATION INFORMATION  
2013 SCHEDULE L - TRANSACTIONS WITH INTERESTED PERSONS  
2013 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ  
2013 990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN  
2013 NEW YORK CT-13 - UNRELATED BUSINESS INCOME TAX RETURN

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

THE ENCLOSED RETURN(S) HAVE BEEN PREPARED FROM THE DATA SUBMITTED  
TO US AND SHOULD BE CAREFULLY REVIEWED BEFORE FILING.

VERY TRULY YOURS,

JEFFREY PERELMAN  
ANCHIN, BLOCK & ANCHIN LLP



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INSTRUCTIONS FOR FILING  
NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS  
FORM 990 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED DECEMBER 31, 2013

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

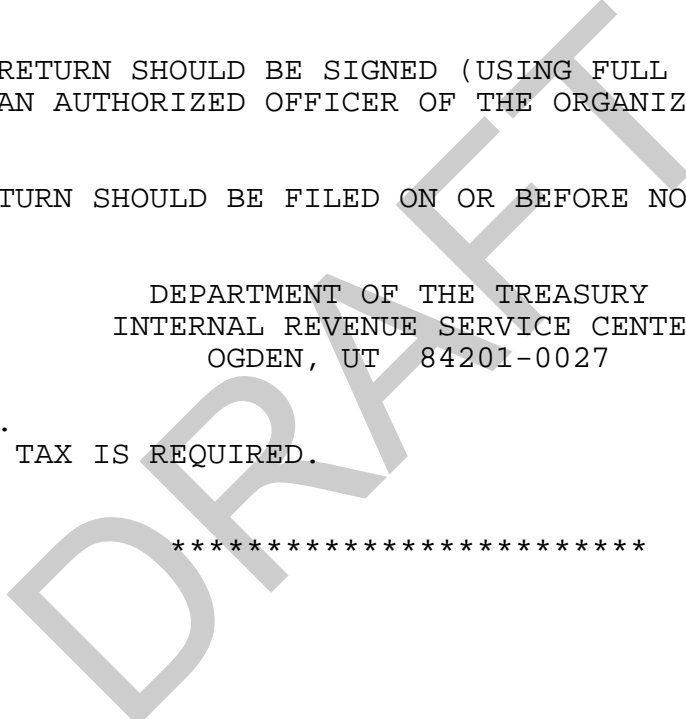
THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 17, 2014  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

\*\*\*\*\*



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

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 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS</b> Doing Business As			<b>D</b> Employer identification number 13-1505524		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>536 LA GUARDIA PLACE</b>		<b>E</b> Telephone number (212) 358-0640			
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10012</b>			<b>G</b> Gross receipts \$ <b>5,684,250.</b>		
	<b>F</b> Name and address of principal officer: <b>FREDRIC M. BELL</b> <b>536 LA GUARDIA PLACE NEW YORK, NY 10012</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J</b> Website: ▶ <b>WWW.AIANY.ORG</b>						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
<b>L</b> Year of formation: <b>1869</b>				<b>M</b> State of legal domicile: <b>NY</b>		

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>PROVIDING MEMBERSHIP SERVICES AND SCHOLARSHIPS TO THOSE IN THE ARCHITECTURAL PROFESSION.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	45.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	170.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	93,514.
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	0	1,533,607.
	9	Program service revenue (Part VIII, line 2g)	2,445,865.	2,387,123.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,369.	203,508.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,223,428.	6,468.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,756,662.	4,130,706.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,225.	40,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,656,040.	1,783,655.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,062,827.	2,169,042.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,745,092.	3,992,697.	
19	Revenue less expenses. Subtract line 18 from line 12	11,570.	138,009.	
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	7,110,187.	7,689,662.
	21	Total liabilities (Part X, line 26)	424,961.	488,655.
22	Net assets or fund balances. Subtract line 21 from line 20	6,685,226.	7,201,007.	

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY PERELMAN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00568345</b>
	Firm's name ▶ <b>ANCHIN BLOCK &amp; ANCHIN LLP</b>	Firm's EIN ▶ <b>13-0436940</b>			
	Firm's address ▶ <b>1375 BROADWAY NEW YORK, NY 10018-7001</b>	Phone no. <b>212-840-3456</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SCHOLARSHIP PROGRAMS - FUNDING OF ARCHITECTURE STUDIES, DRAWINGS AND PROJECTS FOR EDUCATIONAL PURPOSES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

GENERAL MEMBERSHIP SERVICES, INCLUDING NEWSLETTER, DIRECTORY OF ARCHITECTURE FIRMS, MARKETING TOOLS, PROFESSIONAL DEVELOPMENT.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CENTER FOR ARCHITECTURE EXHIBITS AND PROGRAMS: TO IMPROVE THE QUALITY AND SUSTAINABILITY OF THE BUILT ENVIRONMENT, FOSTER EXCHANGE BETWEEN THE DESIGN, CONSTRUCTION, AND REAL ESTATE COMMUNITIES AND TO RAISE THE AWARENESS OF ARCHITECTURE AMONG THE PUBLIC.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HENRY ZACHARY 536 LA GUARDIA PLACE NEW YORK, NY 10012 212-358-0640



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH J. ALIOTTA DIRECTOR/PAST-PRESIDENT	2.00	X					0	0	0	
(2) KENNETH LEVIEN TREASURER/DIRECTOR	2.00	X		X			0	0	0	
(3) DAVID BURNEY VICE PRESIDENT/DIRECTOR	2.00	X		X			0	0	0	
(4) ABBY P. SUCKLE DIRECTOR	2.00	X					0	0	0	
(5) MARGERY H. PERLMUTTER DIRECTOR	2.00	X					0	0	0	
(6) GERARD GEIER II DIRECTOR	2.00	X					0	0	0	
(7) ANDY FRANKL DIRECTOR	2.00	X					0	0	0	
(8) JESSICA SHERIDAN ASSOCIATE DIRECTOR	2.00	X					0	0	0	
(9) MARYANNE GILMARTIN PUBLIC DIRECTOR	2.00	X					0	0	0	
(10) JILL N. LERNER PRESIDENT/DIRECTOR	2.00	X		X			0	0	0	
(11) LANCE JAY BROWN PRESIDENT-ELECT/DIRECTOR	2.00	X					0	0	0	
(12) DAVID PISCUSKAS VICE PRESIDENT/DIRECTOR	2.00	X		X			0	0	0	
(13) TOMAS J. ROSSANT VICE PRESIDENT/DIRECTOR	2.00	X					0	0	0	
(14) JANE SMITH SECRETARY/DIRECTOR	2.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LIA GARTNER DIRECTOR	2.00	X						0	0	0
16) ASHOK RAIJI DIRECTOR	2.00	X						0	0	0
17) GEORGE RANALLI PUBLIC DIRECTOR	2.00	X						0	0	0
18) ANTHONY MANNARINO PUBLIC DIRECTOR	2.00	X						0	0	0
19) AMRITA J. RAJA DIRECTOR	2.00	X						0	0	0
20) JENNIFER SAGE ALTERNATE DIRECTOR	2.00	X						0	0	0
21) MATTHEW BREMER ALTERNATE DIRECTOR	2.00	X						0	0	0
22) ILLYA AZAROFF ALTERNATE DIRECTOR	2.00	X						0	0	0
23) MICHAEL S. ZETLIN LEGAL COUNSEL	2.00	X						0	0	0
24) FREDRIC M. BELL EXECUTIVE DIRECTOR	40.00			X				208,509.	0	38,775.
25) HENRY ZACHARY FINANCE DIRECTOR	16.00			X				0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								367,456.	0	76,139.
<b>d Total (add lines 1b and 1c)</b>								367,456.	0	76,139.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: CYNTHIA KRACAUER, MANAGING DIRECTOR, 40.00 hours, 158,947.00 compensation, 37,364.00 other compensation.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

Table with 3 columns: Question number, Yes, No. Row 3: Did the organization list any former officer... Yes. Row 4: For any individual listed on line 1a... Yes. Row 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization... Yes.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All rows are currently empty.

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,533,607.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,533,607.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> MEMBERSHIP DUES		900099	1,203,953.	1,203,953.			
	<b>b</b> PROGRAM REVENUE		900099	714,921.	714,921.			
	<b>c</b> PUBLICATIONS		900099	249,215.	9,640.	93,514.	146,061.	
	<b>d</b> COMMITTEES		900099	219,034.	219,034.			
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			2,387,123.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			155,927.			155,927.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real						
		(ii) Personal						
			316,847.					
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .			316,847.				
	<b>d</b> Net rental income or (loss) . . . . .				316,847.		316,847.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			875,490.					
<b>b</b> Less: cost or other basis and sales expenses . . . . .				827,909.				
<b>c</b> Gain or (loss) . . . . .			47,581.					
<b>d</b> Net gain or (loss) . . . . .				47,581.		47,581.		
<b>8a</b> Gross income from fundraising events (not including \$ 1,533,607. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		ATCH 3	415,256.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		725,635.				
	<b>c</b> Net income or (loss) from fundraising events .		ATCH 4		-310,379.		1,223,228.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .				0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				0				
<b>12 Total revenue.</b> See instructions . . . . .				4,130,706.	2,147,548.	93,514.	1,889,644.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	40,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	247,284.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,214,320.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	138,988.			
9 Other employee benefits . . . . .	65,319.			
10 Payroll taxes . . . . .	117,744.			
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	7,250.			
c Accounting . . . . .	34,459.			
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0			
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	239,176.			
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	262,309.			
17 Travel . . . . .	84,138.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	152,756.			
23 Insurance . . . . .	17,281.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS -----	244,713.			
b EXHIBITS AND EVENTS -----	413,343.			
c MAINTENANCE & REPAIRS -----	168,809.			
d OCULUS EXPENSES -----	104,827.			
e All other expenses <u>ATCH 5</u> -----	439,981.			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,992,697.			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	151,725.	<b>1</b>	91,722.
	<b>2</b> Savings and temporary cash investments	280,111.	<b>2</b>	167,019.
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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 II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	108,316.	<b>9</b>	130,638.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,245,515.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,022,863.	<b>10c</b>	3,222,652.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	3,092,417.	<b>12</b>	3,995,200.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	112,317.	<b>15</b>	82,431.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,110,187.	<b>16</b>	7,689,662.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	134,812.	<b>17</b>	143,580.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	182,943.	<b>19</b>	286,465.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	107,206.	<b>25</b>	58,610.
	<b>26 Total liabilities.</b> Add lines 17 through 25	424,961.	<b>26</b>	488,655.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,673,823.	<b>27</b>	5,462,298.
	<b>28</b> Temporarily restricted net assets	1,856,057.	<b>28</b>	1,532,022.
	<b>29</b> Permanently restricted net assets	155,346.	<b>29</b>	206,687.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	6,685,226.	<b>33</b>	7,201,007.
<b>34</b> Total liabilities and net assets/fund balances	7,110,187.	<b>34</b>	7,689,662.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,130,706.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,992,697.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	138,009.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,685,226.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	400,272.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	-22,500.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,201,007.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS	Employer identification number 13-1505524
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**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 . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 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? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b 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 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 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 -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** 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).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities (1a-1j, 2a-2d) and tax implications.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 3 columns (1, 2, 3) and 2 sub-columns (Yes, No) for questions about dues and lobbying expenditures.

Part III-B 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, line 3, is answered "Yes."

Table with 5 rows and 2 columns for questions about dues, non-deductible lobbying expenditures, and carryover amounts.

Part IV Supplemental Information

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

**Part IV** Supplemental Information *(continued)*

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DRAFT

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS

Employer identification number 13-1505524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include revenues and assets for art collections and financial gain.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	677,292.	619,140.	614,287.	569,965.	499,703.
<b>b</b> Contributions	-470,605.		15,707.	5,448.	
<b>c</b> Net investment earnings, gains, and losses		63,920.	-10,804.	39,069.	78,021.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		5,768.			7,459.
<b>f</b> Administrative expenses			50.	195.	300.
<b>g</b> End of year balance	206,687.	677,292.	619,140.	614,287.	569,965.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  100.0000 %
- c** Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations		X
<b>(ii)</b> related organizations		X

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		4,245,243.	1,183,696.	3,061,547.
<b>c</b> Leasehold improvements		175,287.	37,834.	137,453.
<b>d</b> Equipment		824,985.	801,333.	23,652.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,222,652.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other ATTACHMENT 1		
(A) ML MONEY MARKET		FMV
(B) FRANKLIN MUTUAL GLOBAL FUND		FMV
(C) BLACKROCK EQUITY FUND	204,882.	FMV
(D) INVESCO CHARTER FUND	287,275.	FMV
(E) JANUS BALANCED FUND	345,438.	FMV
(F) WELLS FARGO GROWTH FUND	435,292.	FMV
(G) FRANKLIN INCOME FUND	492,033.	FMV
(H) FIRST EAGLE FUND OF AMERICA	408,310.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,995,200.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND OTHER COMMITMENTS	58,610.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	58,610.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,256,613.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 400,272.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	400,272.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,856,341.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -725,635.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-725,635.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,130,706.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,715,491.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,715,491.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -722,794.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-722,794.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,992,697.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART V, LINE 4

SCHOLARSHIPS AND RESEARCH INTO ISSUES OF PLANNING, URBAN DESIGN, HISTORIC PRESERVATION AND HOUSING OF NEW YORK CITY.

PART X, LINE 2

THE CHAPTER HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013 IN ACCORDANCE WITH ASC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS AND IN RECOGNIZING ANY INTEREST AND PENALTIES. THE CHAPTER IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010.

PART XI, LINE 4B

THIS AMOUNT REPRESENTS THE DIRECT FUNDRAISING EXPENSES SHOWN UNDER EXPENSES PER AUDITED FINANCIAL STATEMENTS BUT NETTED AGAINST FUNDRAISING INCOME AND SHOWN ON FORM 990, PAGE 9, LINE 8B.

PART XII, LINE 4B

THIS AMOUNT REPRESENTS THE FOLLOWING TWO ITEMS:

1. THE DIRECT FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME SHOWN ON FORM 990, PAGE 9, LINE 8B OF \$725,635.
2. THE DIFFERENCE BETWEEN BOOK AND TAX DEPRECIATION AS AN ADDITIONAL EXPENSE SHOWN ON FORM 990, PAGE 10, LINE 22 OF \$2,841.

THE NET SUBTRACTION ON THIS LINE TOTALS \$722,794.



**Part XIII Supplemental Information** (continued)ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
FIRST EAGLE GLOBAL	315,511.	FMV
LOOMIS SAYLES STRATEGIC FUND		FMV
PIMCO ALL ASSET FUND		FMV
IVY HIGH INCOME FUND		FMV
LOOMIS SAYLES INVESTMENT FUND		FMV
BLACKROCK MULTI ASSET	324,480.	FMV
BLACKROCK EQUITY DIVIDEND	151,023.	FMV
IVY BALANCED FUND	378,980.	FMV
INVESCO EQUITY	380,441.	FMV
FRANKLIN MUTUAL DISC. FD CL C	271,535.	FMV
TOTALS	<u>3,995,200.</u>	

DRAFT

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization **NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HERITAGE BALL (event type)	DESIGN AWARDS (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	1,234,303.	526,160.	188,400.	1,948,863.
	2	Less: Contributions . . . . .	1,034,303.	436,160.	63,144.	1,533,607.
	3	Gross income (line 1 minus line 2) . . . . .	200,000.	90,000.	125,256.	415,256.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	349,781.	247,555.	128,299.	725,635.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				725,635.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-310,379.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table -----▶

3 Enter total number of other organizations listed in the line 1 table -----▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	4.	40,000.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

FINAL RESEARCH REPORT BY RECIPIENT OF THE GRANT IS REQUIRED TO BE  
PRESENTED TO THE NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS UPON  
COMPLETION OF WORK.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FREDRIC M. BELL EXECUTIVE DIRECTOR	(i)	183,509.	25,000.	0	5,550.	33,225.	247,284.	
	(ii)	0	0	0				
2 CYNTHIA KRACAUER MANAGING DIRECTOR	(i)	133,947.	25,000.	0	4,050.	33,314.	196,311.	
	(ii)	0	0	0				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

Complete this part to 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.

DRAFT

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **NEW YORK CHAPTER AMERICAN INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$ _____												

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HENRY ZACHARY	CONSULTANT	85,200.	FINANCE DIRECTOR		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

HENRY ZACHARY IS AN OWNER OF WICKAPOGUE MANAGEMENT.

DRAFT

**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.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS

Employer identification number  
13-1505524

FORM 990, PART VI, SECTION A, LINE 6

NEW YORK CHAPTER OF AMERICAN INSTITUTE OF ARCHITECTS IS A MEMBERSHIP CORPORATION WHICH PROVIDES VARIOUS SERVICES TO AND ON BEHALF OF ITS MEMBERS, WHO ARE PRIMARILY LICENCED ARCHITECTS BASED IN THE CITY OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF DIRECTORS IS ELECTED BY THE CHAPTER MEMBERSHIP AND ITS NOMINATING COMMITTEE EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 11

THE RETURN IS REVIEWED BY THE FINANCE COMMITTEE. AFTER THE RETURN IS APPROVED BY THE FINANCE COMMITTEE, THE RETURN IS SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW, COMMENT AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE POLICY AT THE BEGINNING OF EVERY YEAR.

FORM 990, PART VI, SECTION B, LINE 15

IN CONCERT WITH THE YEAR-END REVIEWS, EMPLOYEE BASE SALARIES ARE REVIEWED. ADJUSTMENTS FOR COST OF LIVING WILL BE MADE WHEN APPROPRIATE, SUBJECT TO GUIDELINES APPROVED ANNUALLY BY THE BOARD. THESE INDIVIDUALS ARE APPROVED BY THE INDEPENDENT BOARD MEMBERS.

Name of the organization **NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AIA NEW YORK CHAPTER IS DEDICATED TO THREE GOALS: DESIGN  
EXCELLENCE, PUBLIC OUTREACH, AND PROFESSIONAL DEVELOPMENT. TO FUFILL  
ITS MISSION, THE CHAPTER SPONSORS AN ARRAY OF INITIATIVES, PROGRAMS  
AND EXHIBITIONS THAT EXPLORE TOPICS INTERESTING TO THE ARCHITECTURAL  
PROFESSION, INCLUDING HOUSING, PLANNING, HISTORICAL PRESERVATION, AND  
URBAN DESIGN. THE CHAPTER COORDINATES THE ACTIVITIES OF MORE THAN 27  
COMMITTEES AND PROVIDES SCHOLARSHIP AND EDUCATIONAL OPPORTUNITIES FOR  
STUDENTS AND THE GENERAL PUBLIC. EACH YEAR, THE AIA NEW YORK CHAPTER  
ALSO HOSTS A DESIGN AWARDS PROGRAM TO RECOGNIZE DESIGN EXCELLENCE IN  
THREE CATEGORIES - ARCHITECTURE, INTERIOR ARCHITECTURE AND PROJECTS.  
IN ADDITION, THE CHAPTER PUBLISHES A MAGAZINE, OCULUS, AND AN  
ELECTRONIC NEWSLETTER, EOCULUS.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PIER SIXTY, LLC CHELSEA PIERS, PIER 62, SUITE 300 NEW YORK, NY 10011	FUNDRAISING EVENT	310,981.

Name of the organization NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS

Employer identification number  
13-1505524

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HERITAGE BALL	1,034,303.
DESIGN AWARDS	436,160.
GOLF OUTING	63,144.
TOTAL	<u>1,533,607.</u>

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HERITAGE BALL	200,000.	349,781.	-149,781.
DESIGN AWARDS	90,000.	247,555.	-157,555.
GOLF OUTING	125,256.	128,299.	-3,043.
TOTALS	<u>415,256.</u>	<u>725,635.</u>	<u>-310,379.</u>

ATTACHMENT 5

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING FEES	100,200.			
COMMITTEE EXPENSES	134,184.			
PUBLICATION EXPENSES	34,900.			
MISCELLANEOUS EXPENSES	7,452.			
OTHER PROFESSIONAL FEES	146,008.			
SUPPLIES EXPENSE	17,237.			

Name of the organization **NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS**

Employer identification number  
**13-1505524**

ATTACHMENT 5 (CONT'D)

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
TOTALS	<u>439,981.</u>			

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	130,638.
TOTALS	<u>130,638.</u>

DRAFT

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

NEW YORK CHAPTER AMERICAN

13-1505524

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	96,392.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	54,564.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE					
b 5-year property	DETAIL	9,001.	5.000	HY	200DB	1,800.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	152,756.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):
43 Amortization of costs that began before your 2013 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report. 44

# 2013

NEW YORK CHAPTER AMERICAN

13-150524

**Description of Property**

GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	12/31/2007	22,448.	100.000			22,448.	22,448.	22,448.	200DB	HY			3		
EQUIPMENT	12/31/2005	419,049.	100.000			419,049.	418,226.	418,226.	200DB	MQ			5		
FURNITURE&FIXTURES	12/31/2003	235,561.	100.000			235,561.	235,546.	235,546.	200DB	MQ			7		
LAND	03/30/1999	390,970.	100.000												
COMPUTER EQUIPMENT	06/12/2012	808.	100.000			808.	146.	505.	200DB	HY			3		359.
COMPUTER EQUIPMENT	08/13/2012	2,900.	100.000			2,900.	363.	1,652.	200DB	HY			3		1,289.
COMPUTER EQUIPMENT	02/13/2012	1,826.	100.000			1,826.	533.	1,345.	200DB	HY			3		812.
COMPUTER EQUIPMENT	03/13/2012	2,576.	100.000			2,576.	680.	1,825.	200DB	HY			3		1,145.
COMPUTER EQUIPMENT	05/09/2011	5,617.	100.000			5,617.	3,120.	3,914.	200DB	MQ			3		794.
WIEBER LLC	05/21/2012	45.	100.000			45.	5.	19.	200DB	HY			5		14.
WIEBER LLC	04/19/2010	35.	100.000			35.	19.	23.	200DB	HY			5		4.
WEIBER LLC	01/19/2012	41.	100.000			41.	8.	21.	200DB	HY			5		13.
WEIBER LLC	07/20/2011	88.	100.000			88.	25.	43.	200DB	MQ			5		18.
WEIBER LLC	06/21/2010	131.	100.000			131.	67.	82.	200DB	HY			5		15.
COMPUTER EQUIPMENT	06/01/2007	606.	100.000			606.	616.	616.	200DB	HY			5		
WIEBER LLC	07/13/2010	345.	100.000			345.	173.	213.	200DB	HY			5		40.
WIEBER LLC	12/16/2010	805.	100.000			805.	335.	428.	200DB	HY			5		93.
WIEBER LLC	04/19/2010	912.	100.000			912.	501.	606.	200DB	HY			5		105.
ARCHITECT	11/30/2010	997.	100.000			997.	415.	530.	200DB	HY			5		115.
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															

**Listed Property**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															
<b>TOTALS . . . . .</b>															

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS . . . . .</b>							

\*Assets Retired  
JSA  
3X9024 1.000

# 2013

**Description of Property**

GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
WIEBER LLC	06/21/2010	1,137.	100.000			1,137.	587.	718.	200DB	HY			5		131.
WIEBER LLC	09/21/2010	1,150.	100.000			1,150.	537.	669.	200DB	HY			5		132.
WIEBER LLC	02/24/2010	1,725.	100.000			1,725.	1,006.	1,205.	200DB	HY			5		199.
WIEBER LLC	01/19/2010	1,894.	100.000			1,894.	1,137.	1,355.	200DB	HY			5		218.
WIEBER LLC	11/28/2011	1,918.	100.000			1,918.	416.	853.	200DB	MQ			5		437.
WIEBER LLC	08/17/2010	2,121.	100.000			2,121.	1,025.	1,269.	200DB	HY			5		244.
PUMP CO.	04/15/2011	3,356.	100.000			3,356.	1,174.	1,778.	200DB	MQ			5		604.
PUMP CO.	08/10/2010	3,512.	100.000			3,512.	1,697.	2,102.	200DB	HY			5		405.
WIEBER LLC	06/02/2010	6,874.	100.000			6,874.	3,552.	4,344.	200DB	HY			5		792.
INC	04/17/2012	13,593.	100.000			13,593.	1,699.	6,049.	200DB	HY			5		4,350.
WEBSITE DEV	01/01/2009	15,744.	100.000			15,744.	15,744.	15,744.	200DB	HY			5		
WEBSITE DEV	01/01/2007	59,658.	100.000			59,658.	59,658.	59,658.	200DB	HY			5		
WEBSITE DEV	06/30/2009	29,590.	100.000			29,590.	20,713.	24,122.	200DB	HY			5		3,409.
GEOTHERMAL	06/30/2009	55,935.	100.000			55,935.	39,155.	45,599.	200DB	HY			5		6,444.
CORP.	04/19/2010	9,800.	100.000			9,800.	3,850.	5,074.	200DB	HY			7		1,224.
CORP.	11/09/2010	9,800.	100.000			9,800.	3,033.	4,257.	200DB	HY			7		1,224.
IMPROVEMENT	09/13/2011	250.	100.000			250.	33.	70.	200DB	MQ			10		37.
IMPROVEMENT	11/28/2011	2,060.	100.000			2,060.	223.	544.	200DB	MQ			10		321.
IMPROVEMENT	12/01/2011	58,149.	100.000			58,149.	6,300.	15,371.	200DB	MQ			10		9,071.
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															

**Listed Property**

Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															
<b>TOTALS . . . . .</b>															

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS . . . . .</b>							

\*Assets Retired  
JSA  
3X9024 1.000

# 2013

**Description of Property**  
GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
IMPROVEMENT	06/30/2012	113,923.	100.000			113,923.	10,023.	30,529.	200DB	HY			10		20,506.
ROGER MARVEL	04/26/2011	1,000.	100.000			1,000.	43.	69.	SL		39.000				26.
ROGER MARVEL	02/14/2011	1,109.	100.000			1,109.	54.	82.	SL		39.000				28.
IMPROVEMENTS	03/18/2004	1,167.	100.000			1,167.	262.	292.	SL		39.000				30.
IMPROVEMENTS	01/03/2005	1,304.	100.000			1,304.	264.	297.	SL		39.000				33.
IMPROVEMENTS	01/19/2004	1,385.	100.000			1,385.	321.	357.	SL		39.000				36.
ROGER MARVEL	10/18/2010	1,533.	100.000			1,533.	88.	127.	SL		39.000				39.
ROGER MARVEL	07/13/2011	1,935.	100.000			1,935.	75.	125.	SL		39.000				50.
IMPROVEMENTS	02/10/2004	2,258.	100.000			2,258.	517.	575.	SL		39.000				58.
PRODUCTS	01/12/2010	2,900.	100.000			2,900.	222.	296.	SL		39.000				74.
ROGER MARVEL	12/31/2010	3,020.	100.000			3,020.	154.	231.	SL		39.000				77.
CO-OP IMPROVEMENTS	03/06/2012	3,744.	100.000			3,744.	80.	176.	SL		39.000				96.
IMPROVEMENTS	06/30/2005	6,542.	100.000			6,542.	1,260.	1,428.	SL		39.000				168.
IMPROVEMENTS	06/01/2004	12,562.	100.000			12,562.	2,764.	3,086.	SL		39.000				322.
ROGER MARVEL	09/07/2010	13,127.	100.000			13,127.	786.	1,123.	SL		39.000				337.
IMPROVEMENTS	12/31/2004	14,438.	100.000			14,438.	2,960.	3,330.	SL		39.000				370.
IMPROVEMENTS	06/15/2004	19,750.	100.000			19,750.	4,343.	4,849.	SL		39.000				506.
CON ELEVATOR	07/31/2011	22,872.	100.000			22,872.	830.	1,416.	SL		39.000				586.
CON ELEVATOR	06/30/2011	30,000.	100.000			30,000.	1,154.	1,923.	SL		39.000				769.

Less: Retired Assets . . . . .

**Subtotals . . . . .**

**Listed Property**


Less: Retired Assets . . . . .

**Subtotals . . . . .**

**TOTALS . . . . .**

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization

**TOTALS . . . . .**

\*Assets Retired  
JSA  
3X9024 1.000

# 2013

**Description of Property**

GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
IMPROVEMENTS	05/31/2005	30,000.	100.000			30,000.	5,832.	6,601.	SL		39.000				769.
IMPROVEMENTS	03/04/2004	43,000.	100.000			43,000.	9,743.	10,846.	SL		39.000				1,103.
IMPROVEMENTS	12/20/2004	100,000.	100.000			100,000.	20,512.	23,076.	SL		39.000				2,564.
IMPROVEMENTS	11/30/2004	301,796.	100.000			301,796.	62,549.	70,287.	SL		39.000				7,738.
BLDG	03/30/1999	782,055.	100.000			782,055.	261,524.	281,577.	SL		39.000				20,053.
IMPROVEMENTS	09/15/2003	2,359,964.	100.000			2,359,964.	642,007.	702,519.	SL		39.000				60,512.
IMPROVEMENTS	04/08/2013	905.	100.000			905.		45.	SL		15.000				45.
EQUIPMENT	02/05/2013	6,459.	100.000			6,459.		1,292.	200DB	HY		5	5		1,292.
CO-OP IMPROVEMENTS	04/22/2013	200.	100.000			200.		3.	SL		39.000				3.
EQUIPMENT	04/04/2013	2,542.	100.000			2,542.		508.	200DB	HY			5		508.
DRAFT															
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>		5,245,516.				4,854,546.	1,873,132.	2,025,888.							152,756.

**Listed Property**

DRAFT															
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															
<b>TOTALS . . . . .</b>		5,245,516.				4,854,546.	1,873,132.	2,025,888.							152,756.

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS . . . . .</b>							

\*Assets Retired  
JSA  
3X9024 1.000



Anchin, Block & Anchin LLP  
Accountants & Advisors  
1375 Broadway New York, NY 10018  
212 840-3456  
www.anchin.com

INSTRUCTIONS FOR FILING  
NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS  
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN  
FOR THE PERIOD ENDED DECEMBER 31, 2013

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

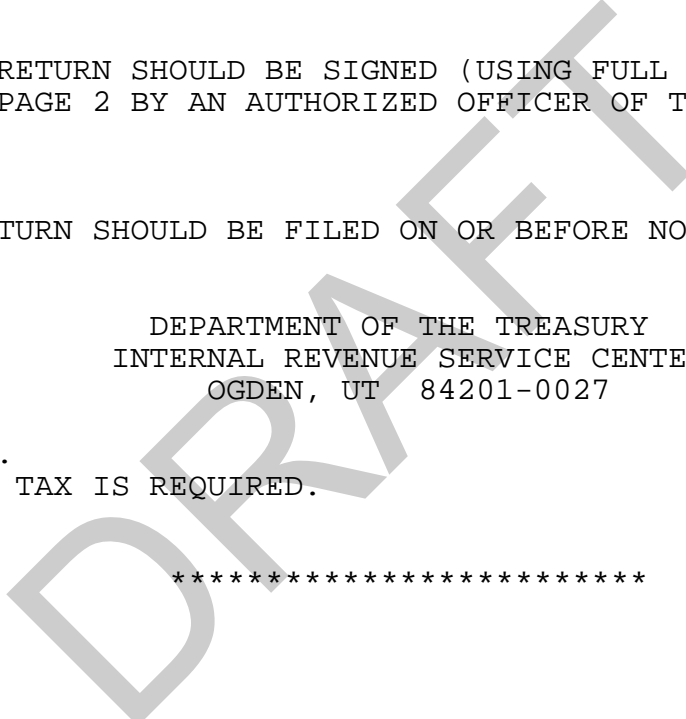
THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 17, 2014  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

\*\*\*\*\*



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning 01/01, 2013, and ending 12/31, 2013

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(6); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form section H: Describe the organization's primary unrelated business activity. ADVERTISING REVENUE, DOCUMENTS SALES. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Section J: The books are in care of HENRY ZACHARY Telephone number 212-358-0640

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 28,882; 1c Balance 28,882; 3 Gross profit 28,882; 11 Advertising income 64,632; 13 Total 93,514.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 21 Depreciation 21; 22a Less depreciation 22a; 27 Excess readership costs 57,578; 29 Total deductions 57,578; 34 Unrelated business taxable income 0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0
44 a Payments: A 2012 overpayment credited to 2013 44a
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments:  Form 2439  Form 4136  Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No N/A

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

Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: JEFFREY PERELMAN
Preparer's signature:
Date:
Firm's name: ANCHIN BLOCK & ANCHIN LLP
Firm's EIN: 13-0436940
Firm's address: 1375 BROADWAY
Phone no.: 212-840-3456
NEW YORK, NY 10018-7001



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 1	64,632.		64,632.	49,695.	107,273.	57,578.
(2)						
(3)						
(4)						
<b>Totals from Part I</b>		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . ▶		64,632.				57,578.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

ATTACHMENT 1

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1. <u>NAME OF PERIODICAL</u>	2. GROSS ADVERTISING <u>INCOME</u>	3. DIRECT ADVERTISING <u>COSTS</u>	4. ADVERTISING <u>GAIN OR LOSS</u>	5. CIRCULATION <u>INCOME</u>	6. READERSHIP <u>COSTS</u>	7. EXCESS READERSHIP <u>COSTS</u>
OCULUS, WEBSITE	64,632.		64,632.	49,695.	107,273.	57,578.
COLUMN TOTALS	<u>64,632</u>		<u>64,632</u>	<u>49,695</u>	<u>107,273</u>	<u>57,578</u>

DRAFT



Anchin, Block & Anchin LLP  
Accountants & Advisors  
1375 Broadway New York, NY 10018  
212 840-3456  
[www.anchin.com](http://www.anchin.com)

INSTRUCTIONS FOR FILING  
NEW YORK CHAPTER AMERICAN  
INSTITUTE OF ARCHITECTS  
NY FORM CT-13  
NEW YORK CT-13 - UNRELATED BUS. INC. TAX RETURN  
FOR THE PERIOD ENDED DECEMBER 31, 2013

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF  
THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 17, 2014  
WITH...

NYS CORPORATION TAX  
PROCESSING UNIT  
P.O. BOX 22038  
ALBANY, NEW YORK 12201-2038

DRAFT

# CT-2

New York State Department of Taxation and Finance

# Corporation Tax Return Summary

2013

2c. Legal name of corporation **2c.** NEW YORK CHAPTER AMERICAN INSTIT

Payment enclosed **8.** [ ] [ ]

1	Return type	1.	CT13
2a	Employer ID number (EIN)	2a.	13-1505524
2b	File number (FCC)	2b.	MM3
3	Period beginning date (mm-dd-yy)	3.	01-01-13
4	Period ending date (mm-dd-yy)	4.	12-31-13
5	Amended (Y=1; N=0)	5.	0
6	Address change (Y=1; N=0)	6.	0
7	Final (Y=1; N=0)	7.	0
9	NAICS code	9.	900099
10	MTA indicator (None=0; Y=1; N=2; Both=3)	10.	
11a	Type of bank - Clearinghouse (Y=1; N=0)	11a.	
11b	Type of bank - Savings (Y=1; N=0)	11b.	
11c	Type of bank - Other commercial (Y=1; N=0)	11c.	
12	Federal 1120-H filed (Y=1; N=0)	12.	
13	REIT/RIC indicator (Y=1; N=0)	13.	
14	QSSS indicator (Y=1; N=0)	14.	
15	Form ID number	15.	541001131062
16	Tax sub type	16.	26
17	Tax due/MTA surcharge	17.	250.00
18	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	18.	.
19	Return a Gift to Wildlife	19.	.
20	Breast Cancer Research and Education Fund	20.	.
21	Prostate Cancer Research, Detection, and Education Fund	21.	.
22	9/11 Memorial	22.	.
23a	Volunteer Firefighting & EMS Recruitment Fund	23a.	.
23b	Veterans Remembrance	23b.	.
24	Balance due	24.	.
25	Amount of overpayment credited to next period - NYS	25.	.
26	Refund of overpayment	26.	.
27	Refund of unused tax credits	27.	.
28	Tax credits to be credited as an overpayment to next year's return	28.	.
29	Amount of overpayment credited to next period - MTA	29.	.
30	Amount of MTA surcharge retaliatory tax credit to be refunded	30.	.
31	Total license fee	31.	.
32	Maintenance fee due	32.	.
33	Fixed dollar minimum	33.	.
34	(Combined) parent's EIN	34.	-
35	New York receipts	35.	.
36	Alternative entire net income (ENI) percentage	36.	.%
37	Computation of issuer's allocation percentage	37.	.%
38	Issuer's allocation percentage	38.	.%
39	Paid preparer's EIN	39.	13-0436940

**THIS FORM MUST BE FILED WITH YOUR RETURN**

For office use only

541001131062



3Y3553 1.000

# 2013 CT-13

New York State Department of Taxation and Finance

## Unrelated Business Income Tax Return

Tax Law - Article 13

All filers enter tax period:

beginning  ending

Amended return

Employer identification number (EIN) 13-1505524	File number MM3	Business telephone number 212 358-0640	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation NEW YORK CHAPTER AMERICAN INSTIT OF ARCHITECT		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box 536 LA GUARDIA PLACE		Date of incorporation	
City NEW YORK	State NY	ZIP code 10012	Foreign corporations: date began business in NYS
NAICS business code number (from federal return) 900099	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	
Principal unrelated business activity (see instructions) ADVERTISING REV., DOCUMENTS SALES		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, *Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization*? . . . . Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) . . . . .

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) . . . . .

A. Pay amount shown on line 22. Make payable to: <b>New York State Corporation Tax</b> ← Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
---	------------------

### Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction . . . . .	1	34,936.
2	New York State Article 13 and Article 23 tax deducted on federal return . . . . .	2	
3	Additions required for shareholders of federal S corporations (see instructions) . . . . .	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions) . . . . .	4	
5	Other additions (see instructions) • IRC section 199 deduction: <input type="text"/>	5	
6	Add lines 1 through 5. . . . .	6	34,936.
7	Other income (see instructions) . . . . .	7	
8	Federal S corporation shareholder subtractions (see instructions) . . . . .	8	
9	Other subtractions (see instructions) . . . . .	9	
10	Total subtractions (add lines 7, 8, and 9) . . . . .	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6) . . . . .	11	34,936.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions) . . . . .	12	35,936.
13	Taxable income (subtract line 12 from line 11) . . . . .	13	-1,000.
14	Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) . . . . .	14	-1,000.
15	Tax based on income (multiply line 14 by 9% (.09)) . . . . .	15	
16	Minimum tax . . . . .	16	250.00
17	Tax (line 15 or line 16, whichever is larger) . . . . .	17	250.
18	Total prepayments from line 46 . . . . .	18	250.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17) . . . . .	19	
20	Interest on late payment (see instructions) . . . . .	20	
21	Late filing and late payment penalties (see instructions) . . . . .	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) . . . . .	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) . . . . .	23	
24	Amount of overpayment on line 23 to be credited to next year . . . . .	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) . . . . .	25	

See page 3 for third-party designee, certification, and signature entry areas.



3Y3570 1.000

Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  **Attach a complete copy of your federal return.**

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A	B
		New York State	Everywhere
26	Real estate owned (see instructions) . . . . .	26	
27	Gross rents (attach list; see instructions) . . . . .	27	
28	Inventories owned . . . . .	28	
29	Other tangible personal property owned (see instructions) . . . . .	29	
30	<b>Total</b> (add lines 26 through 29) . . . . .	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B) . . . . .	31	%

**Receipts in the regular course of business from:**

32	Sales of tangible personal property shipped to points within New York State . . . . .	32	
33	All sales of tangible personal property . . . . .	33	
34	Services performed . . . . .	34	
35	Rentals of property . . . . .	35	
36	Other business receipts . . . . .	36	
37	<b>Total</b> (add lines 32 through 36) . . . . .	37	
38	Percentage in New York State (divide line 37, column A, by line 37, column B) . . . . .	38	%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions) . . . . .	39	
40	Percentage in New York State (divide line 39, column A, by line 39, column B) . . . . .	40	%
41	<b>Total of New York State percentages</b> (add lines 31, 38, and 40) . . . . .	41	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages) . . . . .	42	%

**Composition of prepayments claimed on line 18\***

		Date paid	Amount
43	Payment with extension request, Form CT-5, line 5 . . . . .	43	05-15-14 250.
44a	Second installment from Form CT-400 . . . . .	44a	
44b	Third installment from Form CT-400 . . . . .	44b	
44c	Fourth installment from Form CT-400 . . . . .	44c	
45	Amount of overpayment credited from prior years . . . . .	45	
46	<b>Total prepayments</b> (add lines 43 through 45; enter here and on line 18) . . . . .	46	250.

\*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination . . . . .  If marked, enter date of determination: ● \_\_\_\_\_

Net operating loss (NOL) carryback . . . . .  Capital loss carryback . . . . .

Federal return filed . . . . . Form 1139 ●  Amended Form 990-T . . . . .



<b>Third - party designee</b> <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> JEFFREY PERELMAN	Designee's phone number 212-840-3456
	Designee's e-mail address JEFFREY.PERELMAN@ANCHIN.COM		PIN 13750

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person FREDRIC M BELL	Signature of authorized person	Official title EXECUTIVE DIRECTOR
	E-mail address of authorized person	Telephone number 212-358-0640	Date
<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> ANCHIN BLOCK & ANCHIN LLP	Firm's EIN 13-0436940	Preparer's PTIN or SSN P00568345
	Signature of individual preparing this return	Address 1375 BROADWAY NEW YORK, NY 10018-7001	City State Zip code
	E-mail address of individual preparing this return	Preparer's NYTPRN	Date

See instructions for where to file.

DRAFT

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