

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMERICAN INSTITUTE OF ARCHITECTS GROUP LIFE AND AD & D</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN INSTITUTE OF ARCHITECTS TRUST</u></p> <p><u>1735 NEW YORK AVE NW</u> <u>WASHINGTON, DC 20006-5207</u></p> <p><u>1735 NEW YORK AVE NW</u> <u>WASHINGTON, DC 20006-5207</u></p>	<p>1c Effective date of plan <u>04/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>20-8909625</u></p> <p>2c Plan Sponsor's telephone number <u>202-626-7586</u></p> <p>2d Business code (see instructions) <u>541310</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	ELIZABETH WOLVERTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	ELIZABETH WOLVERTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1929
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1929
	6a(2)	1886
	6b	
	6c	
	6d	1886
	6e	
	6f	1886
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4F 4H 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AMERICAN INSTITUTE OF ARCHITECTS GROUP LIFE AND AD & D</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN INSTITUTE OF ARCHITECTS TRUST</p>	<p>D Employer Identification Number (EIN) 20-8909625</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	11105-8, 29059	1886	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 92187</p>	<p>(b) Total amount of fees paid 144495</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HAGAN BARRON INTERMEDIARIES **431 N PHILLIPS AVE., SUITE 220**
SIOUX FALLS, SD 57104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
92187	144495	ADMINISTRATIVE FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **AD & D (NON-EXPERIENCE-RATED, POOLED)**

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	1200207
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	1200207
b Benefit charges (1) Claims paid		9b(1)	131853
(2) Increase (decrease) in claim reserves		9b(2)	-112058
(3) Incurred claims (add (1) and (2))		9b(3)	19795
(4) Claims charged		9b(4)	363391
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	92187	
(B) Administrative service or other fees	9c(1)(B)	144495	
(C) Other specific acquisition costs	9c(1)(C)	116379	
(D) Other expenses	9c(1)(D)	148562	
(E) Taxes	9c(1)(E)	28805	
(F) Charges for risks or other contingencies	9c(1)(F)	60051	
(G) Other retention charges	9c(1)(G)	-41313	
(H) Total retention	9c(1)(H)	549166	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	1033016
(3) Other reserves		9d(3)	1219342
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	17492
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMERICAN INSTITUTE OF ARCHITECTS GROUP LIFE AND AD & D	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN INSTITUTE OF ARCHITECTS TRUST	D Employer Identification Number (EIN) 20-8909625

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	11108	435	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 9903	(b) Total amount of fees paid 13645
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HAGAN BARRON INTERMEDIARIES **431 N PHILLIPS AVE., SUITE 220**
SIOUX FALLS, SD 57104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9903	13645	ADMINISTRATIVE FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **AD&D (NON-EXPERIENCE-RATED)**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	98166	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		98166
b Benefit charges (1) Claims paid	9b(1)	24075	
(2) Increase (decrease) in claim reserves	9b(2)	-21537	
(3) Incurred claims (add (1) and (2))	9b(3)		2538
(4) Claims charged	9b(4)		2538
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	9903	
(B) Administrative service or other fees	9c(1)(B)	13645	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	10203	
(E) Taxes	9c(1)(E)	2356	
(F) Charges for risks or other contingencies	9c(1)(F)	4912	
(G) Other retention charges	9c(1)(G)	-2086	
(H) Total retention	9c(1)(H)		38933
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		13680
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5678
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

AIA - Employers Firms Annual Activity

Policy Employer ID	Employer Name	Employer Contact Name	Employer Address	Employer City	Employer State	Employer Zip	Employer Phone	Employer Email	Policy Status Base	Policy Status Desc
99011	Architects Weeks & Ambros	Kathy	30 Market Square Mall	Knoxville	TN	37902-1404	(865) 546-8232	kathy@awamin.com	A	Active
99014	Architecture Automated Inc		2108 W Burnside St Suite 3	Sioux Falls	SD	57104	(605) 336-3722		A	Active - Reinstated Once
99017	Association of Collegiate	Michael Monti	Assoc of #611 Pennsylvania Ave SE, #514	Washington	DC		20003 (202) 785-2324		A	Active
99019	Barton-Coe-Vilamaa Architects & Engineers Inc	Candace Norris	225 Airport North Office Park	Fort Wayne	IN	46825-6702	(260) 489-9079	norris@bartoncoevilamaa.com	A	Active
99023	Brackett-Kremerich & Associates Incorporated		PO Box 1655	Jonesboro	AR	72403-1655	(870) 932-0571	lyniee@brackkts.com	A	Active
99024	Brame Heck Architects Inc.	Michael Richmond	606 NE 1st St	Gainesville	FL	32601-5305	(352) 372-0425	m.richmond@brameheck.com	A	Active
99028	CJMW Architecture	Lisa Lambert	525 Vine Street, Suite 350	Winston Salem	NC		27101 (336) 724-1503	lisa.lambert@cjmw.com	A	Active
99029	Domingo Cambeiro Corp	Dom Cambeiro	2313 Caserta Ct.	Henderson	NV		89074	7023408410	A	Active
99032	CBH Design, Inc.	Nicole Berardi	7850 Freeway Circle, Suite 101	Cleveland	OH		44130 (440) 243-2000	nberardi@cbhdesign.com	A	Active
99033	CBSA Architects Inc.	Maureen Corigliano	PO Box 1239	Hickory	NC	28603-1239	(828) 322-3403	accounting@cbsa-architects.com	A	Active
99034	CDS International	Confidential	1003 Bishop Street Suite 1400	Honolulu	HI	96813-6400	(808) 524-4200	merritt@cdsintl.com	A	Active
99036	Chiodini Associates		1401 S. Brentwood Blvd, Ste 575	Saint Louis	MO		63144 (314) 561-6506	lchiodini@chiodini.com	A	Active
99045	Corkhill Cush Associates PA ARC		10111 M.L. Suite 202	Bowie	MD		20720 (301) 577-2488	ccrarchitects@verizon.net	A	Active
99046	Cotner Architects, LLC		15 North 18th Street	Fernandina Beach	FL		32034 (904) 277-4593	ann@cotnerassociates.com	A	Active
99056	Steven Thomson Architects, AIA	Steve Thomson	3045 NE 56th Avenue	Portland	OR		97213 (503) 224-6767	steve@beautifulbuildings.com	A	Active
99062	Engineering Consultants	Alan Quimby	401 W Capitol Ave Ste 305	Little Rock	AR	72201-3630	(501) 376-3752	aquimby@ecilr.com	A	Active - Reinstated Once
99066	Fraytak Veisz Hopkins Duthie, P.C. (FVHD)	Karen Mamo	1515 Lower Ferry Road	Trenton	NJ		8618 (609) 883-7101	kmamo@fvhdc.com	A	Active
99076	Gazall, Lewis And Associates	Kathleen	Architects #503 S. Saginaw St.	Flint	MI		48502	8102394691	A	Active
99079	Garard Associates Architects		Rt 1 Pitt Co #444 Fort Pitt Blvd, Ste 140	Pittsburgh	PA		15219		A	Active - Reinstated Once
99084	Guest+Redick, Inc dba Studio 6 Architecture		1120 Garrison Ave, Suite 1A	Fort Smith	AR		72301 (479) 782-4085		A	Active
99092	Henshell & Buccellato, Consult		595 Shrewsbury Suite 207	Shrewsbury	NJ		7702 (732) 530-4134	margaret.mccarthy1@verizon.net	A	Active
99094	Hill, DiFrancesco and Siebold, Inc	Michelle Baker	1939 West 25th Street #300	Cleveland	OH		44113 (216) 696-3460	mbaker@hidsiarch.com	A	Active
99097	Vissi, LLP	Bill Fearon	10000 Lincoln Dr E Ste 104	Marlton	NJ	08053-3105	(856) 428-8877	wfearon@vissi.com	A	Active
99103	HAUS Architecture for Modern Lifestyles		101 S Hard Suite C	Indianapolis	IN		46222 (317) 652-2828	cshort@haus-arch.com	A	Active
99104	James E. Debarbieri		DeBarbieri #97 Chestnut Street	Rutherford	NJ	7070 (201) 939-5469			A	Active
99106	Campbell Cassetta Architects PC	Beth	384 W Main St	Babylon	NY	11702-3004	(631) 587-1984		A	Active
99111	Jensen Yorba Wall Inc	Rita Jensen	522 W 10th St	Juneau	AK	99801-1818	(907) 586-1070	rita@jensenyorbalot.com	A	Active
99114	John S. Samperton, Assocs		211 Falcon Drive	Kennett Square	PA		19348 (301) 928-1498		A	Active - Reinstated Once
99116	Bright Architecture, Inc.	Mary Harrison	200 E Court St, Suite 700	Kankakee	IL		60901 (815) 933-8073	harrison@bright-arch.com	A	Active
99117	JRA, Inc.	Tammy Durrum	301 E Vine Street	Lexington	KY		40507 (859) 252-6781	tdurrum@jrarchitects.com	A	Active
99118	K Norman Berry Associates	Jeanine Winkle	815 W Market St, Ste 502	Louisville	KY		40202 (502) 582-2500	iwinkle@knbarch.com	A	Active
99120	Kaeyer, Garment & Davidson KG+D	USA Del Percio	285 Main St	Mount Kisco	NY	10549-3002	(914) 666-5900	delpercio@kgdarchitects.com	A	Active
99124	Kevin Georges And Associates		214 Truman Street NE	Albuquerque	NM	87108-1333	(505) 255-4975	keg@kga-architects.org	A	Active - Reinstated Once
99130	Landmark Architects & Engineer	Sarah Sipe	Consultant 1020 N Main St	Hutchinson	KS	67501-4404	(620) 663-5421	sarah@landmarkarchitects.net	A	Active
99131	Landry Lewis Germany Architects,PA	Lisa	5211 Old Highway 11	Hattiesburg	MS		39402 (601) 271-7711	Lisa@llgarch.com	A	Active
99132	Larson & Darby Group	Sherry Gaumont	4949 Harrison Avenue, Ste 100	Rockford	IL		61108 (815) 484-0739	sgaumont@larsondarby.com	A	Active
99155	Arthur Y Mori & Associates, Inc	Debbie Mori	1314 S King St Ste 955	Honolulu	HI	96814-1944	(808) 596-2421		A	Active
99156	Morris Architecture Engineer		5341 Doshier Cut Off SE #113	South Port	NC		28461 (401) 732-5220	cjmorris63@live.com	A	Active - Reinstated Once
99160	Noyes Vogt Architects	Maureen Gribbin	191 Middle PO Box 370	Chester	CT		6412	8605262900	A	Active
99171	Ralph P Albanese Architect		3205 NW 10th Pl	Delray Beach	FL		33445 (718) 855-8422		A	Active - Reinstated Once
99172	Raymond & Assoc PA		2279 Ranche Lane	Dunedin	FL		34698 (727) 667-8410	colorfulglass@outlook.com	A	Active
99173	Redstone Architects, Inc.	Barbara Redstone	30700 Telegraph Rd, #1677	Bingham Farms	MI		48025 (248) 418-0990	bredstone@redstonearchitects.c	A	Active
99185	Robert E. Taylor Architect PA	Robert Taylor	261 W River Road	Palatka	FL		32177 (386) 325-7341	taylor@ret-tbd.com	A	Active
99194	Saltonstall Architects	Lisa Cusson	380 Warehouse Street	Marion	MA		2738 (508) 748-1043	lisa@saltonstallarchitects.com	A	Active
99195	Sandvick Architects Inc		West Sixth #1265 W 6th St Ste 201	Cleveland	OH	44113-1326	(216) 621-8055		A	Active - Reinstated Once
99201	Shiver-Megert & Assocs	Richard Constancio	102 E 9th Ave Ste 200	Amarillo	TX	79101-3410	(806) 372-5662	richard@smaae.com	A	Active
99204	Smith Burgett Architects Inc	Jan	102-A West Main	Urbana	IL		61801 (217) 367-8409		A	Active
99205	Smith/Schurman Associates Inc	Jessica Young	PO Box 1607	Southgate	MI		48195 (248) 227-9660	email@smithschurman.com	A	Active
99209	Steckel Parker Architects Inc		2941 Happy Landing Drive	Springfield	IL		62707 (217) 793-6444	kirby@steckelparker.com	A	Active
99214	Studio Kremer Architects, Inc.		1231 S Shelby St	Louisville	KY		40203 (502) 499-1100		A	Active - Reinstated Once
99218	The Boudreaux Group Inc.	Ann Hampton	PO Box 569 1519 Sumter Street	Columbia	SC	29250-5695	(803) 799-0247	ahampton@boudreauxgroup.com	A	Active
99221	Lewis Group Architects	Craig Lewis	611 King St Ste 250	Knoxville	TN		37917 (865) 584-5000	clewis@lewisgroup.net	A	Active - Reinstated Once
99222	The Longo Partnership		36 South St Second Floor	New Providence	NJ	7974 (908) 464-9300		home@longopartners.com	A	Active
99232	Virginia Society Architects	Keesha Ezell	PO Box 2626	Chesterfield	VA	23832	(804) 644-3041	kezell@ava.org	A	Active - Reinstated Once
99241	Wilson Architects PC		83 S Main St	Waterbury	VT	05676-1506	(802) 244-7841		A	Active - Reinstated Once
99244	WKWW, Inc.	Kent Rayfield	2300 E 7th St Ste 200	Charlotte	NC	28204-4366	(704) 373-0615	krayfield@wkwwarchitects.com	A	Active
99250	Monroe I Katcher & Assoc	Monroe Katcher	413 Lopez Drive	West Hempstead	NY		11552 (516) 984-4587	mosan993@aol.com	A	Active
99251	Prevot Design Services APAC	Paula Prevot	601 Spring Street	Shreveport	LA		71101 (318) 227-9244	pzprevot@prevotdesign.com	A	Active