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SCANNED SEP 2 7 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

2003

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Öpen to Public Inspection

	For the	2000 calendar year o	or tay year begi	innina		20	<u> </u>		ang roquiron			(20) 1 (1) 2 2 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1			
В	For the 2009 calendar year, or tax year beginning , 2009, and ending , B. Check if applicable C Name of organization D Employer Identification Number														
D	\Box	Please use													
	-	Address change IRS label Nv Chptr of Am Society of Landscape Architect or print Or byte Number and street (or PO box if mail is not delivered to street addr) Room/suite								E Telephone number					
	See							suite							
		Instruc-	PO Box 12				tate ZI	IP code + 4		(70)	2) 4	54-3057			
	Ħ	nination tions	City, town or c	-											
	M Ame		Las Vegas				<u>1V 8</u>	39112-		G Gross r	<u> </u>				
	L Appl		and address of princ	·						a group retur affiliates incl		H''' H'''			
_		——————————————————————————————————————	audet PO B		Las	Vegas		39112		attach a list		structions) Yes No			
<u></u>			(c) (6	(insert no)		4947(a)(1) or		527	ļ						
<u>1</u>		ite: ► N/A								exemption nu					
K		forganization X Corpora	ation Trust	Association	Other	· 	L Yea	r of Forma	tion 2004	<u> M</u> s	tate of	legal domicile NV			
Pa	řt J	Summary													
	 1 B	riefly describe the orga	anızatıon's mıs	sion or most si	gnifica	int activities	Edu	catio	<u>n</u>		- - -				
Ç	~					. – – – – – -			-						
Activities & Governance	~									. – – – -					
Ver	2 -	heck this box ► I	f the organizat			norations or du									
တိ		umber of voting memb					sposed	u oi illoi	e man 25.	0 01 113 03	3	4			
∞		umber of independent					ne 1b)					4			
ij	l	otal number of employ			-		-				5				
ţ.	l .	otal number of volunte	7	• .							_	100			
Š		otal gross unrelated bu									7 a				
	b N	et unrelated business	taxable_income	e from Form 99	0-T, lır	ne 34	_				7 b				
									P	rior Year		Current Year			
ø	l	ontributions and grant								29,9	94.	15,029.			
eun		rogram service revenu							<u> </u>	_					
Revenue		nvestment income (Pai						7	<u> </u>	1	.65.				
_	11 0	ther revenue (Part VII	II, column (A), I	lines 5, 60, 8c,	907 10	Cand Ver)		-	20 1	<u> </u>	15 020			
_		otal revenue – add lin						 	-	30,1 1,5		15,029.			
	1	rants and similar amo		וניטו	~	U 1 4 7111111	OSC	31		1,3	00.				
	14 B	enefits paid to or for n													
es S	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5010) Professional fundraising fees (Part IX, column (A), In (I) F. (I)													
Expenses				\	\sim \sim \sim	<u>UEN, U</u>	l	1	17 , 1 s 1 WC 25	بىيەرچىد كەرەپ،	45	mas variant			
X	bΤ	otal fundraising expen	ises (Part IX, ci	olumn (D), line	25) 🟲			<u> </u>	5 \$ 4 \$ 5 CA	المرابع المرابع المرابع المرابع المرابع المرابع	11.				
	17 C	ther expenses (Part I)	X, column (A),	lines 11a-11d,	11f-24	f)			<u> </u>	29,2	76.	17,350.			
	18 ⊺	otal expenses Add Im	nes 13-17 (mus	t equal Part IX,	colum	nn (A), Iine 25)			<u> </u>	30,7	76.	17,350.			
	19 R	evenue less expenses	Subtract line	18 from line 12	<u> </u>					- 6	17.	-2,321.			
5 8	!								Begir	ning of Y	ear	End of Year			
alan	20 T	otal assets (Part X, Im	ne 16)							2,4	86.	165.			
Net Assets or Fund Balances	21 T	otal liabilities (Part X,	line 26)												
		et assets or fund balar	nces Subtract	line 21 from lin	ne 20					2,4	86.	165.			
Pa	ittill	Signature Bloc	<u>k</u>												
		Under penalties of perjury, I true, correct, and complete	I declare that I have	examined this retu	rn, includ	ding accompanying	schedul	les and sta	tements, and	to the best o	f my kn	owledge and belief, it is			
		True, culti, and complete	Separation of pro-	Date Rottler trial of	. /1.	ased on an informa	111011 01 4	Willell prepa	arci nas any i	(nowledge	Λ.				
Sig	j n			ACX 2	<i></i>					7-10	J				
He	re	Signature of officer	11	en ha		1			Da	te ゝूू े	· T	Jacob took			
		- TE	-4121	CYIIV		TONC_	(2110	1	1118CION			
		Type of print hame and	i title				Test				To	renarer's identifium number			
Paid Preparer's signature Proparer's signat						(S	reparer's identifying number ee instructions)								
parer's Use Firm's name (or vours if self vo															
On		employed), address, and	5 W SAHAR	A AVE STE	1		_		EI	N -					
		ZIP + 4 LAS	VEGAS				146-	-0856	Pt	none no					
May	the IRS	S discuss this return w	vith the prepare	r shown above	? (see	instructions)	_					X Yes No			

	990 (2009) NV Chptr of Am Society of La		CLS	20-3	88813	5		Page 2
	t III Statement of Program Service Acc	omplishments			_			
1	Briefly describe the organization's mission							
	Education			_				- - -
		. 						
		_ _	-					
2	Did the organization undertake any significant program	m services during the yea	ar which were not listed	on the prior				
	Form 990 or 990-EZ?					Yes	\mathbf{x}	No
	If 'Yes,' describe these new services on Schedule O						_	
3	Did the organization cease conducting, or make signif	icant changes in how it o	conducts, any program s	ervices?		Yes	х	No
	If 'Yes,' describe these changes on Schedule O	J			_		_	
4	Describe the exempt purpose achievements for each c and 501(c)(4) organizations and section 4947(a)(1) truexpenses, and revenue, if any, for each program service.	usts are required to repor	e largest program servic t the amount of grants a	es by expense and allocations	es Sections to other	on 501 s, the	(c)(3) total	
4 a		including grants of						
	Collection & dissemination of in	formation to as	sist_members					-
	in the maint & skill in landscape	e architecture,	_as_well_as					
	enhance the recognition of the p	rofession	_			-		-
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		- -						
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4b	(Code) (Expenses \$	including grants of	\$) (Revenue	\$)
					· 			
		-	-	-				
				-		- - -		
			- -		- -			
			- -					
	_							
								
4 c	(Code) (Expenses \$	including grants of	\$	_) (Revenue	\$)
								-
								-
					- -			
			-		_ 			
				-				
4d	Other program services (Describe in Schedule O)							
	(Expenses \$ including gr	rants of \$) (Revenue	\$)	
40	Total program service expenses						-	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
	Schedule A	1_	<u> </u>	<u>x</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	· · · · · ·	<u> </u>
1	 Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
,	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	ا ا ا	ا سرائل الله - المخطير الإليا	18 m
1	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			を選り
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	\$ -2 . -P****	4 pur - 4	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	% × ;		- 12 P
,	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 	& . • .		- · ·
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No	-	1, 14.	F 3, 1
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	(Section)	· 4-2	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		v
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X X
	Separation of the control of the con		!	

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X

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Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 X Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 280 Х 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 X Part V. line 2 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Form 990 (2009) BAA

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

Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2009) Nv Chptr of Am Society of Landscape Architects

Part V. Statements Regarding Other IRS Filings and Tax Compliance

-				Yes	No
1;	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a 0	Sign of Self of the	MAN N	j ;•; • _α ,λ _ε
ı	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	اء هر	<i>*</i>	ده تره همار ای میر
•	Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?	and reportable gaming		X	1
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	,	,	>
21	olf at least one is reported on line 2a, did the organization file all required federal employment to	ax returns?	2 b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	(see instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year of this return?	covered by	3 a		x
ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ъ		
4:	At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other fina	other authority over, a ancial account)?	4a		x
ŧ	If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Formatical Accounts	reign Bank and			•
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear [?]	5 a		х
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5 b		х
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	y Regarding Prohibited	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	did the organization	6 a		х
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such cont deductible?	ributions or gifts were not	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		. ,	, 4	, ,
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and part provided to the payor?	tly for goods and services	 7a		x
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?	h it was required to file	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		2, _ + _ 	٠ . شخم
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?		7 e	_	х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f	_	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as req		7g		
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	· ·	7h	-, ,	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the e excess business	15(445 - 1 132. sá 8		Part 1
9	Sponsoring organizations maintaining donor advised funds.		x >> 0	, <u>√</u> , ,2	1- 42
	Did the organization make any taxable distributions under section 4966?		9a	است تما ه	Landard or
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter		a 1 1, €r ,	76 8 49. 7.2.	, ,
		10a	ا د میشر	,- : ,-=&	ر الله در الله
	· · · · · · · · · · · · · · · · · · ·	10b	F. 18 35.	÷ ៩ ខេ	. چود دو
11	Section 501(c)(12) organizations. Enter		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ۇد. كىيىۋ كىيىۋ	ina
a		11a	4= . 4%.	ine. Eneri	1 1
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116	مره . الإسهاد		a ac
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 1041?	12 a		
Ŀ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	والمعافجة المجيسة	,	tuga wa

BAA Form **990** (2009) 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.

Sec	ction A.	Governing Body and Management					
						Yes	No
1	a Enter the	number of voting members of the governing body		1a 4	٠.,.	1	٤
	b Enter the	number of voting members that are independent		1 b 4	7	, ,	\$.
2	Did any i	officer, director, trustee, or key employee have a family relationship or a	a business rela	ationship with any other	7	,	ا د سمسد
_	officer, d	rector, trustee or key employee?			2		х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision							x
of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents							x
_		prior Form 990 was filed?	11.5		4	-	
5		rganization become aware during the year of a material diversion of the	e organization'	s assets?	5	i l	x
		organization have members or stockholders?	.		6		х
		organization have members, stockholders, or other persons who may e	elect one or m	ore members of the	7a		x
		decisions of the governing body subject to approval by members, stockl	holders, or oth	er persons?	7 b		x
8		rganization contemporaneously document the meetings held or written	actions undert	aken during the year by		-	. ,
	the follow	•					- ²
	•	rning body? nmittee with authority to act on behalf of the governing body?			8a 8b	X	
		any officer, director or trustee, or key employee listed in Part VII, Section	on A who cann	not be reached at the	00	^	
	organiza	ion's mailing address? If 'Yes,' provide the names and addresses in Sc	chedule O		9		х
		Policies (This Section B requests information about p	olicies not i	required by the Interna	1/		
Rev	enue Code)				V .	
10	- Dage the	organization have local chapters, branches, or affiliates?			10a	Yes	No X
		, , ,			104		
	and bran	loes the organization have written policies and procedures governing th ches to ensure their operations are consistent with those of the organiz	ation?	such chapters, affiliates,	10ь		
11	Has the	organization provided a copy of this Form 990 to all members of its gove	erning body be	efore filing the form?	11	X	<u> </u>
11.	A Describe	in Schedule O the process, if any, used by the organization to review the	hıs Form 990		<u> </u>	<u>~~</u>	
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13							X_
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annuates?	ally interests th	nat could give rise	12b		
	c Does the <i>Schedule</i>	organization regularly and consistently monitor and enforce compliance O how this is done	e with the police	cy? If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?			13		Х_
14	Does the	organization have a written document retention and destruction policy?	•		14		X
15	Did the p persons,	rocess for determining compensation of the following persons include a comparability data, and contemporaneous substantiation of the delibera	review and apation and and apation and decir	pproval by independent sion?		, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	And Sold
	a The orga	nization's CEO, Executive Director, or top management official			15 a		x
	b Other off	cers of key employees of the organization			15 b		х
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions	;)		10 m 51		* = 2 * G ===================================
16		rganization invest in, contribute assets to, or participate in a joint ventuing the year?	ire or similar a	rrangement with a taxable	16a		X
	status wi	as the organization adopted a written policy or procedure requiring the enture arrangements under applicable federal tax law, and taken steps th respect to such arrangements?	organization to to safeguard th	o evaluate its participation he organization's exempt	16b	, . ⁽¹⁾ H	
Sec	ction C.	Disclosures					
17	List the s	tates with which a copy of this Form 990 is required to be filed $ begin{array}{c} black & \ \end{array}$					-
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicate how you make these available. Check all that apply	able), 990, and	d 990-T (501(c)(3)s only) av	aılable	for pu	blic
		website Another's website X Upon request					
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its gove ts available to the public	erning docume	ents, conflict of interest polic	y, and t	inanci	ıal
		name, physical address, and telephone number of the person who pos		5			
	► <u>Stone</u>	Peak Services PO Box 12507, Las Veg	as,N	<u>V 89112-0507 (7</u>	702)_4	<u>54-</u> 3	3 <u>057</u>

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- 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 the organization did not	Check this box if the organization did not compensate any current officer, director, or trustee									
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	OS adividial trastee	ition institutional trustee	(checl		high est confersated	y) ru,nei	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Helen M Stone						<u>a</u>			-	
Ex Director	20.00			x			ļ	5,833.	o.	0.
Tammi Gaudet	20.00			-			-	37033.		
President	5.00	x		x				0.	0.	0.
Chris Langham	3.00			 -			_			
Sec/Treasurer	5.00	х		x]]		0.	o.)	0.
Michael Duran										
Director	5.00	x						0.	0.	0.
								-		-
								· · · ·		

Part VIII Section A. Officers, Directors, Trus	tees, k	(ey	En	nplo	уе	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)	ļ			c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion ((checl	k all t	that a	pply)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or di	nsti	Officer	eg	Highest	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
	ļ	recto	institutional trustee	Ğ.	employee	tighest co	् व्	(2 , 63366,	(11 21 1035 111100)	organization and related
		or trus	nal tı		loye	comper				organizations
	Į	stee	ruste		10	ensa				
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	1				ļ					
1 b Total							•	5,833.	0.	0.
2 Total number of individuals (including but not limited	to those	e list	ed a	abov	e) v	vho	rece	ived more than \$1	00,000 in reportabl	e compensation
from the organization								<u></u>		
										Yes No
3 Did the organization list any former officer, director of	or truste	e, ke	ey e	mple	oyee	e, or	higl	hest compensated	employee	- File 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
on line 1a7 If 'Yes,' compléte Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com	pen:	satio ' <i>'Ye</i>	on a	ind o	other <i>lete</i>	compensation fro Schedule I for su	om ch	× 5 = = 1
individual		,,,,,,,				, .				4 X
5 Did any person listed on line 1a receive or accrue co	mpensa	tion	fror	n ar	ıy u	nrela	ated	organization for s	ervices	Sint of the second
rendered to the organization? If 'Yes,' complete School	edule J i	for s	uch	pers	son			-	·—	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indon	ondo	nt c	ontr	acto	ore t	hat i	racawad mara tha	n \$100 000 of	
compensation from the organization	u muepi	enue	:iii C	.OHIO	acic	י פוכ	nat i	—————		
(A)								(B)	,	(C)
Name and business address	s							Description of	of Services	Compensation
										
					,					The second of the second
2 Total number of independent contractors (including b	out not li	mite	a to	tho	se li	istec	abo	ove) wno received	more than	

	rt viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a 3,22	23.			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b			. >	
S, GI	c Fundraising events 1c 5,62	26.		,	
FII.	d Related organizations 1d				, , , ,
S, G	e Government grants (contributions) 1 e				
S S	f All other contributions, gifts, grants, and				,
핃	similar amounts not included above 1f 6,18	30.			į
F 0	g Noncash contribns included in Ins 1a-1f \$				
ਨੁ₹	h Total. Add lines 1a-1f	▶ 15,029.			
	Business Code			 	
/EN	2a				
RE	b				
/ICE	c				
ER	d				
W.	e				
GR/	f All other program service revenue			† — — — — — — — — — — — — — — — — — — —	
PROGRAM SERVICE REVENUE	g Total, Add lines 2a-2f	>		-	- 10 - 2
	3 Investment income (including dividends, interest and			-	
	other similar amounts)	>		_	
	4 Income from investment of tax-exempt bond proceeds	>			
	5 Royalties	•			
	(i) Real (ii) Personal	ı			
	6a Gross Rents				, (
	b Less rental expenses		ţ	1	- {
	c Rental income or (loss)			** * *,	. <u></u>
	d Net rental income or (loss)	<u> </u>			
	7a Gross amount from sales of (i) Securities (ii) Other		, * * *		まか、1 m 課題を
	assets other than inventory	- 1, 1 1, 2, 2 2 12 1,		the see that	1
	b Less cost or other basis	in Egy galler market			* 는 글 글 ** * * * * * * * * * * * * * * *
	and sales expenses	-, £ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		4 4	l •
	c Gain or (loss)				ال الحدد في المناسبية
	d Net gain or (loss)	<u> </u>			
	8a Gross income from fundraising events	1.	1	7 7 AV 25 1 11 1	
N E	(not including \$ 5,626.		· (10)	" " " * *	
E.	of contributions reported on line 1c)	وه و محمد المحمد	1 x = - 3 17 13 14 4 3 1	2000年,自己就有15	医一种 教育教育
۳.	See Part IV, line 18		A CONTRACTOR OF THE PARTY OF TH	大学等 是一次哪	
OTHER REVEN	b Less direct expenses b			The minute of the state of the	and the second of the second
٥	c Net income or (loss) from fundraising events	<u> </u>			
1	9a Gross income from gaming activities	Fig. of the state of	1 1 · · · · · · · · · · · · · · · · · ·	Section of the	· · · · · · · · · · · · · · · · · · ·
	9a Gross income from gaming activities See Part IV, line 19		· "这个是一个	· 李爷子子给~**	الم المواجعة المواجعة الما
	b Less direct expenses b		duin seid de la ce	defect in the state of the stat	
l	c Net income or (loss) from gaming activities	•			
- [10a Gross sales of inventory, less returns	Sec. 3. 14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	小芸術并為京外	1 3 0 9 3 3 4 1	
	and allowances a	April Towns of the State of the			And the second of the
	b Less [,] cost of goods sold b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of	
ļ	c Net income or (loss) from sales of inventory	>			
	Miscellaneous Revenue Business Code	· · · · · · · · · · · · · · · · · · ·	NO TO STATE TO SERVED AND THE	The water the same of	الما المالية ا
Ī	11a		 		
	b	···			
	c				
	d All other revenue			<u></u>	
ļ	e Total. Add lines 11a-11d	-	多一型場。(A) (A)	幸福 はいい 到明	軍官四日成大京
	12 Total revenue. See instructions	► 15,029.		<u>_</u>	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			7	al de la gladie de		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees)						
;	a Management	5,833.	0.	5,833.	0.		
- 1	b Legal	<u></u>		·			
•	c Accounting	500.	0.	500.	0.		
(d Lobbying						
•	e Prof fundraising svcs See Part IV, In 17						
1	Investment management fees			- <u>-</u>			
9	g Other						
12	Advertising and promotion						
13	Office expenses	275.	0.	275.	0.		
14	Information technology						
15	Royalties						
16	Occupancy	360.	0.	360.	0.		
17	Travel			<u> </u>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	10,324.	10,324.	0.	0.		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed	Start a special of the	1. 3 - 5 - 5 - 6 - 5 - 6 - 6 - 6 - 6 - 6 - 6	·温·盖· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	and the second of the second o		
	5% of total expenses shown on line 25 below)	上海· 克斯 200 1970	· · · · · · · · · · · · · · · · · · ·	· " " " " " " " " " " " " " " " " " " "	The second of the second of the		
á	a Bank Fees	58.	0.	58.	0.		
ı	·						
	C						
(¹						
	All other expenses						
	·	17 350	10 224	7 026			
	Total functional expenses Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	17,350.	10,324.	7,026.	0.		

Part X **Balance Sheet** (A) Beginning of year **(B)** End of year 2.486 1 165. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 3 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 c 10 b b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,486. 16 165. Total assets Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0. 26 x Organizations that follow SFAS 117, check here and complete lines -5-5 N E T 100 * * 27 through 29 and lines 33 and 34. 2,486. 27 165. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R يدأ وحرا Organizations that do not follow SFAS 117, check here and complete . Z., lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,486 33 165. 33 Total net assets or fund balances 2,486 34 165. Total liabilities and net assets/fund balances

BAA Form 990 (2009)

Pa	rt'XI-I Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🕱 Cash 🗌 Accrual 📗 Other	المارية المارية المارية	Winds.	د کی د درسین
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	* **	**	415
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		x
	b Were the organization's financial statements audited by an independent accountant?	2b		х
,	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?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		:	
1	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both		,	
	Separate basis Consolidated basis Both consolidated and separate basis			L i
3	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?	3a		x
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3 h		

ВАА

Form 990 (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public

Name of the organization	Employer identification number
Nv Chptr of Am Society of Landscape Architects	20-3888135
Pt_VI-B, Line 11A Form 990 presented at board mtg for discussion.	
Pt VI-C, Line 19 Copies of tax return and conflict of interest a	tmts
given_upon_request	
	
	
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