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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
B Check if applicable		C Name of organization	
<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		Utah Chapter, American Society of Landscape Architects, Inc.	
Please use IRS label or print or type. See Specific Instructions.		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
		P.O. Box 511125	
		City or town, state or country, and ZIP + 4	
		Salt Lake City, UT 84151-1125	
D Employer identification number 23 7367693			
E Telephone number 801-390-6038			
F Group Exemption Number ►			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ► www.aslautah.org

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 48,968

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1
2 Program service revenue including government fees and contracts	2 2	36,704
3 Membership dues and assessments	3 3	8,985
4 Investment income	4 4	489
5a Gross amount from sale of assets other than inventory	5a 5a	
b Less: cost of other basis and sales expenses	5b 5b	
6a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6a 6a	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6b 6b	
a Gross revenue (not including \$ <u>JUL 1 2010</u> of contributions reported on line 1)	6c 6c	
b Less: direct expenses other than fundraising expenses	7a 7a	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7b 7b	
7a Gross sales of inventory, less returns and allowances	7c 7c	
b Less: cost of goods sold	8 8	2,790
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	9 9	48,968
8 Other revenue (describe ► Tax refunds)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		
10 Grants and similar amounts paid (attach schedule)	10 10	
11 Benefits paid to or for members	11 11	
12 Salaries, other compensation, and employee benefits	12 12	
13 Professional fees and other payments to independent contractors	13 13	21,000
14 Occupancy, rent, utilities, and maintenance	14 14	
15 Printing, publications, postage, and shipping	15 15	
16 Other expenses (describe ► See Statement 1)	16 16	26,020
17 Total expenses. Add lines 10 through 16 ►	17 17	47,020
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18	1,948
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 19	48,487
20 Other changes in net assets or fund balances (attach explanation)	20 20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 21	50,435

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,487 22	50,435
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	48,487 25	50,435
26 Total liabilities (describe ►)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,487 27	50,435

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2009)

P 15

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	-0	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► Utah		
42a The organization's books are in care of ► Geoffrey E. Ellis	Telephone no. ► 801-595-8089	
Located at ► 763 First Ave., Salt Lake City, UT	ZIP + 4 ► 84103-3802	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
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 Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	49a
b	If "Yes," was the related organization a section 527 organization?	49a	49b
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

d Total number of other independent contractors each receiving over \$100,000 . . ►

Sign Here	<p>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.</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;">  Signature of officer </div> <div style="flex: 1;">  Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="flex: 1;">  Geoffrey E. Ellis, Treasurer </div> </div>	
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<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Type or print name and title</p> <p>Paid Preparer's Use Only</p> </div> <div style="flex: 4;"> <input style="width: 100%; height: 100%;" type="text"/> </div> </div>				
Preparer's signature	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

**UTAH CHAPTER,
AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.
EIN: 23 7367693**

Statement 1

2009 Form 990-EZ, Part I, Line 16. Other Expenses:

Annual Meeting expenses	\$11,200
Auto expense	\$577
Awards	\$30
Bank fees	\$224
Conferences	\$800
Education	\$995
Executive Committee expenses	\$655
Foreign taxes	\$11
Insurance	\$533
Monthly meeting expenses	\$3,750
Office expenses	\$954
Oral history project	\$1,373
Student mentoring	\$148
Telephone	\$1,223
<u>Travel</u>	<u>\$3,547</u>
Total	\$26,020

Statement 2

2009 Form 990-EZ, Part III. Organization's Primary Exempt Purpose:

The purpose of the Chapter shall be the advancement of knowledge, education, and skill in the art and science of landscape architecture as an instrument of service in the public welfare. To this end, the Chapter shall promote the profession of landscape architecture and advance the practice through advocacy, education, communication, and fellowship.

Statement 3

2009 Form 990-EZ, Part III, Line 31. Other Program Services:

Description	Program Service Expenses	Grants
“Gray Hair, Green Roots” oral history project to record the history of landscape architecture in Utah.	\$1,373	-0-
Student mentoring program: to promote future landscape architects.	\$148	-0-
Total	\$1,521	-0-

Form 8868

(Rev. April 2003)

(Rev. April 2009)

**Department of the Treasury
Internal Revenue Service**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Utah Chapter, American Society of Landscape Architects, Inc.	Employer identification number 23 7367693
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 511125	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Salt Lake City, UT 84151-1125	

Check type of return to be filed (file a separate application for each return):

- The books are in the care of ► Geoffrey E. Ellis

Telephone No. ► (801) 595-8089 FAX No. ► (801) 595-8089

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2009 or

► tax year beginning _____, 20_____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat. No. 27916D

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

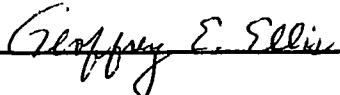
- The books are in the care of ► _____
Telephone No. ► () FAX No. ► ()
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box _____ ► . If it is for part of the group, check this box _____ ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20_____.
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► Treasurer

Date ► May 12, 2010

Form 8868 (Rev. 4-2009)