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Form 990-EZ

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization THE AZ CHAPTER OF THE AMER SOC OF LANDSCAPE ARCHITECTS	
Number and street (or P O box, if mail is not delivered to street address) 30 N 3RD AVE 200	Room/suite
City or town, state or country, and ZIP + 4 PHOENIX, AZ 85003	

D Employer identification number 26-3853720
E Telephone number (602) 258-8668
F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► www.azasl.orgJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 52,842

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 30,236
	3 Membership dues and assessments	3 17,321
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ 4,410 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6d 2,665
	c Less direct expenses from gaming and fundraising events	6c 1,745
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7a
	7a Gross sales of inventory, less returns and allowances	7b
	b Less cost of goods sold	7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 875
	8 Other revenue (describe in Schedule O)	9 51,097
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 975
	14 Occupancy, rent, utilities, and maintenance	14 1,200
	15 Printing, publications, postage, and shipping	15 321
	16 Other expenses (describe in Schedule O)	16 40,611
	17 Total expenses. Add lines 10 through 16	17 43,107
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,990
	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 5,946
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 13,936

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		5,946	22 <input type="checkbox"/> 13,936
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets		5,946	25 <input type="checkbox"/> 13,936
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		5,946	27 <input type="checkbox"/> 13,936

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

INDUSTRY EDUCATION AND INFORMATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDED WORKSHOPS AND LEADERSHIP IN THE AREAS OF WISE PLANNING AND ARTFUL DESIGN OF THE CULTURAL AND NATURAL ENVIRONMENTS OF AZ

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
--------------	-------------------------------------------------------------------------------------	------------

30

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)		31a
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(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)		32
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

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 ► _____, section 4912 ► _____, section 4955 ► _____

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ► **40b**

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 ► _____

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization ► _____

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 ► **AZ**

42a The organization's books are in care of ► **KARLA HUNT** Telephone no ► **(480) 219-6366**
30 N 3RD AVE 200
Located at ► **PHOENIX, AZ** ZIP + 4 ► **85003**

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)?
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.?
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**

44a Did the organization maintain any donor advised funds? If "Yes", *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33		No
34		No
35a		No
35b		No
36		No
37b		No
38a		No
38b		
39a		
39b		
40b		
40e		No
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	<input type="checkbox"/> 45	<input type="checkbox"/> No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	<input type="checkbox"/> 45a	<input type="checkbox"/> No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> 46	<input type="checkbox"/> No

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 47-49b and 52.

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

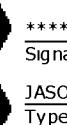
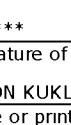
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here	***** Signature of officer JASON KUKLINSKI TREASURER Type or print name and title	2011-03-28 Date	
	Preparer's signature  CAROLYN SECHLER	Date 2011-03-28 Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4  SECHLER CPA PC 921 E ORANGE DRIVE PHOENIX, AZ 85014	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (602) 230-2700

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

Additional Data

Software ID: 10000149
Software Version: 2010.2.13
EIN: 26-3853720
Name: THE AZ CHAPTER OF THE AMER SOC OF LANDSCAPE ARCHITECTS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL BUSCHBACHER II 30 N 3RD AVE 200 PHOENIX, AZ 85003	PAST PRES 002 00	0		
IRENE OGATA 30 N 3RD AVE 200 PHOENIX, AZ 85003	PRES 002 00	0		
JASON KUKLINSKI 30 N 3RD AVE 200 PHOENIX, AZ 85003	TREAS 002 00	0		
LAURA PATY 30 N 3RD AVE 200 PHOENIX, AZ 85003	SECY 002 00	0		
DEAN CHAMBERS 30 N 3RD AVE 200 PHOENIX, AZ 85003	TRUSTEE 002 00	0		
JOEL THOMAS 30 N 3RD AVE 200 PHOENIX, AZ 85003	CENTRAL VP 002 00	0		
BOYD COLEMAN 30 N 3RD AVE 200 PHOENIX, AZ 85003	CENTRAL VP ELECT 002 00	0		
WENDY LOTZE 30 N 3RD AVE 200 PHOENIX, AZ 85003	SOUTHERN VP 002 00	0		
MARGARET JOPLIN 30 N 3RD AVE 200 PHOENIX, AZ 85003	SOUTHERN VP ELECT 002 00	0		
KARLA HUNT 30 N 3RD AVE 200 PHOENIX, AZ 85003	ADMINISTRATOR 008 00	1,988		
DEANNA ANDERSON 30 N 3RD AVE 200 PHOENIX, AZ 85003	PRIOR ADMIN 008 00	10,710		