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DLN: 93493334009606

OMB No 1545-0047

Open to Public Inspection

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

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

			. '						
			lendar year, or tax year be C Name of organization	eginning 05-01-2015 , and ending 0	4-30-201	16	D Empl		doutification number
	eck if app		NATIONAL ASSOCIATION OF	LANDSCAPE			D Empi	oyer i	dentification number
	ldress ch	-	Professionals Inc				94-1	5431	.85
_	ame char ıtıal retur	-	Doing business as						
FII		"					E Teleph	one ni	umber
	terminat	ed	Number and street (or P O 950 Herndon Parkway No 45	box if mail is not delivered to street address)	Room/su	ite	· ·		
Am	ended re	eturn					(703) 736	-9666
Ap	plication	pending	City or town, state or provin Herndon, VA 20170	ce, country, and ZIP or foreign postal code					
			,				G Gross	receip	ts \$ 5,208,755
			F Name and address of SABEENA HICKMAN	principal officer		H(a)	Is this a grou	p retu	
			950 Herndon Parkway N	o 450			subordinates)	Yes 🗸
			Herndon, VA 20170			ши	No Are all subord	linate	
[Ta:	x-exemp	t status	501(c)(3) √ 501(c)	(6) ◄ (insert no) 4947(a)(1) or	- 527	ווווווווווווווווווווווווווווווווווווווו	included?	mace	Yes No
1 14/	aheita:	14/14/1	w landscapeprofessionals				If "No," attac	h a lis	st (see instructions)
, ,,	epsite.	VVVV	w lanuscapeprolessionals	org		H(c)	Group exemp	tion r	number 🟲
∢ Forr	n of orga	nızatıon	✓ Corporation Trust	Association Other >		L Yea	ar of formation 1	961	M State of legal domicile Ca
Pa	rt I		mary						
			_	nission or most significant activities ape Professionals passionately advo	cator fo	r the ec	onomic cocial	and o	anvironmental honofite c
			cape industry	ape Fibressionals passionately advoc	cates io	i tile ett	onomic, social	anu e	mvironinental benefits o
မ			'						
=									
<u>=</u>	_								
ခ ွ	2 CH	neck th	is box ▶ ┌ if the organiza	tion discontinued its operations or di	sposed	of more	than 25% of it	s net	assets
್ರ ಕ	3 N.		of voting mambara of the	roverning hady (Dart VII June 10)				٦	1.0
Activities & Governance			-	overning body (Part VI, line 1a) .				3	16
Ě			· -	nbers of the governing body (Part VI,	-			4	16
Ş			· ·	ed in calendar year 2015 (Part V , lin	•			5	34
⋖				ite if necessary)				6	75
				rom Part VIII, column (C), line 12				7a	125,776
	b Net	t unrela	ated business taxable inco	ome from Form 990-T, line 34				7b	
							Prior Year		Current Year
۵.	8	Contri	butions and grants (Part V	/III, line 1h)				0	
Ravenua	9	Progra	am service revenue (Part \	/III, line 2g)			4,606	,281	5,048,566
ðΛċ	10	Invest	tment income (Part VIII, o	column (A), lines 3, 4, and 7d)				,843	68,840
<u>a</u>	11	Other	revenue (Part VIII, colum	nn (A), lines $5,6 ext{d}$, $8 ext{c}$, $9 ext{c}$, $10 ext{c}$, $ ext{and}~1$	1e)		91	,259	85,396
	12		revenue—add lines 8 throu	ugh 11 (must equal Part VIII, columr	(A), lin	e	4,841	,383	5,202,802
		12)				-	·		· ·
	13		•	d (Part IX, column (A), lines 1-3).				0	(
	14		·	(Part IX, column (A), line 4)		• 📙		0	
\$?	15	Saları	· ·	mployee benefits (Part IX, column (A), lines		2,319	,074	2,677,736
Expenses	16a		•	art IX, column (A), line 11e)				0	(
Đ.	ь		,	, ,,		·			
ă			indraising expenses (Part IX, col	• • • • • • • • • • • • • • • • • • • •			2.022	720	2 776 56
	17		, , ,	n (A), lines 11a-11d, 11f-24e) .		·	2,933		2,776,563
	18		•	.7 (must equal Part IX, column (A), lii	,		5,252		5,454,299
, un	19	Keven	ue less expenses. Subtrac	ct line 18 from line 12	• •	-	-411	,430	-251,497
Net Assets or Fund Balances						Begin	ning of Current	Year	End of Year
age Ser	20	Total	assets (Part X, line 16) .				4,832	,505	4,423,767
A B			liabilities (Part X, line 26)				1,924		1,818,619
ŽĘ	22			btract line 21 from line 20			2,907		2,605,148
	t II		ature Block				_,	,	
Jnde	r penalt	ties of	perjury, I declare that I ha	ive examined this return, including ac nd complete Declaration of preparer					
orepa	rer has	any ki	nowledge						
		****	**				2016 11 22		
ci~		—	ature of officer				2016-11-29 Date		
Sign Here		, -		/E OFFICED					
	-		ENA HICKMAN CHIEF EXECUTING FOR THE CONTING OF THE	VE OFFICER					
		<u> </u>	rint/Type preparer's name	Preparer's signature	ΤD	ate	T.,	PTIN	V
Paid	4		lizabeth Heller	Elizabeth Heller			Check If self-employed	P00:	397829
		. F	irm's name 🕨 Tate and Tryor	1			Firm's EIN ▶		5942
	parer	1 1	irm's address ▶ 2021 L Street N	IW Suite 400			Phone no (20	2) 293	-2200
use	Only	'	Washington, DO	20036					

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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28c

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Form 990 (2015)

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	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 Schedule J	23	Yes	
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Par	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	La Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	43	165	NO
	b Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	c Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	2a 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	34		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction).		Yes	
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	Yes	
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule C</i>		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe			
	over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	financial 4a		No
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts		
	(FBAR)			
	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. 	a a a tuan 3		No
		5b		No
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
b	b If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	outions or gifts 6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	or goods and 7a		
b	f b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v file Form 8282?	vas required to		
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract? 7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			
g	g If the organization received a contribution of qualified intellectual property, did the organization file			
h	required?	ızatıon file a		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings during the year?	at any time		
9a	Da Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		
LO	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
L1	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders			
Ь	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	year			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the inadditional information the organization must report on Schedule O	structions for 13 a		
b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	c Enter the amount of reserves on hand			
	la Did the organization receive any payments for indoor tanning services during the tax year?	14a	, İ	I No
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2

Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. **10a** Did the organization have local chapters, branches, or affiliates? . . 10a Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$ 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

State the name, address, and telephone number of the person who possesses the organization's books and records ►CAROL KEELING 950 HERNDON PARKWAY 450 HERNDON, VA 20170 (703) 736-9666

16b

Νo

Part VII

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

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

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

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

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

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

Check this box if neither the organization no		ganıza	tion	com	pen	sated	dany	current officer, of	director, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer	not one n is and rus		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Scott Jamieson	4 00									
PRESIDENT	0 00	×		X				0	0	0
(2) BReTT LEMCKE	4 00	×		x				0	0	0
President-elect	2 00									
(3) Jim MCCUTCHEON	4 00	l x		×				0	0	0
PAST-PRESIDENT	2 00	_ ^		l ^				0	0	
(4) JASON BECKER	4 00	l						_	_	_
DIRECTOR-At-Large	0 00	×						0	0	0
(5) JON CUNDIFF	4 00									
Director-At-Large	1 00	Х						0	0	0
(6) JOY DIAZ	4 00	×						0	,	0
DIRECTOR-AT-Large	0 00	*						l	٥	0
(7) TOM FOCHTMAN	4 00	l						_	_	_
Director-At-Large	2 00	×						0	0	0
(8) PAUL MCDONOUGH	4 00									
DIRECTOR-AT-LARGE	0 00	X						0	0	0
(9) ROGER PHELPS	4 00									
DIRECTOR-AT-Large	2.00	X						0	0	0
(10) Barb Stropko	2 00 4 00									
Director-At-Large	0 00	×						0	0	0
(11) zach johnson	4 00									
Director-At-Large	0 00	×						0	0	0
(12) shayne newman	4 00									
Director-At-Large	0 00	X						0	0	0
(13) Kristen Fefes	4 00	\ ,						_	_	
DIRector-At-Large	0 00	X						0	0	0
(14) Jeff Buhler	4 00							_	_	_
DireCTOR-At-Large	0 00	×						0	0	0
		•	•			<u> </u>	•	·	•	Form 990 (2015)

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

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) Jım Campanella	4 00	Х						0	() (
DirECTOR-At-Large	0 00									
(16) Andrew Ziehler DirECTOR-At-Large	4 00 0 00	х						0	(C
(17) Sabeena Hickman	45 00									
				Х				217,477	24,164	5,176
CEO (18) Carol Keeling	5 00 45 00				<u> </u>		-			
VP Finance	5 00			х				116,035	12,893	26,663
(19) Shaine Anderson	45 00									
VP Education & Services	0 00					Х		144,585	(1,499
(20) Melissa Henrickson VP Public Affairs	45 00 0 00					х		98,138	4,362	2 193
1b Sub-Total			•	•						1
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A .	٠.٠					5	76,235	41,419	33,531
2 Total number of individuals (including but r	ot limited to tho	se list	ed al	bove	e) w	ho red	ceiv	ed more than		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	,		No.
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	_		<u>.</u> .

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ISG Solutions	IT Consulting	128,378
2400 Research Blvd 350 Rockville, MD 20850		

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

Form 99	0 (20	15)						Page 9
Part V	1111	Statement o	f Revenue					
		Check If Schedu	ıle O contaıns a respor	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1 a	Federated camp	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
Gra	С	Fundraising eve	ents 1c					
fts. r Aı	d	J	ations 1d					
Gif		_						
ns, Sim	е	Government grants						
ıtio er (f	All other contribution similar amounts no	ns, gifts, grants, and 1f t included above					
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines					
Cont and	h	1a-1f \$ Total. Add lines	: 1a-1f					
C E	- "	Total: Add lines	, 14 11	· · · •				
#I t	2a	CONFERENCES & E	DUCATIO	Business Code	2 020 650	3 030 650		
Program Service Revenue	b	MEMBERSHIP DUES		900099	2,039,658	2,039,658		
ı Çξ	c	SPONSORSHIPS		900099	1,580,485 673,050	1,580,485 673,050		
r M.C.	d	PUBLICATIONS AND) ADVER	541800	295,559	169,783	125,776	
<u>\$</u>	e	CORPORATE SAFET		900099	215,535	215,535	123,770	
ran	f		m service revenue	300033	244,279	244,279		
¥og	-	· -				211,273		
	g		2a-2f		5,048,566			
	3		ome (including dividen ar amounts)		68,840			68,840
	4	Income from inves	tment of tax-exempt bond	proceeds >				
	5	Royalties		•	70,287			70,287
	62	Gross rents	(ı) Real	(II) Personal				
	6a	GIOSS TEIRS						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)	•				
			(ı) Securities	(п) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	c d		s)					
Other Revenue	8a	Gross income fi events (not incl	rom fundraising					
ا ا		of contributions See Part IV, lin	reported on line 1c)					
erF		0001 410117,	a .	7,200				
)th	b	Less direct exp	penses b	5,953				
0	С		loss) from fundraising	events ▶	1,247			1,247
	9a	Gross Income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold b					
	С		loss) from sales of inve					
		Miscellaneous		Business Code		40.000		
	11a	MISCELLANEC	US	900099	13,862	13,862		
	b							
	c d	All other revenu						
	d e	Total. Add lines		•				
					13,862			
	12	TOTAL revenue.	See Instructions .	· · · · •	5,202,802	4,936,652	125,776	140,374

Form 990 (2015) Part IX Statement of Functional Expenses

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

	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	403,508			
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	2,096,274			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,810			
9	Other employee benefits	143,144			
10	Payroll taxes				
	East for sorvers (non-ampleyees)				
11	Fees for services (non-employees)				
a	Management	67.755			
Ь	Legal	67,755			
C	Accounting	43,880			
d e	Lobbying				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
y	amount, list line 11g expenses on Schedule O)	218,288			
12	Advertising and promotion	351,708			
13	Office expenses	168,352			
14	Information technology	238,496			
15	Royalties	19,922			
16	Occupancy	154,267			
17	Travel	111,833			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	768,220			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,279			
23	Insurance	33,591			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Publications	90,411			
b	SPONSORSHIPS	65,593			
c	PROJECT DEVELOPMENT	59,774			
d	COMMITTEE EXPENSE	58,297			
	All other expenses	201,897			
25	Total functional expenses. Add lines 1 through 24e	5,454,299			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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19 20

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22 23

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25

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31

32

33

34

4,423,767

424 617

1,335,890

58,112

1,818,619

2,390,449

2,605,148

4,423,767

Form 990 (2015)

214,699

4,832,505

1,426,773

38,713

1,924,940

2,657,866

2.907.565

4,832,505

249,699

459,454

Part X	Bal	lance	Shee
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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 465,924 303,173 1 Cash-non-interest-bearing 1 2 254,638 2 694,700 Savings and temporary cash investments 3 3 Pledges and grants receivable, net . 4 121,536 4 206,767 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . 7 7 8 Inventories for sale or use . 72,651 8 38,167 118,793 9 141,568 9 Prepaid expenses and deferred charges . uildings, and equipment cost or other basis 765,918 e Part VI of Schedule D 10a 425,372 389,205 340,546 10b 10c cumulated depreciation . 3,409,758 11 2,698,846 ents—publicly traded securities . . ents—other securities See Part IV, line 11 12

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

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Sé	
.iabilities	
jab	
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	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	765,91
	b	10b	425,37	
	11			
	12	Investments—other securities See Part IV , line 11 .		
	13	Investments—program-related See Part IV , line 11 $$.		
	14	Intangible assets		
	15	Other assets See Part IV , line 11		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		
	17	Accounts payable and accrued expenses		
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability Complete Part IV of	Sched	ule D
Liabilities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis		
idi		persons Complete Part II of Schedule L		
Li	23	Secured mortgages and notes payable to unrelated third p	arties	
	24	Unsecured notes and loans payable to unrelated third par	ties .	
	25	Other liabilities (including federal income tax, payables to	relate	d third parties,

26

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Net Assets or Fund Balances

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)
Total expenses (must equal Part IX, column (A), line 25)
Revenue less expenses Subtract line 2 from line 1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Page 12

5,202,802

5,454,299

-251,497

2,907,565

-50,920

2,605,148

Yes

Yes

Yes

2a

2b

2c

3a

3b

▽

No

Νo

Nο

Form 990 (2015)

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basis, consolidated basis, or both Separate basis ✓ Consolidated basis Both consolidated and separate basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Cash ✓ Accrual COther

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

Additional Data

Software ID: Software Version:

EIN: 94-1543185

Name: NATIONAL ASSOCIATION OF LANDSCAPE Professionals Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)
The Industry Growth Initiative (IGI) is a bold new program of the National Association of Landscape Professionals designed to grow and protect the industry. The IGI will invest in a national public relations campaign to support a growth agenda for the industry.

DLN: 93493334009606

Employer identification number

94-1543185

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Professionals Inc

Part I-A

1

2

3

NATIONAL ASSOCIÁTION OF LANDSCAPE

Political expenditures

Volunteer hours

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Internal Revenue
Service

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Par	t I-B Complete if the or	ganization is exempt under	section 501(d	:)(3).						
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955	>	\$					
2	Enter the amount of any excise	\$								
3	If the organization incurred a s	☐ Yes ☐ No								
4a	Was a correction made?				☐ Yes ☐ No					
b	If "Yes," describe in Part IV									
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50	1(c)(3).					
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$					
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	ner organizations	for section 527 ▶	\$					
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$					
4	Did the filing organization file F	form 1120-POL for this year?			Yes No					
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the forganization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also ent amount of political contributions received that were promptly and directly delivered to a separate political organization, such separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.										
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
2										
3										
4										
5										
6										
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ.	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015					

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Pa	ort II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or c	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			
	vity]	No		A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501 (c)(5), (or s	ectio	n
	501(0)(0):				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	103	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		F	3	Yes	110
	rt III-B Complete if the organization is exempt under section 501(c)(4), section	501/6	1(5)			n
4.1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1			1,580	0,485
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			84	4,467
b	Carryover from last year	2b			-27	478,0
C	Total	2c			-18	6,011
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			94	4,829
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			-280	0,840
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Ρ	Part IV Supplemental Information					
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	, Part II	-A,I	ınes 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493334009606

Open to Public Inspection

Inter	nal Revenue Service	` ,			шерее	31011
NA	me of the organization FIONAL ASSOCIATION OF LANDSCAPE fessionals Inc			oyer identificati 543185	ion numbe	er
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar Fu				
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b)	Funds and other	accounts	3
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	2	or advis		┌ Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			purpose	☐ Yes	□ No
Pa		ete if the organization answered "Yes" or	n Form	990 Part IV		140
1	Purpose(s) of conservation easements held by th		110111	, , , , , , , , , , , , , , , , , , ,	, , , , , ,	
_	Preservation of land for public use (e.g., recr	- · · · · · · · · · · · · · · · · · · ·				
	education)	Preservation of an	histori	cally important	land area	i
	Protection of natural habitat	Preservation of a c	ertifie	d historic struct	ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in th	ne form	of a conservation	on	
				Held at the E	End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme		2b			
С	Number of conservation easements on a certified	` '	2 c			
d	Number of conservation easements included in (on historic structure listed in the National Register		2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminated	by the	e organization du	uring the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is located ▶	_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	ling of	☐ Yes	s N	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforcir	ng cons	ervation easem	ents durn	ng the
	-					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	nserva	tion easements	during th	e year
	▶ \$					
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sect	ion 17	0 (h)(4) Yes	s	lo
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		·		
Pai	t III Organizations Maintaining Collec	ctions of Art, Historical Treasures, o ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SI		ue stat	ement and balar	nce sheet	t
	weeks af out brokewall transcribes an athen areals	accete hold for nublic exhibition, education, e	r roco-	sech in furtheran	co of nubl	luc.

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X **▶** \$ __ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintainin (continued)	g Collections of	Art, Hi	storic	al T	reasures,	or O	ther Similar A	Assets
3	Using the organization's acquisition, accollection items (check all that apply)	ccession, and other r	ecords, c	heck a	ny of t	the following	that a	re a significant us	se of its
а	Public exhibition		d	Г	Loan	or exchang	e progr	rams	
b	Scholarly research		е	Γ	O the	er			
c	Preservation for future generation	S							
4	Provide a description of the organization		xplain ho	ow they	furthe	er the organı	zation'	s exempt purpose	e in
5	During the year, did the organization so assets to be sold to raise funds rather								es No
Par	rt IV Escrow and Custodial Ar Complete if the organization Part X, line 21.		on Form	990, 1	Part 1	[V, line 9, c	or rep	<u>'</u>	'
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or other into	ermedıar	y for co	ntribu	itions or oth	er asse	ets not Ye	es No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the fo	ollowing	table	!		An	nount
c	Beginning balance						1 c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2 a	Did the organization include an amount	on Form 990, Part X	(, line 21	, for es	crowc	or custodial a	accoun	it liability? Ye	es No
b Par	If "Yes," explain the arrangement in Part V Endowment Funds. Comp								
	·	(a)Current year	(b)F	nor year	Ŀ	(c)Two years	back	(d)Three years back	(e)Four years back
1 a	Beginning of year balance	-							
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses	_	+						
g	End of year balance								
2	Provide the estimated percentage of th	e current year end ba	alance (lı	ne 1g,	colum	n (a)) held a	ıS		
а	Board designated or quasi-endowment	>							
b	Permanent endowment ▶								
c	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2	c should equal 100%	6						
3a	Are there endowment funds not in the porganization by	ossession of the org	anızatıor	that a	re held	d and admini	stered	for the	Yes No
	(i) unrelated organizations								a(i)
	(ii) related organizations If "Yes" on 3a(ii), are the related organ	nizations listed as red	•					<u> </u>	3b
4 Date	Describe in Part XIII the intended use rt VI Land, Buildings, and Equ		s endowr	nent fui	nds				
Fell	Complete if the organization		Form 9	990, Pa	art IV	/, line 11a.	See F	orm 990, Part	X, line 10.
	Description of property			Cost or d	a) ther ba tment)	sis Cost or o	b) ther bas her)	Accumulated (c) depreciation	
1 a	Land								
b i	Buildings								
c l	Leasehold improvements								
	Equipment		• •				83,06	<u> </u>	-
	Other			um = 753	1	10(a)	682,85		
iotal	II. Add lines 1a through 1e (Column (d) m	ust equal Form 990, P	ail X, COII	инт (В)	, ime .	10(C)) .		▶ Schedule	340,546 D (Form 990) 2015

See Form 990.	Part X, line 12.			s' on Form 990, Part IV, line 11b
(a) Descrip	ption of security or category iding name of security)	′	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interes				
(3)O ther	513			
_				
Tatal (Caluma (b) south agual Form		•		
Total. (Column (b) must equal Form Part VIII Investments	-Program Related.			
	e organization answered	d 'Yes' on Form 99	0, Part IV, line 11c. _{Se} (b) Book value	ee Form 990, Part X, line 13.
			.,	Cost or end-of-year market value
		+		
Total. (Column (b) must equal Form Part IX Other Assets.		on answered 'Yes' on	Form 990, Part IV, line	
	(a) Desc			(b) Book value
Total. (Column (b) must equal		15)		
			d 'Yes' on Form 990.	Part IV. line 11e or 11f.
Part X Other Liability See Form 990,	Part X, line 25.	janization answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
Part X Other Liability See Form 990, 1. (a) Description			· ·	Part IV, line 11e or 11f.
Part X Other Liability See Form 990, 1. (a) Description	Part X, line 25.	janization answere	· ·	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descr Federal Income taxes	Part X, line 25.	janization answere		Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descr Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descr Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descr Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descri	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Descr Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Description Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Description Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liabilit See Form 990, 1. (a) Description Federal Income taxes DUE to AFFILIATES	Part X, line 25.	(b) Book value	525	Part IV, line 11e or 11f.
Part X Other Liability See Form 990, 1. (a) Description Federal Income taxes DUE to AFFILIATES	Part X, line 25. ription of liability	(b) Book value	325	Part IV, line 11e or 11f.

1

2

b

c

3

Part XIII

information

A dius tments

Part XI. Line 4b - Other

Return Reference

Schedule D (Form 990) 2015

5,157,835

-50,920

5,208,755

-50,920

2e

2a

2b

2c

2d

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -5.953 b Other (Describe in Part XIII) Add lines 4a and 4b 4c -5,953 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 5,202,802 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 5,460,252 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a Prior year adjustments 2b 2c d Other (Describe in Part XIII) . . 2d 5.953 Add lines 2a through 2d 2e 5,953 Subtract line 2e from line 1 3 5.454.299 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. а 4a b 4b c 4c

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

SPECIAL EVENT EXPENSES -5.953

Total revenue, gains, and other support per audited financial statements

A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Recoveries of prior year grants

Add lines 2a through 2d

Subtract line 2e from line 1

Supplemental Information

5,454,299

Schedule D (Form 990) 2015		Page 5							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
		_							

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DLN: 93493334009606 OMB No 1545-0047

Compensation Information

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

Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Schedule J (Form 990)

eas	ury nal Revenue Service	F Information about Schedule 3 (1)	JIIII 330	, and its instructions is at www.irs.	<u>4047101111330</u> .	Insp	ectio	n
Νa	me of the organiz	ration LOE LANDSCARE			Employer identifica	ation nur	nber	
	fessionals Inc	OF LANDSCAPE			94-1543185			
Pa	rt I Questi	ons Regarding Compensatior	1					
							Yes	No
.a		opiate box(es) if the organization pro Section A , line 1a Complete Part III		· -				
	First-clas	s or charter travel		Housing allowance or residence for	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, chai	ıffeur, chef)		 	
b		xes in line 1a are checked, did the ord or provision of all of the expenses de				1b		
2		ation require substantiation prior to re						
	directors, trust	ees, officers, including the CEO/Exec	utive D	irector, regarding the items checked	in line 1a?	2		
3	organization's (. If any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	/ Do not check any boxes for metho	ds			
	Compensa	ation committee	✓	Written employment contract				
	Independe	ent compensation consultant	~	Compensation survey or study			ļ	ļ
	Form 990	of other organizations	▽	Approval by the board or compens	ation committee		ļ	ļ
l	During the year or a related org	r, did any person listed on Form 990, anization	Part VI	I, Section A, line 1a with respect to	the filing organizatio	on		
а	Receive a seve	rance payment or change-of-control	paymen	t?		4a		Νo
b	Participate in, o	or receive payment from, a supplemer	ntal non	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mu	ıst complete lines 5-9.				
•	•	ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				5a		
b	Any related org	janization?				5b		
	If "Yes," on line	e 5a or 5b, describe in Part III						
•		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6a		
b	Any related org	janization?				6b		
	If "Yes," on line	e 6a or 6b, describe in Part III						
•	•	ted on Form 990, Part VII, Section A lescribed in lines 5 and 6? If "Yes," d	•		on-fixed	7		
3	,	nts reported on Form 990, Part VII, publical contract exception described in		•		8		
	T	0 4.4 46		able procumption procedure describ	- d D l - b			

section 53 4958-6(c)?

(A) Name and Title		(B) Bleakdowii o	1 W-2 and/or 1099-1413	se compensation	(C) Retirement and		(E) Total of Columns	(F) Compensation in	
		Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 Sabeena HickmanCEO	(i)	194,599	22,500	378	2,363	2,798	222,638	0	
	(ii)	21,622	2,500	42	263	311	24,738	0	

|(II)|

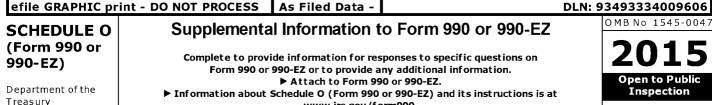
2 Carol KeelingVP Finance 114.912 1.123 2.238 22,427 140.700

12,768 125 249 2.472 15.614

Schedule J (Form 990) 2015

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page 3

Schedule J (Form 990) 2015



Service Name of the organization Employer identification number NATIONAL ASSOCIATION OF LANDSCAPE Professionals Inc. 94-1543185

www.irs.gov/form990.

990 Schedule O, Supplemental Information

Internal Revenue

Return Reference Explanation The Industry Growth Initiative (IGI) is a bold new program of the National Association of Landscape Professionals Form 990, Part III, line designed to grow and protect the industry. The IGI will invest in a national public relations campaign to support a growth agenda for the industry Form 990, Part VI, THE ASSOCIATION HAS NINE (9) CLASSES OF MEMBERSHIP, REGULAR, SUPPLIER, STATE AND ALLIED RE Section A, line 6 GIONAL ASSOCIATION, HONORARY, AFFILIATE, DEALER, FRANCHISEE, STUDENT, AND INTERNATIONAL T

HESE MEMBERSHIPS CLASSES ARE MUTUALLY EXCLUSIVE

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Form 990, Part VI, Section A, line 7a	The membership elects the association's officers and directors

THE CHIEF executive OFFICER AND vice-president finance REVIEW THE FORM 990

Form 990, Part VI, Section B, line 11

990 Schedule O, Supplemental Information
Return Reference

Explanation

Form 990, Part VI, Section B, line 12c

Form 990. Part VI. Section B. line 15a

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY The Policy on the Process for Determining Compensation of the Association applies to the c ompensation of the Association's chief executive officer. The process includes all of thes e elements (1) review and approval by the Management Team of the Association, (2) use of data as to comparable compensation, and (3) contemporaneous documentation and recordkeepin g 1 Review and approval The compensation of the person is reviewed and approved by the Management Team of the Association, provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval 2 Use of data as to comparable compensation. The compensation of the person is review w ed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated Associations 3 Contemporaneou s documentation and recordkeeping. There is contemporaneous documentation and recordkeepin g with respect to the deliberations and decisions regarding the compensation arrangement

990 Schedule O, Supplemental Information

Paturn

Reference	Explanation
Form 990, Part VI, Section C, line 19	Governing documents and Form 990 are available for public inspection without charge at the Organization's principal office during regular business hours. A copy will be provided without charge, other than a reasonable fee for copying and postage, of any return required to be made available for public inspection to any individual who makes a request for such copy in person or writing.
PART XII LINE 2C	THE A LIDIT OVERSIGHT PROCESS HAS REMAINED LINCHANGED FROM THE PRIOR YEAR

Evolunation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493334009606OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization
NATIONAL ASSOCIATION OF LANDSCAPE
Professionals Inc

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	Dil	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during (a)	the tax year. (b)	(c)	(d)	(e)		(f)	1 ((g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity sta (if section 501(c)		Direct controlling entity	Section (13) c	n 512(b) controlled ntity?
(1)GREEN INDUSTRY EXPOSITION INC 950 HERNDON PARKWAY HERNDON, VA 20170 58-1870482	PRODUCES LEADING INDUSTRY TRADE SHOW	DE	501(C)(6)					No
(2)NATIONAL ASSOCIATION OF LANDSCAPE PROFESSIONALS FOUNDATION inc 950 HERNDON PARKWAY HERNDON, VA 20170 39-1871776	PROVIDE SCHOLARSHIPS TO STUDENTS IN LANDSCAPING OR HORTICULTURAL PROGRAMS	WI	501(C)(3)	Line 7				No

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(state or entity unrelated, foreign excluded from tax under sections 512-		Predominant income(related, unrelated, excluded from tax under	(f) Share of total income	g (g) Share of come end-of-year assets	nare of Disproprtio -of-year allocation		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	-UBI General in box managi of partner e K-1		(k) Percentage ownership	
]			Yes	No]	Yes	No	
											,	
Day IV. Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	entage Section 512 (b)(13) controlled entity?	
								Yes	No
·									

chedule R (Form 990) 2015					Рa	ge 3			
Part V Transactions With Related Organizations Complete if the organization a	nswered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or m	ore related organizations l	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
f b Gift, grant, or capital contribution to related organization(s)				1 b		No			
c Gift, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)				1 d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1 f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)				1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No			
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1 p		No			
q Reimbursement paid by related organization(s) for expenses				1 q		No			
${f r}$ Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1s	Yes				
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	 			ds					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ı	nvolved	ı			
		1							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?												(g) Share of end-of-year assets (h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No									
												l I									
						_															

