

Form 990EZ

Department of the  
Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

2018

Open to  
Public  
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C Name of organization</b> The Arizona Chapter of The American Society of Landscape Architects	<b>D Employer identification number</b> 26-3853720
Number and street (or P O box, if mail is not delivered to street address) 277 E Canyon Way	<b>E Telephone number</b> (929) 899-4304
City or town, state or province, country, and ZIP or foreign postal code Chandler, AZ 85249	<b>F Group Exemption Number</b> ►

**G Accounting Method**  Cash  Accrual Other (specify) ►**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► [www.azasl.org](http://www.azasl.org)**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( 6) ► (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 130,186****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 . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 8,280
	2 Program service revenue including government fees and contracts . . . . .	2 101,563
	3 Membership dues and assessments . . . . .	3 19,625
	4 Investment income . . . . .	4 3
	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 715
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
<b>Expenses</b>	c Less direct expenses from gaming and fundraising events . . . . .	6c 180
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 535
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 130,006
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 5,716
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
<b>Net Assets</b>	13 Professional fees and other payments to independent contractors . . . . .	13 49,120
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 3,914
	16 Other expenses (describe in Schedule O) . . . . .	16 51,285
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 110,035
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 19,971
	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 55,482
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -10,541
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 64,912

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	55,482	22 64,912
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .		24
25 Total assets . . . . .	55,482	25 64,912
26 Total liabilities (describe in Schedule O) . . . . .		26
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	55,482	27 64,912

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check 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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28**See Additional Data Table(Grants \$ ) If this amount includes foreign grants, check here . . . ► **28a****29** See Additional Data Table**29a**(Grants \$ ) If this amount includes foreign grants, check here . . . ► **30** See Additional Data Table**30a**(Grants \$ ) If this amount includes foreign grants, check here . . . ► **31** Other program services (describe in Schedule O) . . . . .(Grants \$ ) If this amount includes foreign grants, check here . . . ► **31a****32** Total program service expenses (add lines 28a through 31a) . . . . . ► **32****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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LAURA PATY PRESIDENT 1/18-11/18	001 00	0		
BRETT ANDERSON PRESIDENT 11/18-12/18	002 00	0		
DAVID HEWITT TREASURER 1/18-11/18	001 00	0		
ERICA MACKENZIE TREASURER 11/18-12/18	001 00	0		
BETH JOHANNESEN SECRETARY 1/18-11/18	002 00	0		
VALERIE AHYONG SECRETARY 11/18-12/18	002 00	0		
JAKE MILLER CENTRAL CHAIR 1/18-11/18	001 00	0		
ALEXANDER BLANDFORD CENTRAL CHAIR 11/18-12/18	001 00	0		
DARBI DAVIS SOUTHERN CHAIR 1/18-11/18	001 00	0		
JENNIFER PATTON SOUTHERN CHAIR 11/18-12/18	001 00	0		
AARON ALLEN TRUSTEE	002 00	0		

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

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) 34  Yes  No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a  Yes  No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  Yes  No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

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? 38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 40a  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b  Yes  No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40c  Yes  No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 40d  Yes  No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40e  Yes  No

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 40f  Yes  No

41 List the states with which a copy of this return is filed ► 41  Yes  No

42a The organization's books are in care of ► Karla Hunt Telephone no ► (928) 899-4304

Located at ► 277 E Canyon Way, Chandler, AZ ZIP + 4 ► 85249

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 ► 42b  Yes  No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► 42c  Yes  No

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  Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Yes  No

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 44b  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

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 44d  Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

45b 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 may need to be completed instead of Form 990-EZ (see instructions) 45b  Yes  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"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	46			No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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

<b>Sign Here</b>	***** Signature of officer	2019-10-30
	ERICA MACKENZIE TREASURER Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KRISTINA MORGAN CPA	Preparer's signature	Date 2019-10-30	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► SECHLER MORGAN CPAS PLLC	Firm's EIN ►			
	Firm's address ► 2418 W BARROW DRIVE CHANDLER, AZ 85224	Phone no (602) 230-2700			

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

## Additional Data

**Software ID:** 18007340  
**Software Version:** 19.1.1.0  
**EIN:** 26-3853720  
**Name:** The Arizona Chapter of The American Society of Landscape Architects

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)
<p><b>28</b> IN 2018 THE ARIZONA CHAPTER CONTINUED TO WORK TO EDUCATE MEMBERS OF THE LEGISLATURE AS WELL AS THE PUBLIC ON WHAT THE PROFESSION DOES AND WHY LICENSURE NEEDS TO REMAIN IN PLACE (Grants \$ )      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>29</b> WE CONTINUE TO INCREASE OUR PUBLIC AWARENESS THROUGH THE ROTATING AWARDS BOARD TOURS THAT SHOWCASES THE WINNING PROJECTS PRIMARILY HOSTED AT MUNICIPALITIES AND PUBLIC SPACES IE LIBRARIES, CITY HALL, ETC (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>29a</b></p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> WE PUBLISH ANNUALLY THE MESQUITE JOURNAL WHICH FEATURES THE ANNUAL WINNING PROJECTS WE CURRENTLY SERVE 227 MEMBERS IN THE STATE OF ARIZONA CONT ON SCH O  (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b></p>

## Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p>ENGAGE PUBLIC OUTREACH EFFORTS TO K-12 AND UNIVERSITY LEVEL STUDENTS AND TEACHERS ON LANDSCAPE ARCHITECTURE THROUGH PRESENTATIONS, LEAVE BEHIND MATERIALS, COMPETITIONS, AND EXHIBITS (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**Department of the Treasury  
Internal Revenue Service**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.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018****Open to Public  
Inspection****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
- Section 527 organizations Complete Part I-A only

**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**

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

Name of the organization The Arizona Chapter of The American Society of Landscape Architects	Employer identification number 26-3853720
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a 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) Amount 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-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ►  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b>	Other exempt purpose expenditures		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>			
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	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

a 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

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?

	(a)		(b)	
	Yes	No	Amount	
1				
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
2a				
b				
c				
d				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1	1	No
2	2	Yes
3	3	Yes

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members

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).

a Current year

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5 Taxable amount of lobbying and political expenditures (see instructions)

1	19,625
2a	
2b	43,156
2c	43,156
3	
4	43,156
5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Name of the organization

The Arizona Chapter of The American Society of Landscape Architects

Employer identification number

26-3853720

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part III, Line 31	ENGAGE PUBLIC OUTREACH EFFORTS TO K-12 AND UNIVERSITY LEVEL STUDENTS AND TEACHERS ON LANDSCAPE ARCHITECTURE THROUGH PRESENTATIONS, LEAVE BEHIND MATERIALS, COMPETITIONS, AND EXHIBITS Grants and allocations 0, Program service expenses 0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Advertising Promotion 300

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	IT Expenses 427

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Awards 1,091

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel Expenses 6,889

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences Meetings 42,578

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 20, Net Assets	Prior Period Adjustment -10,541