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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2011

Open to Public Inspection

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning 2011, and ending 2011

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

**C** Name of organization: PGC American Society of Landscape Architects  
 Number and street (or P.O. box, if mail is not delivered to street address): P O Box 12613  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: Kansas City MO 64116

**D** Employer identification number: 51-0185998

**E** Telephone number: (816) 221-3485

**F** Group Exemption Number: \_\_\_\_\_

**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: ▶ N/A

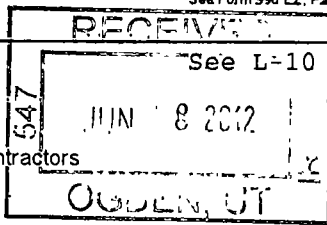
**J** Tax-exempt status (ck only one) --  501(c)(3)  501(c) ( 6 ) ◀(insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 45,479.

**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

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	4,840.
3	Membership dues and assessments		3	24,901.
4	Investment income		4	12.
5a	Gross amount from sale of assets other than inventory	5a		
5b	Less: cost or other basis and sales expenses	5b		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
6	Gaming and fundraising events			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
6b	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	13,826.	
6c	Less: direct expenses from gaming and fundraising events	6c	7,370.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,456.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) _____ See Form 990-EZ, Part I, Line 8 Other Revenue	8	1,900.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,109.	
10	Grants and similar amounts paid (list in Schedule O)	10	2,000.	
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13	5,862.	
14	Occupancy, rent, utilities, and maintenance	14	343.	
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O) _____ See Form 990-EZ, Part I, Line 16 Other Expenses	16	18,176.	
17	<b>Total expenses.</b> Add lines 10 through 16	17	26,381.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,728.	
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	22,807.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	34,535.	



SCANNED JUL 05 2012

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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**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	26,757.22	39,535.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	1,050.24	0.
25 Total assets	27,807.25	39,535.
26 Total liabilities (describe in Schedule O)	5,000.26	5,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,807.27	34,535.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Advance landscape architecture  
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 <u>LINKS (leadership, ideas, networking, knowledge, and solutions) Education and networking opportunities for members. Usually a lunch hour session designed to provide members continuing education hours required for licensure.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>Public awareness - throughout the year, a committee organizes several events in our chapter area that exposes the public to the role of landscape architects with regards to safety, welfare and public health. One event is called "PARKing Day."</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>The chapter provides advertising to vendors in exchange for financial resources. The golf tournament provides funds to the Mark D Moore Student Scholarship at Kansas State University.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Korey Schulz</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	President 1.00	0.	0.	0.
<u>Mike McGrew</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Past President 1.00	0.	0.	0.
<u>Tod Hueser</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	President Elect 1.00	0.	0.	0.
<u>Mitch Zeller</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Vice President 1.00	0.	0.	0.
<u>Brian Hochstein</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Treasurer 1.00	0.	0.	0.
<u>Mark O'Hara</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Secretary 1.00	0.	0.	0.
<u>Rick Howell</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Trustee 1.00	0.	0.	0.
<u>Joe Steffes</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Member at Large 1.00	0.	0.	0.
<u>Josh Farley</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Liaison 1.00	0.	0.	0.
<u>Jordan Wilkinson</u> <u>P O Box 12613</u> <u>Kansas City MO 64116</u>	Student chapter President 1.00	0.	0.	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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
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)		X
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)?		X
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		
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		

42a The organization's books are in care of Tiffany Shepherd Telephone no. (816) 221-3485  
 Located at 1801 McGee Street Kansas City MO ZIP + 4 64108

	Yes	No
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	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c	X

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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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	X

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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

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 address of each employee paid more than \$100,000	(b) Title and 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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Tod Hueser* Date: 06/08/12  
 Type or print name and title: **Tod Hueser** President

**Paid Preparer Use Only**  
 Preparer's name: **Janie M Carper** Preparer's signature: *Janie M Carper* Date: 06/08/12  
 Check  if self-employed PTIN: P00278050  
 Firm's name: **JANIE M CARPER CPA**  
 Firm's address: **8605 WENONCA LN LEAWOOD KS 66206-1458** Firm's EIN: 27-0259457  
 Phone no: (913) 649-2859

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

<u>Newsletter income</u>	<u>100.</u>
<u>Landscape Arch month income</u>	<u>1,800.</u>
<b>Total</b>	<b><u>1,900.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<u>Meeting costs</u>	<u>5,398.</u>
<u>MALA cost</u>	<u>3,000.</u>
<u>Annual meeting cost</u>	<u>244.</u>
<u>Community service project cost</u>	<u>350.</u>
<u>Independent Practice network cost</u>	<u>60.</u>
<u>Landscape Arch Month cost</u>	<u>2,368.</u>
<u>Licensure ceremony cost</u>	<u>146.</u>
<u>Member services costs</u>	<u>592.</u>
<u>PARKing day cost</u>	<u>88.</u>
<u>Student chapter meeting cost</u>	<u>5,091.</u>
<u>Credit card costs</u>	<u>839.</u>
<b>Total</b>	<b><u>18,176.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kansas State University Foundation</u> <u>2323 Anderson Avenue</u> <u>Manhattan KS 66502</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	1,050.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part II, Line 24

Continued

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Total	<u>1,050.</u>	<u>0.</u>

**Supporting Statement of:**

Form 990-EZ/Line 2

Description	Amount
Student chapter meeting income	4,840.
Total	<u>4,840.</u>

**Supporting Statement of:**

Form 990-EZ/Line 3

Description	Amount
Corporate Sponsorship	14,917.
Dues	9,984.
Total	<u>24,901.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
Awards income	6,150.
First Friday income	2,200.
Golf tournament income	5,476.
Total	<u>13,826.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6c

Description	Amount
Awards program costs	3,527.
First Friday cost	451.
Golf tournament cost	3,392.
Total	<u>7,370.</u>

**Supporting Statement of:**

Form 990-EZ/Line 13

Description	Amount
Accounting consultant	294.
Consultant expenses	2,625.
Legal	881.
Website	2,062.
Total	<u>5,862.</u>

**Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
Telephone	343.
Total	<u>343.</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  PGC American Society of Landscape Architects	Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0185998
	Number, street, and room or suite number. If a P O box, see instructions  P O Box 12613	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  Kansas City MO 64116	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ Tiffany Shepherd -----

Telephone No. ▶ (816) 221-3485 ----- FAX No. ▶ -----

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2012, to file the exempt organization return for the organization named above.  
 The extension is for the organization's return for:  
 ▶  calendar year 2011 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

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