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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2014

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____, 2014, and ending _____, 2014, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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): **1801 McGee Street**
 City or town, state or province, country, and ZIP or foreign postal code: **Kansas City MO 64108**

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**

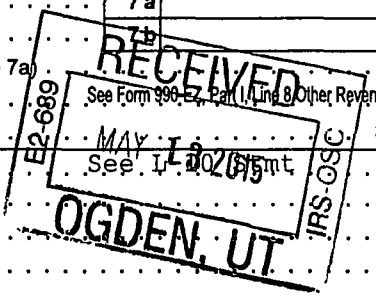
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527

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. ▶ \$ **38,817.**

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	2,000.
	2	Program service revenue including government fees and contracts	2	4,320.
	3	Membership dues and assessments	3	32,393.
	4	Investment income	4	4.
	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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)	8	100.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,817.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	2,500.
	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	5,424.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	104.
	16	Other expenses (describe in Schedule O)	16	21,360.
	17	Total expenses. Add lines 10 through 16	17	29,388.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,429.
	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	60,231.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	69,660.



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

Form 990-EZ (2014)

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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	65,731.22	69,560.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O)	0.24	100.
25 Total assets	65,731.25	69,660.
26 Total liabilities (describe in Schedule O) See L-26 Stmt.	5,500.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,231.27	69,660.

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? Advancement of 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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>LINKS (leadership, ideas, networking, knowledge, and solutions)</u> <u>Education and networking opportunities for members. Usually a lunch hour session designed to provide members continuing education hours required for licensure.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David Contag President	1.00	0.	0.	0.
Cale Doornbos Past President	1.00	0.	0.	0.
Steve Winslow President Elect	1.00	0.	0.	0.
Mike Latka Vice President	1.00	0.	0.	0.
Wyatt Thompson Treasurer	1.00	0.	0.	0.
Caitlin Hendricksen Secretary	1.00	0.	0.	0.
Jade Liska Trustee	1.00	0.	0.	0.
Jeff Best Member at Large	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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
39 Section 501(c)(7) organizations. Enter:
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
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

42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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 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. Yes No
47

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

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

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

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

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

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.

Sign Here
 Signature of officer: *David Contag* Date: 04/15/15
 Type or print name and title: David Contag President

Paid Preparer Use Only
 Print/Type preparer's name: Janie M Carper Preparer's signature: *Janie M Carper* Date: 04/15/15 Check if self-employed PTIN: P00278050
 Firm's name: JANIE M CARPER CPA. Firm's EIN: 27-0259457
 Firm's address: 8605 WENONGA LN Phone no.: (913) 649-2859
LEAWOOD KS 66206-1458

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)

Newsletter income	100.
<hr/>	
Total	<u>100.</u>

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)

Advocacy costs	11,546.
Meeting cost	4,063.
Program cost	4,543.
Community service project cost	
Credit card costs	841.
Design week costs	
Emerging Professionals costs	
Licensure ceremony costs	
Meeting costs	
Member services costs	
Student chapter meeting cost	
Supplies	
Telephone	367.
Wichita event costs	
<hr/>	
Total	<u>21,360.</u>

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
Scholarship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Kansas State University Foundation 2323 Anderson Avenue Manhattan KS 66502	None	2,500.

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 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Deferred sponsorships	5,500.	
Total	<u>5,500.</u>	

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Awards income	3,810.
Annual meeting income	510.
Total	<u>4,320.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
Corporate sponsorship income	21,375.
Dues income	11,018.
Total	<u>32,393.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting	3,750.
Accounting consultant	409.
Legal	40.
Website	1,225.
Total	<u>5,424.</u>