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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

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

C Name of organization PHARMACY TECHNICIAN EDUCATORS COUNCIL INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
7366 FM 672
City or town, state or province, country, and ZIP or foreign postal code
DALE, TX 78616

D Employer identification number

26-3537608

E Telephone number

(512) 559-0560

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: WWW.PHARMACYTECHEDUCATORS.COM

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 \$77,800

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	105,859	22	84,725
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	105,859	25	84,725
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,859	27	84,725

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

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

What is the organization's primary exempt purpose?

EDUCATION AND ASSISTANCE TO MEMBERS

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 ANNUAL CONVENTIONS PROVIDE CE & METHODS OF IMPROVING METHODS OF EDUCATION FOR PHARMACY TECHNICIAN EDUCATORS AND ATTEND MEETING OF OTHER NATIONAL ORGANIZATIONS TO IMPROVE PHARMACEUTICAL CARE (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	98,934
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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) <input type="checkbox"/>	32	98,934

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
ANNE LAVANCE PRESIDENT	20 00	0	0	0
HANNAH BROOKE STOKELY PRESIDENT-ELECT	10 00	0	0	0
ELINA PIERCE VICE PRESIDENT	10 00	0	0	0
IRENE BANUELOS-VILLATORO SECRETARY	15 00	0	0	0
LISA MCCARTNEY TREASURER	15 00	0	0	0
SHANNON WALLER REPORTER	10 00	0	0	0
JANET MCGREGOR LILES EXECUTIVE DIRECTOR	40 00	0	0	0
JASON SPARKS WEBMASTER, EX OFFICIO DIRECTOR	0 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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of LISA MCCARTNEYTREASURER Telephone no (512) 559-0560
Located at 7366 FM 672 DALE, TX ZIP +4 78616

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		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

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

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 _____ Date 2016-02-10
 LISA MCCARTNEY TREASURER
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name TRACEE S BUETHNER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01292877
Firm's name <input type="checkbox"/> WIDMER ROEL PC			Firm's EIN <input type="checkbox"/> 45-0334950	
Firm's address <input type="checkbox"/> 4334 18TH AVE S SUITE 101 FARGO, ND 581037414			Phone no (701) 237-6022	

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

**TY 2014 Transfers Personal Benefits
Contracts Declaration**

Name: PHARMACY TECHNICIAN EDUCATORS COUNCIL INC

EIN: 26-3537608

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PHARMACY TECHNICIAN EDUCATORS COUNCIL INC

Employer identification number

26-3537608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 33
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 2,670
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 80 DESCRIPTION OFFICE EXPENSE AMOUNT 6,023 DESCR PTION TRAVEL AMOUNT 9,857 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 10,270 DESCR PTION AWARDS AMOUNT 3,955 DESCRIPTION CONTINUING EDUCATION AMOUNT 3,653 DESCRIP TION MISCELLANEOUS AMOUNT 2,170 TOTAL TO FORM 990-EZ, LINE 16 36,008