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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

**2015**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service



**A For the 2015 calendar year, or tax year beginning** , 2015, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> PGC American Society of Landscape Architects <small>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</small>		<b>D Employer identification number</b> 51-0185998
	1801 McGee Street <small>City or town, state or province, country, and ZIP or foreign postal code</small>		<b>E Telephone number</b> (816) 221-3485
	Kansas City MO 64108		<b>F Group Exemption Number</b> . . . . . ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ N/A

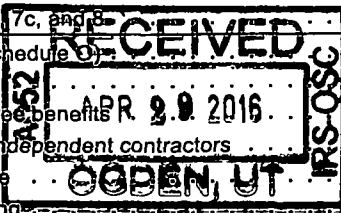
**J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( 6 ) ◀(insert no)  4947(a)(1) or  527

**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 . . . . . ▶ \$ 25,340.**

**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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received															3,000.												
	2	Program service revenue including government fees and contracts															3,219.												
	3	Membership dues and assessments															18,866.												
	4	Investment income															5.												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																											
	6c	Less: direct expenses from gaming and fundraising events																											
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
	7a	Gross sales of inventory, less returns and allowances																											
	7b	Less: cost of goods sold																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8, Other Revenue															250.												
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															25,340.												
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors															5,647.												
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping															80.												
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16, Other Expenses															27,212.												
	17	<b>Total expenses.</b> Add lines 10 through 16															32,939.												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-7,599.												
	NET ASSETS	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)															69,660.											
20		Other changes in net assets or fund balances (explain in Schedule O)																											
21		Net assets or fund balances at end of year. Combine lines 18 through 20															62,061.												



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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	69,560.	67,311.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	100.	100.
25 Total assets	69,660.	67,411.
26 Total liabilities (describe in Schedule O)	0.	5,350.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,660.	62,061.

**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? 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.

28 Awards - each year the organization honors the outstanding contributions to the practice of landscape architecture. Awards are given in the categories of Design (built), Design (unbuilt), Planning and Analysis, Research and Communications. Award competitions are separated into professional and student categories to recognize the achievement of both practitioners and students. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 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." (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
Steve Winslow President	1.00	0.	0.	0.
David Contag Past President	1.00	0.	0.	0.
Misty Riley President Elect	1.00	0.	0.	0.
Marion Paulette Vice President	1.00	0.	0.	0.
Chad Weinand Vice President	1.00	0.	0.	0.
Noel Challis Secretary	1.00	0.	0.	0.
Jade Liska Trustee	1.00	0.	0.	0.
Brent Thomas Member at Large	1.00	0.	0.	0.
Joseph Daly Treasurer	1.00	0.	0.	0.
Wyatt Thompson Member at Large	1.00	0.	0.	0.
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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?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
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
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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 (such as a bank account, securities account, or other financial account)?
42c 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:

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

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

Table with 2 columns: Yes, No. Row 46: Yes (46), No (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

Table with 2 columns: Yes, No. Row 47: Yes (47), No ( )

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

Table with 2 columns: Yes, No. Row 48: Yes (48), No ( )

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

Table with 2 columns: Yes, No. Row 49a: Yes (49a), No ( )

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

Table with 2 columns: Yes, No. Row 49b: Yes (49b), No ( )

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.'

Table with 5 columns: (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.'

Table with 3 columns: (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 (Steve Winslow), Date (03-14-16)

Print/Type preparer's name: Steve Winslow, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name (Janie M Carper), Preparer's signature (Janie M Carper), Date (03/22/16), Check self-employed (X), PTIN (P00278050), Firm's name (JANIE M CARPER CPA), Firm's address (8605 WENONGA 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