

Form **990-EZ**
 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.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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
 18036 GREAT BASIN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
 PFLUGERVILLE, TX 78660

D Employer identification number
 26-3537608

E Telephone number
 (202) 567-7832

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ 79,385

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																													
	2	Program service revenue including government fees and contracts		57,130																											
	3	Membership dues and assessments		21,928																											
	4	Investment income		7																											
	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)			320																										
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			79,385																										
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members		33,306																											
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors			2,320																										
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping			78																										
	16	Other expenses (describe in Schedule O)			25,760																										
17	Total expenses. Add lines 10 through 16 ▶			61,464																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)			0																										
	21	Net assets or fund balances at end of year Combine lines 18 through 20			88,799																										

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	70,878	22	89,011
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	70,878	25	89,011
26 Total liabilities (describe in Schedule O).	0	26	212
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,878	27	88,799

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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	61,464

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
SARA BYERS PRESIDENT	5 00	0	0	0
MARK GIL BRUNTON PAST PRESIDENT	4 00	0	0	0
SARAH LAWRENCE PRESIDENT ELECT	3 00	0	0	0
ELINA PIERCE MEMBER SERVICES	10 00	0	0	0
SHANNON WALLER SECRETARY	1 00	0	0	0
VERONICA VELASQUEZ TREASURER	10 00	0	0	0
ANNE LAVANCE EVENT COORDINATOR	5 00	0	0	0
ANN BARNES EXECUTIVE DIRECTOR	20 00	0	0	0
FRANCESCA RICCIUTI MEMBER SERVICES	10 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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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 2019-01-14 Date
VERONICA VELASQUEZ 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 if self-employed PTIN P01292877
Firm's name WIDMER ROEL PC Firm's EIN 45-0334950
Firm's address 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

Additional Data

Software ID:
Software Version:
EIN: 26-3537608
Name: PHARMACY TECHNICIAN EDUCATORS COUNCIL
 INC

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>28 ANNUAL CONVENTIONS PROVIDE CONTINUING EDUCATION & METHODS OF IMPROVING METHODS OF EDUCATION FOR PHARMACY TECHNICIAN EDUCATORS AND ATTEND MEETING OF OTHER NATIONAL ORGANIZATIONS TO IMPROVE PHARMACEUTICAL CARE</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	61,464

TY 2017 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)**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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

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 7

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 320

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 7,620 DESCRIPTION TRAVEL AMOUNT 8,351 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 8,289 DESCRIPTION AWARDS AMOUNT 1,500 TOTAL TO FORM 990-EZ, LINE 16 25,760

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE & ACCRUED EXPENSE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 212