

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)

2019

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

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. D Employer identification number: 51-0185998. E Telephone number: (816) 221-3485. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

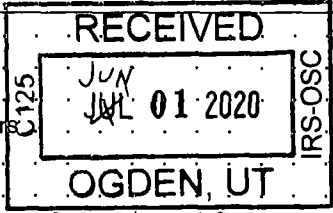
I Website: pqasla.org. J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) [] 4947(a)(1) or [] 527.

K Form of organization: [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 51,440.

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 [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Contributions (1,700), Program service revenue (6,241), Membership dues (43,144), Investment income (5), Gaming and fundraising events (6a-6d), Other revenue (8, 350), Total revenue (9, 51,440), Expenses (10-17, 43,860), and Net Assets (18-21, 54,004).



SCANNED BY: Reference 20201

Handwritten initials/signature

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	38,354.	22 55,430.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,170.	24 1,574.
25 Total assets	47,524.	25 57,004.
26 Total liabilities (describe in Schedule O)	1,100.	26 3,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,424.	27 54,004.

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 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"/>	28a
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"/>	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)	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
Brian Roth President	1.00	0.	0.	0.
Chris Cline Past President	1.00	0.	0.	0.
Sean Simms President Elect	1.00	0.	0.	0.
Chris Sanders Treasurer	1.00	0.	0.	0.
Miranda Schmidt Secretary	1.00	0.	0.	0.
David Dontag Trustee	1.00	0.	0.	0.
Ninah Butler Membership Vice President	1.00	0.	0.	0.
Cale Doornbos Advocacy Vice President	1.00	0.	0.	0.
Dede Brokesh Manhattan member-at-large	1.00	0.	0.	0.
Jackie Kolpek Sponsonship/Education Vice President	1.00	0.	0.	0.
Spencer Sneller Communications Vice President	1.00	0.	0.	0.
Kurt Huiras Wichita 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

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		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	34		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)?	35a		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	35b		
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	35c		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	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a		
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), 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? If "Yes," complete Schedule L, Part I	40b		
c 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 ▶ _____			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ <u>Tiffany Shepherd</u> Telephone no. ▶ (816) 221-3485 Located at ▶ <u>1801 McGee Street, Kansas City MO</u> ZIP + 4 ▶ <u>64108</u>			
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		X
c At any time during the calendar year, did the organization maintain an office outside the United States? 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 <input type="checkbox"/> 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? 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 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

	Yes	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	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

	Yes	No
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	

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  President Type or print name and title	Date 5.19.20
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Paid Preparer Use Only	Print/Type preparer's name Janie M Carper	Preparer's signature 	Date 02/23/2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00278050
	Firm's name ▶ JANIE M CARPER CPA			Firm's EIN ▶ 27-0259457	
	Firm's address ▶ 1483 HELLGATE WAY SOUTH, CANON CITY, CO 81212			Phone no (816) 536-6438	

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

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PGC American Society of Landscape Architects

Employer identification number

51-0185998

Pt I, Line 8:

Description: Newsletter income \$350

Pt I, Line 10:

Description: Scholarship

Class of activity: Scholarship

Grantee's name: KSU Foundation

Grantee's address: 1800 Kimball Manhattan KS 66502

Grantee's relationship: None

Amount given: \$2,000

Date of gift: 07/23/2019

Pt I, Line 16:

Description: Advocacy costs \$11,794

Description: Credit card costs \$1,455

Description: Meeting cost \$5,321

Description: Program cost \$15,096

Description: Supplies \$628

Description: Telephone \$429

Description: Depreciation \$1,696

Description: CFAD membershp \$1,000

Pt II, Line 24:

Description: Accounts receivable Beginning of Year: \$6,000 End of Year: \$100

Description: Website Beginning of Year: \$5,089 End of Year: \$5,089

Description: Accumulated depreciation Beginning of Year: -\$1,919 End of Year: -\$3,615

Pt II, Line 26:

Description: Deferred sponsorships Beginning of Year: 0 End of Year: \$2,500

